

**Kitsap Public Health District
Consent Agenda
September 3, 2024**

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 20 (2425)	CLH31014 Amendment 20	WA State Dept. of Health <i>Consolidated Contract</i>	Amendment	01/01/2022-12/31/2024	\$2,428,742	\$0
Description: Amendment adds statements of work for Office of Immunization COVID-19 Vaccine, Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates, Office of Immunization-Regional Representatives and Office of Resiliency & Health Security – PHEP. It also amends statements of work for Foundational Public Health Services (FPHS), Infectious Disease Prevention Services-Ryan White Part B, Maternal & Child Health Block Grant and Supplemental Nutrition Assistance Program-Education and adds \$2,428,742 in funding for a revised maximum consideration of \$23,459,213.						
2210 Amendment 4 (2427)	N-21-060-A4	Jefferson County Public Health <i>Nurse Family Partnership (DCYF)</i>	Amendment	07/01/2024-06/30/2025	\$191,868	\$0
Description: Amendment extends the term of the agreement through June 30, 2025 and includes an additional \$191,868 for services rendered during the term of July 1, 2024 through June 30, 2025.						
2420	29925	Washington State Department of Health <i>Essence Data Sharing Agreement</i>	Contract	09/3/2024-06/30/2026	NA	NA
Description: Washington Department of Health will provide the District with ESSENCE database access for identified users so that they may perform their duties of public health disease monitoring and control.						
2426	NA	Olympic Educational Service District <i>Head Start</i>	Contract	11/01/2024-10/31/2025	\$54,750	NA
Description: KPHD to provide professional services, training, and technical assistance appropriate to the needs of Head Start, Early Childhood Education and Assistance Program (ECEAP), and Early Head Start staff and enrollees, to include Public Health Nurse support to the Early Head Start Home Based services rendered to eligible families.						

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

CONTRACT NUMBER: CLH31014

AMENDMENT NUMBER: 20

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:
Office of Immunization COVID-19 Vaccine - Effective July 1, 2024
Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024
Office of Immunization-Regional Representatives - Effective July 1, 2024
Office of Resiliency & Health Security - PHEP-Effective July 1, 2024

- Amends Statements of Work for the following programs:
Foundational Public Health Services (FPHS) - Effective July 1, 2024
Infectious Disease Prevention Services-Ryan White Part B - Effective January 1, 2024
Maternal & Child Health Block Grant - Effective January 1, 2022
Supplemental Nutrition Assistance Program-Education - Effective January 1, 2022

- Deletes Statements of Work for the following programs:

2. Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:

- Increase of **\$2,428,742** for a revised maximum consideration of **\$23,459,213**.
- 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)
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 Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amd #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
FFY23 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$98,016	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497	
FFY25 SNAP Ed Prog Mgmt Admin IAR	NGA Not Received	Amd 20	10.561	333.10.56	10/01/24	12/31/24	10/01/24	09/30/25	\$53,765	\$181,199
FFY24 SNAP Ed Prog Mgmt Admin IAR	207WAWA5Q3903	Amd 15	10.561	333.10.56	10/01/23	09/30/24	10/01/23	09/30/24	\$127,434	
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$300	\$350,432
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 15	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$112,764	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$23,000	\$126,989
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$103,989	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	07/01/20	08/24/24	\$3,200	
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	\$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	
FFY24 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 17	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$25,000	\$75,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	
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	
FFY24 PHEP BPI-CDC-LHJ Partners	NU90TU000055	Amd 20	93.069	333.93.06	07/01/24	12/31/24	07/01/24	06/30/25	\$177,207	\$177,207
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$295,345	\$790,580
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	
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	
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	
FFY22 TB Uniting for Ukraine Supp	NUS2PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000	
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

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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
COVID19 Vaccines R4	NH23IP922619	Amd 20	93.268	333.93.26	07/01/24	12/31/24	07/01/20	12/31/24	\$276,000	\$1,308,214
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214	
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$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	
FFY25 CDC VFC Ops	NGA Not Received	Amd 20	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$16,134	\$33,881
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,613	\$17,747
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$16,134	
FFY25 CDC IQIP Regional Rep	NGA Not Received	Amd 20	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$41,173	\$71,973
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,800	\$30,800
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$28,000	
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	(\$199,494)	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	\$2,919,838	
FFY21 SHARP HAI ELC	NU50CK000515	Amd 19	93.323	333.93.32	09/01/22	12/31/24	08/01/21	07/31/25	\$25,000	\$217,500
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9, 19	93.323	333.93.32	09/01/22	12/31/24	08/01/21	07/31/25	\$192,500	
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 19	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000	\$400,000
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15, 19	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000	

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					LHJ Funding Period	Start Date	End Date	Start Date			End Date
					Start Date	End Date	Start Date	End Date			
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 18	93.387	333.93.38	04/29/24	12/31/24	04/29/24	04/28/25	\$19,201	\$92,647	
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/23	04/28/24	\$24,482	\$24,482	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$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	\$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	\$52,000	
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 16	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 20	93.994	333.93.99	10/01/24	12/31/24	10/01/24	09/30/25	\$39,963	\$332,108	
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$159,854	
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	\$159,854	
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890	\$119,890	
SFY1 GFS - Group B		Amd 17	N/A	334.04.90	01/01/24	06/30/24	07/01/23	06/30/25	\$25,230	\$25,230	
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000	\$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	
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	
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	

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Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$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	\$8,334	
SFY25 Dedicated Cannabis Account		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$123,755	\$618,773	
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	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$139,848	
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY25 Nicotine Addict Prev & Ed Pro		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$50,265	\$50,265	
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$100,530	\$294,530	
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000	\$190,000	
SFY25 Youth Tobacco Vapor Products		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$12,241	\$116,347	
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	
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
SFY25 Wastewater Management-GFS		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$38,334	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$185,184	
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$21,174	\$21,174	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880	\$19,880	
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874	\$20,874	
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874	\$20,874	
FFY24 RW Grant Year Rebate		Amd 18	N/A	334.04.98	07/01/24	08/31/24	04/01/24	03/31/25	\$25,178	\$1,901,763	
FFY24 RW Grant Year Rebate		Amd 16	N/A	334.04.98	04/01/24	12/31/24	04/01/24	03/31/25	\$568,500	\$568,500	
FFY23 RW Grant Year Rebate		Amd 16	N/A	334.04.98	01/01/24	03/31/24	07/01/23	03/31/24	\$189,500	\$189,500	
RW FFY23 Grant Year Rebate		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/24	\$313,800	\$313,800	
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146	\$116,146	

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)
 Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health Pgms

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			
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-LHI-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-LHI-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-LHI-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-LHI-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-LHI-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	
SFY25 FPHS-LHJ Funds-GFS		Amd 20	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$1,824,500	\$3,649,000	\$7,298,000
SFY25 FPHS-LHJ Funds-GFS		Amd 19	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$1,824,500		
SFY24 FPHS-LHJ-Funds-GFS		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	
SFY24 FPHS-LHJ-Funds-GFS		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,469,000		
YR 26 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$2,250	\$13,000	\$45,250
YR 26 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		
YR 25 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	(\$500)	\$13,250	
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		
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		
YR 24 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	
YR 24 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 26 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/24	12/31/24	07/01/23	06/30/25	\$4,000	\$4,000	\$6,000
YR 25 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	(\$2,000)	\$0	
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		
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 18	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$2,000	
YR 24 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		

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
TOTAL									\$23,459,213	\$23,459,213
Total consideration:	\$21,030,471								GRAND TOTAL	\$23,459,213
GRAND TOTAL	\$2,428,742								Total Fed	\$8,449,768
	\$23,459,213								Total State	\$15,009,445

*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: Foundational Public Health Services (FPHS) - Effective July 1, 2024 **Local Health Jurisdiction Name:** Kitsap Public Health District

Contract Number: CLH31014

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

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

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

Statement of Work Purpose: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

Revision Purpose: The purpose of this revision is to add the entire SFY25 allocation.

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
99210850	N/A	336.04.25	07/01/24	12/31/24	1,824,500	1,824,500	3,649,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					1,824,500	1,824,500	3,649,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$639,000 \$1,278,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$30,000 \$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$15,000 \$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements – Deliverables</u>	See below in <u>Program Specific Requirements – Deliverables</u>	\$343,500 \$687,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$112,500 \$225,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$25,000 \$50,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$100,000 \$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$102,500 \$205,000
11	CD – Hepatitis C – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$18,500 \$37,000
12	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$177,000 \$354,000
13	CD – Tuberculosis Program – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$10,500 \$21,000
14	MCH – Child Death Review – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$41,500 \$83,000
15	EPH – Radiation Emergency Preparedness – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$19,000 \$38,000
16	EPH Core Team – Climate Change Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$21,500 \$43,000
17	EPH Core Team – Water System Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$19,000 \$38,000

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.

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
 - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
 - Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171

The intent of FPHS funding is outlined in [RCW 43.70.512](#).

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs.

Stable funding and an iterative decision-making process – The FPHS Steering Committee’s roles and responsibilities are outlined in the [FPHS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Spending of FPHS funds – FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing FPHS as part of your jurisdiction’s program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPHS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ’s contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Annual Allocations – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

This Statement of Work is for the period of July 1, 2024-December 31, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

Disbursement of FPHS funds to LHJs – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

Deliverables – FPHS funds are to be used to assure FPHS services statewide. The FPHS accountability process measures how funds are spent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.
2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at www.doh.wa.gov/fphs.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

Special References (i.e., RCWs, WACs, etc.):

[FPHS Intent – RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

[FPHS Steering Committee Consensus Decision Making Model](#)

Activity Special Instructions:

Investments to Each LHH:

1. FPHS Funds to Each LHH

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHH is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

Targeted Investments to Each LHHJ:

2. Assessment Reinforcing Capacity (FPHS definition G.2)

Support LHH assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. Assessment – CHA/CHIP (FPHS definitions G.3)

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

4. Lifecourse – NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)

Infrastructure and workforce investments to each LHH to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

5. CD – NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)

Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

6. EPH – NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

7. FC – NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16

8. **FC – NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13
9. **Lifecourse – NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR – NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:

11. **CD – Hepatitis C (FPHS definitions C.4.o-p)**
Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH's Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.
12. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**
Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
13. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**
Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.
14. **MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**
This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.
15. **EPH – Radiation Emergency Preparedness (FPHS definitions B.2, B.3, B.5, B.6, B.7)**
The goal of this investment is to sustainably fund planning, training, and response for radiological emergencies. This will include training with agency Incident Management Team members and other Environmental Public Health Division staff outside of the Office of Radiation Protection (ORP) to allow for smoothly coordinated response actions and public messaging. This will allow agencies to respond, investigate, remove and dispose of unwanted and abandoned radioactive materials, and address responsibilities for protection of public health and reducing the inappropriate burden placed on licensees to fund activities outside of their permit/license or registration. Anticipated spending includes, but are not limited to staffing, materials and supplies to support training exercises. Use BARS expenditure code: 562.52

EPH – Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response
- Safe & Healthy Communities

Kitsap is receiving funds to participate in these EPH Core Teams:

16. **EPH Core Team – Climate-Change Response**

This Core Team will address environmental health concerns related to climate and the effects of climate change.

- Model program development will start with Wildfire Smoke and Harmful Algal Blooms, and may include other priorities and topics.

17. **EPH Core Team – Water System Capacity**

The goal of this Core Team is to increase LHJ capacity for water resource management and planning.

- Use BARS expenditure code: 562.43 or 53.

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

DOH Program Name or Title: Infectious Disease Prevention Services-Ryan White
Part B - Effective January 1, 2024

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 <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide HIV Care services to people living with HIV (PLWH). Awarded through OID's 2024 Ryan White Part B RFA.

Revision Purpose: To move funds between the medical case management, food bank, housing, psychosocial, and EFA tasks at the request of the LHJ. This revision also adds and/or updates contract language.

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
12618530	N/A	334.04.98	01/01/24	03/31/24	189,500	0	189,500
12618540	N/A	334.04.98	04/01/24	12/31/24	568,500	0	568,500
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					758,000	0	758,000

Identified service area (This does not preclude clients from receiving supportive services outside of their case management agency.): Clallam, Jefferson, Kitsap, and North Mason Counties.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
Core Services				
Case Management Anticipated number of clients to be served.	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).	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.	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. 	Total reimbursement not to exceed \$573,532 \$583,532. See split out below by code.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
170 Clients	<p>Activities may include:</p> <ol style="list-style-type: none"> 1) initial assessment of need. 2) development of individualized care plans. 3) coordinated access to health and support services. 4) client monitoring to assess the care plan. 5) re-evaluation of the care plan. 6) ongoing assessment of client's needs. 7) treatment adherence counseling. 8) client specific advocacy or review of utilization of services. 9) benefits counseling. <p>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.</p> <p>Any exceptions require prior approval from DOH HIV Community Services Program Manager.</p> <p>Any staff vacancies must be reported to DOH within 30 days of vacancy.</p> <p>Employee Change Form</p>	<p>Agency must track and report data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p>Client must have current Ryan White Eligibility.</p>	<ul style="list-style-type: none"> • Comprehensive assessment must be completed within the first 30 days of completing intake and updated every five years unless significant changes have occurred with the client. • 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>\$145,883 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p> <p>\$427,649 \$437,649 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>
Supportive Services				
<p>Outreach Services – Peer Navigation</p> <p>Anticipated number of clients to be served.</p> <p>75 Clients</p>	<p>Outreach Services provide the following Peer Navigation activities:</p> <ol style="list-style-type: none"> 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 client's Care Team in the Provide database. 4) Peer Navigators will conduct Quality-of-Life survey with their peer 	<p>Agency must track and report client level data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p>Anticipated number of clients to be served.</p> <p>One-on-one Caseload: Peer group participants: Community facing peer support:</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 of every six months.</p>	<p>Total reimbursement not to exceed \$106,256.</p> <p>See split out below by code.</p> <p>\$26,564 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p>Food Bank</p> <p>Anticipated number of clients to be served.</p> <p>50 Clients</p>	<p>clients every six months, aligning with ISP review.</p> <p>5) Peer Navigators will participate in ISP development and review based on Quality-of-Life survey.</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>Funds cannot be used to pay for event materials such as promotional and/or personal items.</p> <p>Any staff vacancies must be reported to DOH within 30 days of vacancy. Employee Change Form</p> <p>*** Please see the Terms and Conditions Section 3D regarding Peer Navigation Program Expectations. ***</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). ***See terms and conditions section 11, bullet A, sub-section XIII***</p> <p>HRSA RWHAP funds cannot 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</p>	<p>Short-term peer navigation:</p> <p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Client meals for activities such as focus groups, support groups, etc. must follow per diem guidelines identified in the terms and condition section below.</p> <p>Client must have current Ryan White Eligibility.</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>Services provided must include the dollar amount of the service provided.</p>	<p>\$79,692 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p> <p>Total reimbursement not to exceed \$17,000 \$12,000.</p> <p>See split out below by code.</p> <p>\$3,000 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p> <p>\$14,000 \$9,000 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p>Housing</p> <p>Anticipated number of clients to be served.</p> <p>12 Clients</p>	<p>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.</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> <p>Housing is limited to short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services.</p> <p>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>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Agency must:</p> <ul style="list-style-type: none"> • Ensure clients meet all Ryan White eligibility requirements prior to providing any assistance. • Complete a housing assessment and develop an individualized housing plan¹ for each client receiving housing services. (Housing plans are not required for background checks/housing applications) 	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and service provided.¹</p> <p>Services provided must include the dollar amount of the service provided.</p> <p>Housing staff must assess clients within 3 business days of staff identifying a client’s housing need.</p> <p>There must be at least one documented contact with active housing clients every 30 days.</p>	<p>Total reimbursement not to exceed \$17,476</p> <p>\$9,365.</p> <p>See split out below by code.</p> <p>\$2,341 – MI 12618530 – FFY23 RW Grant Year</p> <p>Rebate for 1/24-3/31/24</p> <p>\$15,135 \$7,024 – MI 12618540 – FFY24 RW Grant Year</p> <p>Rebate for 4/1/24-12/31/24</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>Housing funds cannot be in the form of direct cash payments to clients, used for mortgage payments, rental deposits, last month's rent, or other fees associated with move in costs.</p> <p>Ryan White housing funds must be payor of last resort.</p> <p>One-time payments for rent or utilities are unallowable and must be reported under emergency financial assistance.</p> <p>Allowable Costs:</p> <ul style="list-style-type: none"> ● Rent ● Past due rent (to include late fees) ● Lot rent ● Essential utilities (gas, electric, water, propane) ● Past due essential utilities (to include late fees) ● Background check/housing application ● Hotel/Motels <p>Any payment greater than \$3,000 must be pre-approved by DOH.</p> <p>Refundable and non-refundable deposits are unallowable costs.</p> <p>Any staff vacancies must be reported to DOH within 30 days of vacancy.</p> <p>Embassy Change Form</p>	<ul style="list-style-type: none"> ● Reassess clients for housing assistance if they have been closed for more than 90 days and complete a new individualized housing plan. ● Have mechanisms in place to ensure newly identified clients have access to housing services. ● Not duplicate the Housing services or benefits provided by HOPWA. ● Have housing need(s) documented in ISP. ● Ensure client file includes evidence of tenancy and/or appropriate documentation to support payment. ● Document client closure from housing services with clear rationale. Documentation must include: <ul style="list-style-type: none"> ○ Services needed/actions taken, if applicable ○ Date of discharge ○ Reason(s) for discharge ○ Referrals made at time of discharge, if applicable <p>¹ Individualized Housing Plan should document short- and long-term measurable goals and objectives for housing and healthcare, timeframes to achieve goals, client attainment of goals, solutions to address barriers, and resources and services that are needed to help maintain housing stability and gain/maintain healthcare, the assistance to be provided by the Housing Case Manager.</p>	<p>Document closure of housing clients from services within 30 business days.</p> <p>Housing plans must be completed annually and updated, at minimum, quarterly.</p>	
Linguistic Services (Required Activity)	Provision of interpretation (oral) and translation (written) services to eligible clients. Services are provided as a part of HIV service delivery between the	Agency must track and report client level data within the Provide database all activity related to this Service Category.	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.	Total reimbursement not to exceed \$0.00.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>healthcare provider and the client when necessary to:</p> <ul style="list-style-type: none"> Facilitate communication between the provider and client. Support delivery of HIV Community Services. <p>Translation and interpretation services are only allowable in the Linguistic Services task.</p> <p>Services must be provided by a qualified linguistic service professional.</p> <p>See terms and conditions Section 10 for CLAS standards.</p>			<p>See split out below by code.</p> <p>\$0.00 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p> <p>\$0.00 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>
<p>Medical Transportation</p> <p>Anticipated number of clients to be served.</p> <p>15 Clients</p>	<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"> providers of transportation services. mileage reimbursement (non-cash) that does not exceed the established rates for federal programs. organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed. 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</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Client must have current Ryan White Eligibility.</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>'Services provided must include the dollar amount of the service provided.</p>	<p>Total reimbursement not to exceed \$7,051.</p> <p>See split out below by code.</p> <p>\$1,763 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p> <p>\$5,288 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p>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>			
<p>Psychosocial Support Services</p> <p>Anticipated number of clients to be served.</p> <p>75 Clients</p>	<p>Provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include bereavement counseling, child abuse and neglect counseling, HIV support groups, nutrition counseling by a non-registered dietitian, pastoral care/counseling services.</p> <p>Any food provided for support groups must be billed under the food bank/ hot meals task.</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 \$6,137 \$14,248.</p> <p>See split out below by code.</p> <p>\$3,562 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p> <p>\$2,575 \$10,686 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p>Ryan White Part B HIV Clinical Quality Management (CQM)/Improvement</p> <p>Required Activity</p>	<p>CQM activities should be continuous, 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>Any food provided to clients for CQM activities must be billed under the food bank/ hot meals task.</p>	<p>Agency must track and report within the Provide database all Performance Measures related to this service category as directed by DOH Quality Management Coordinator.</p> <p>Agency must submit an Annual CQM Plan by April 1st to the DOH Quality Management Coordinator. CQM plan must include Ryan White Part B specific activities.</p> <p>HRSA/HAB Clinical Performance Measures – Core</p> <ol style="list-style-type: none"> <u>HIV Viral Load Suppression</u> 95% <u>Prescription of HIV antiretroviral therapy</u> 90% <u>Medical visit frequency</u> 90% <u>Gap visits</u> 20% or less * Reverse measure <u>Annual retention care</u> 80% <p><u>HRSA/HAB Case Management Performance Measure</u></p> <ol style="list-style-type: none"> Care plan 90% Gap in HIV medical visits 20% or less * Reverse measure HIV medical visit frequency 90% <p>By October 1st agency must promote community engagement for Ryan White Part B eligible clients/patients to provide feedback by establishing or implementing</p> <ol style="list-style-type: none"> Annual Client Satisfaction Survey's And/or Quarterly Consumer/Client Advisory Board <p>Deliverables for this reporting period have been identified and can be</p>	<p>Agency must submit quarterly reports to HIV_QualityImprovement@doh.wa.gov</p> <p>1st Quarter 1/1 - 3/31 Due 4/30 Annual CQM Plan (Apr 1)</p> <p>2nd Quarter 4/1 - 6/30 Due 7/30</p> <p>3rd Quarter 7/1 - 9/30 Due 10/30</p> <p>4th Quarter 10/1 - 12/31 Due 1/30</p>	<p>Total reimbursement not to exceed \$15,548.</p> <p>See split out below by code.</p> <p>\$3,887 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p> <p>\$11,661 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p>Emergency Financial Assistance</p> <p>Anticipated number of clients to be served.</p> <p>15 Clients</p>	<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, housing¹, 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>¹ Emergency Housing assistance is limited to financial assistance to support a one-time payment to enable the individual or family, currently in housing, to gain and/or maintain medical care. Use of Ryan White Program funds for emergency housing must be linked to medical and/or healthcare or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.</p> <p>Allowable housing costs: Rent Utilities</p>	<p>referenced in the Ryan White Part B Statewide Quality Management Plan.</p> <p>*** Please see the Terms and Conditions Section 3E regarding Community Engagement expectations.***</p> <p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p> <p>Client must have current Ryan White Eligibility.</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 \$15,000 \$10,000.</p> <p>See split out below by code.</p> <p>\$2,500 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</p> <p>\$12,500 \$7,500 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>Housing assistance is limited to one month of rental/utility assistance in a calendar year.</p> <p>Refundable and non-refundable deposits are unallowable costs.</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.

Program Specific Requirements

SPECIAL PROGRAM REQUIREMENTS

1. Reminder: DOH cannot reimburse indirect costs without a current and approved rate on file. Please ensure the new and approved rate is submitted to the DOH Fiscal Monitoring Unit (FiscalMonitoring@doh.wa.gov) when the 2023 and 2024 rates expire.
2. CONTRACTOR acknowledges responsibility for required tasks regardless of funding allocation and has mechanisms in place for providing service and/or completing task deliverables.

GENERAL PROGRAM REQUIREMENTS

1. Definitions

- a. **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.
- b. **Medical Case Manager** – Individual who provides direct services to clients living with HIV. These services help clients gain and maintain access to primary medical care and treatment.
 - i. **Program Supervisor** – Individual who provides supervision to case management and other HCS staff.
 - ii. **Program Lead** – Individual who oversees specialized or enhanced programming to clients living with HIV.
 - iii. **Case Manager Assistant/Intake Specialist** – Individual who provides assistance to case management staff to enroll clients into case management and/or supportive services.
- c. **Non-Medical Case Manager** – Individual who provides direct services to clients living with HIV. These services provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services to improve or retain access to core medical and supportive services.
- d. **Housing Coordinator** – Individual who provides housing and/or housing related services to people living with HIV.
- e. **Peer Navigator** – Individual who has either direct lived or shared lived experience with HIV and navigating the healthcare system and/or barriers related to HIV stigma.
 - i. **Stewards** – Individual who provides supervision to Peer Navigators.
 - ii. **One-on-One Caseload** – Caseload of 15-20 Peer Clients referred by their care team to receive Peer Navigation support for 6-24 months or longer depending on client needs. Case managers and clients work in partnership to determine the length of time.
 - iii. **Peer Group Participants** – Clients who may or may not be utilizing Peer Navigation services but can access peer support in a peer group setting.
 - iv. **Community Facing Peer Support** – Broader activity-based client engagement such as community event programming, home visits, food access/delivery, or part of office culture when new or established clients come in for services.
 - v. **Short-Term Peer Navigation** – Support for clients with a temporary need due to unexpected life challenges or crises. Examples include but are not limited to a new HIV diagnosis, loss of housing or partner, mental/behavioral health/medical emergency, or reengagement for clients who have been justice involved and returning to community.
- f. **Administrative Support** – Individual who provides support by greeting clients, directing phone calls, scheduling appointments, etc.

2. **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](#).

3. **Program Organization** – CONTRACTOR must
- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information (if applicable), and staffing plan referencing positions described in the budget narrative.
 - b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
 - i. Any positions funded through Ryan White Part B, must have prior DOH approval.
 - c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.
 - i. Any funded Ryan White Care or Housing staff new to the agency must attend New Case Management training.
 - ii. Any new fiscal staff responsible for Ryan White Care invoicing will need to meet with the OIG Ryan White Contract Manager within 60 days for DOH Ryan White invoice overview and training.
 - d. **HIV Peer Navigation Program Structure and Expectations** – *To support the success and continuity of the HIV Peer Navigation Program, the CONTRACTOR will work in partnership with the DOH HIV Peer Navigation Program to discuss, develop, implement, and maintain a peer program that supports their agency and clients’.*

DOH will provide the CONTRACTOR with the Washington State HIV Peer Navigation Program framework.

1. *HIV Community Services Manual – HIV Peer Navigation Section*
2. *HIV Peer Navigation procedure for referrals and Provide documentation.*
3. *Monthly Co-Reflection Meetings for one -on-one HIV Peer Navigators, one-on-one HIV Peer Stewards, and the HIV Peer Navigator Group.*
4. *Provide technical assistance for how a HIV Peer Navigator interfaces with the Provide Data System, Quality of Life Survey, and specific HIV Peer Navigation goals for the ISP.*
5. *Provide Mandatory Training*
 1. *New Case Manager and HIV Peer Navigator Training*
 2. *Annual Intentional Peer Support training for both HIV Peer Navigators and HIV Peer Stewards*

DOH and the CONTRACTOR will work collaboratively on capacity building through the development of

1. *HIV Peer Navigator job description and job announcement*
2. *DOH will support the interview process by*
 - a. *Assisting with the development of interview questions*
 - b. *Application review and/or participation in interview panels*
3. *Identifying what position will fill the role of HIV Peer Steward*

e. **Ryan White Part B Clinical Quality Management CQM/Improvement Client Engagement Structure and Expectations** – *To support the framework of improving client care and satisfaction, the CONTRACTOR will work in partnership with the DOH HIV Quality Management Coordinator to engage Ryan White Part B clients and program staff in clinical quality management activities.*

DOH will provide the CONTRACTOR with the Washington State Ryan White Part B Clinical Quality Management Program framework.

1. *Washington State Ryan White Part B Clinical Quality Management Plan*
2. *Ryan White Part B Agency Dashboard*
3. *HIV Community Services Manual – Program Monitoring: Data Entry Standards*
4. *CQM Committee quarterly meetings*
5. *Provide CONTRACTOR with guidance to develop Quality Improvement/Quality Assurance resources and tracking tools.*
6. *Provide technical assistance for CQM infrastructure, data quality, and HRS/HAB performance measure benchmarks.*

The CONTRACTOR is expected to;

1. *Submit Annual CQM plan by April 1*
 - a. *New contractors are exempt in their first year while establishing their programs.*
2. *Attend quarterly CQM Committee meetings.*
3. *Provide quarterly CQM reports by the identified in accordance with the due dates and deliverables listed in the CQM Task and referenced in the [Ryan White Part B Statewide Quality Management Plan](#).*
 - a. *Ensure agency Ryan White Part B Dashboard and HRSA/HAB reports are up to date when submitted.*
4. *Develop and conduct a satisfaction survey specific to Ryan White Part B Services.*
 - a. *CONTRACTOR may solicit additional client feedback through the implementation of focus groups and/or Client Advisory Boards (CAB).*
5. *Establish an internal process and procedure to ensure continuous Quality Improvement/Quality Assurance activities are completed monthly.*
 - a. *Ensure client profiles are properly closed out within 30 days in the event of:*
 - i. *Client relocation out of state*
 - ii. *Client no longer meeting eligibility requirements*
 - iii. *Client declines or disengages with services*

Client is deceased

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

- a. Clients must apply for Ryan White eligibility within 30 days of intake.
- b. Client eligibility must be recertified annually.

5. **Participation in Program Monitoring Activities** –

- a. DOH will conduct on-site annual programmatic monitoring in the following areas:
 - i. Ryan White Part B case management and supportive services
 - ii. Title XIX case management
 - iii. Housing
 - iv. Clinical quality management
 - v. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit

b. **Corrective Action Plans** –

[§ 200.339 Remedies for noncompliance.](#)

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in [§ 200.208](#). If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

- (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Federal award.
- (d) Initiate suspension or debarment proceedings as authorized under [2 CFR part 180](#) and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

6. **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](#)

7. **Participation in Quality Management/Improvement activities** – Reference the task description for CQM or the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with the CQM Coordinator or your OID Contract Manager.
8. **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. See **task descriptions for time-frame requirements**.
9. **Data Sharing Agreement (DSA)** – The CONTRACTOR must enter into written data sharing agreements when sharing category 3 or category 4 data outside the agency unless otherwise prescribed by law. The CONTRACTOR must identify and evaluate the risks of sharing their data and must enter into a data sharing agreement that documents the relationship and includes appropriate terms to mitigate identified risks.
- a. **Category 3 Data – Confidential Information** is information that is specifically protected from either release or disclosure by law. This includes but is not limited to:
- Personal information as defined in [RCW 42.56.590](#) and [RCW 19.255.010](#).
 - Information about public employees as defined in [RCW 42.56.250](#).
 - Lists of individuals for commercial purposes as defined in [RCW 42.56.070\(8\)](#).
 - Information about the infrastructure and security of computer and telecommunication networks as defined in [RCW 42.56.420](#).
- b. **Category 4 Data – Confidential Information Requiring Special Handling** is information that is specifically protected from disclosure by law and for which:
- Especially strict handling requirements are dictated, such as by statutes, regulations, agreements, or other external compliance mandates.
 - Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.
10. **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 \(allianceforelas.org\)](#)
11. **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.
12. **Participation in Data-to-Care/Lost-to-Care activities** – WA residents that are reported to have an HIV infection and be living with HIV \geq 12 months ~~that have had~~ *and meet one of the following lab result criteria:*
- Not-in-Care (NIC): This person has ~~no~~ CD4 count, or viral load (VL) result reported in past 15 months, but who had a VL or CD4 in Washington State, in the last 5 years.*
~~OR~~
 - Not-Virally-Suppressed (NVS): This person has had a VL conducted in the previous 15 months, but a CD4 count ~~<200 cells/mm3~~ AND VL $>$ 200 copies/mL, at the time of last report ~~within the past 15 months.~~*
 - DOH will provide the CONTRACTOR with a list of clients who meet the above criteria quarterly to assist in outreach and engagement.
13. **Training and Orientation Requirements** – Reference the [HCS Manual](#) for more information.
14. **Contract Management** – Reference the [HCS Manual](#) for more information.
- a. **Fiscal Guidance** – Reference the OID Fiscal Manual for more detailed information.
- Funding** – The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
 - Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and OID Expense Summary form. A19 invoice vouchers are due by the 30th of the following month unless prior arrangements have been made with the DOH Contract Manager. Prior approval is required for a different frequency of billing.

- 1) The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or identified by DOH program staff to determine allowability of Ryan White related expenses. Risk assessments are completed at the beginning of a new contract. Contact your contract manager if you are unaware of your assigned risk level.
 - 2) DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- iii. **Allocating Costs and Indirect –**
- 1) **Cost Allocation Plan** - If allocating costs, the CONTRACTOR must have a documented allocation methodology that is reviewed and approved by DOH Staff. DOH is not able to reimburse allocated costs without an approved plan on file.
 - 2) **Federally Negotiated Indirect Rate** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or
 - 3) **10% De Minimus Certification** of file with DOH. DOH is not able to reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- iv. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- v. **Payer of Last Resort** – Ryan White Part B Funds is considered the payer of last resort, and as such, funds may not be used for any item or service “to the extent that payment has been made, or can reasonably be expected to be made under...any State compensation program, under an insurance policy, or under any Federal or State health benefits program..., or by an entity that provides health services on a pre-paid basis.”
- vi. **Cost of Services** – Costs must be necessary and reasonable to carry out approved contract activities.
- vii. **Allowable Costs** – All expenditures incurred, and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars: 2 CFR 200 (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)

- viii. **Duplication of EIP Services** –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, Medicaid, or other Insurance Provider.
- ix. **Ryan White Part B** may not be used for prevention activities.
- 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. **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.
 - 1) **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.**
 - 2) **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.**
 - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

- xii. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA guidelines](#). *Reference the OIG Fiscal Manual for more information.*
- xiii. **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.
- xiv. 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.
- 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 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)
- xv. **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 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 to receive reimbursement for these charges.
- 1) **Food or hot meals purchased for the Psychosocial Support or CQM tasks must bill under the Food Bank/Hot Meals task to be considered an allowable cost.**
 - 2) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events](#) | [Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
 - 3) Food for staff meetings/trainings is unallowable.
- PLEASE NOTE:** If meals/refreshments are purchased for allowable meetings, food can only be purchased for **clients** at the per diem rate. Any expenses over per diem will be denied. [U.S. General Services Administration Per Diem Look Up](#)
- xvi. 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.

- 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. Any exceptions require pre-approval from DOH.
 - 1) **Local Health Jurisdiction (LHJ) Contractors** – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
 - 2) **Non- LHJ Contractors** – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and State Fiscal Year (SFY) end dates. Amendments must be signed prior to the end of the FFY and/or SFY end date.
EX. FFY end date is 6/30, contract amendment request due to contract manager by 4/31
 - 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:
 - i. HIV service providers providing case management, outreach services, or other support services.
 - ii. Medical Providers providing services to agency’s medical case management clients.
 - iii. Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR
 Technical assistance is available through DOH.
15. **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.
16. **Confidentiality Requirements** – Reference the [HCS Manual](#) for more information.
17. **Whistleblower**
- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
 - b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
 - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program.
 - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
 - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

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

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2024 to December 31, 2024, for continuation of MCHBG related activities, and update Program Specific Requirements.

NOTE: The FFY25 funding allocation in this SOW is for the period of October 1, 2024 through December 31, 2024. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. A new SOW will begin in the next consolidated contract term on January 1, 2025 for continuation of this project through September 30, 2025. Any funds unspent from October 1, 2024 through December 31, 2024 will be added to the new SOW in an amendment in Spring 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22 09/30/22	134,581	0	134,581
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22 09/30/23	132,291	0	132,291
FFY22 HRSA MCHBG SPECIAL PROJECTS	7811022A	93.994	333.93.99	07/01/23 09/30/23	37,563	0	37,563
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23 09/30/24	159,854	0	159,854
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	10/01/24 12/31/24	0	39,963	39,963
TOTALS					464,289	39,963	504,252

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	Report actual expenditures for October 1, 2022 through September 30, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 1, 2023	
1h	Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 8, 2023	
1i	Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 17, 2024	
1j	<i>Report actual expenditures for October 1, 2023 through September 30, 2024.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 6, 2024</i>	
1k	<i>Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 16, 2025</i>	
1l	<i>Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 5, 2025</i>	
1m	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>LHJ Contract Lead or designee will attend regional meeting.</i>	<i>September 30, 2025</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September report due October 15, 2023 November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2f	Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	Draft- August 16, 2024 Final- September 6, 2024	
2g	Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.	Submit updates as part of monthly reporting document as requested by DOH.	September 30, 2024	
2h	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.	November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2i	<i>Report activities and outcomes of 2024-25 MCHBG-funded work using DOH-provided reporting template.</i>	<i>Submit monthly reports to DOH contract manager.</i>	April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024 <i>September report due October 15, 2024</i> <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
2j	<i>Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH contract manager.</i>	<i>Draft – August 15, 2025</i> <i>Final – September 12, 2025</i>	
2k	<i>Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.</i>	<i>Describe in your updates within each activity of the monthly report how you are intentionally focused on equity in your work.</i>	<i>September report due October 15, 2024</i> <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3b	served by the CYSHCN Program as referenced in CYSHCN Program guidance. Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024	
3h	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment.	30 days after forms are completed.	
3i	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.	September 30, 2024	
3j	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2024 January 15, 2025 April 15, 2025 July 15, 2025</i>	
3k	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment</i>	<i>30 days after forms are completed.</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3l	Review your program's entry on ParentHelp123.org annually for accuracy.	Fund requests directly to the CYSHCN Program as needed.	September 30, 2025	
3m	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow. Submit updates as part of monthly reporting document.	September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
MCHBG Assessment and Evaluation				
4a	As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.	Submit documentation using guidance provided by DOH.	September 30, 2024	Reimbursement for actual costs, not to exceed total funding consideration.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2023 through September 30, 2024 using DOH-provided reporting template.	Submit documentation as requested by DOH.	December 31, 2024	Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	See Program Specific Requirements and Special Billing Requirements.

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in pre-approved Budget Workbook. Submit a paragraph to your Community Consultant (contract manager) explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual - [Children and Youth with Special Health Care Needs Manual \(wa.gov\)](http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx)

Health Services Authorization (HSA) Form <http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

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

Monitoring Visits: Telephone calls with DOH contract manager as needed.

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

Special Instructions: Contact DOH contract manager for approval of expenses not reflected in approved budget workbook.

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

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective July 1, 2024

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2024 through December 31, 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: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID 19 VACCINES R4	74310259	93.268	333.93.26	07/01/24	12/31/24	0	276,000	276,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	276,000	276,000

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. Within the first 90 days of the contract, provide a budget for FY25 funding showing full expenditure of funds based on engagement strategies.	September 30, 2024	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
3.B	<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> <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>Forecast of expected spend down of remaining funds through remainder of contract (if extended past December 31, 2024) in DOH template provided).</p>	November 1, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	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)	Reports summarizing quantity, type, and frequency of activities	December 31, 2024	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.

Unallowable Costs:

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

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

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

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 CDC VFC Ops	74310251	93.268	333.93.26	07/01/24	12/31/24	0	16,134	16,134
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	16,134	16,134

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods) <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	September 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Within the first 90 days of the contract provide a budget for FY25 funding.	Submit completed Budget Template provided by Department of Health	September 30, 2024	
3	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Within 6 months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	
5	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 16, 2025	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) (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

Unallowable Costs:

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

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs

- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

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

DOH Program Name or Title: Office of Immunization-Regional Representatives - Effective July 1, 2024

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives.

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 CDC IQIP Regional Rep	74310254	93.268	333.93.26	07/01/24	12/31/24	0	41,173	41,173
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	41,173	41,173

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Within the first 90 days of the contract provide a budget for FY25 funding.	Submit completed Budget Template provided by Department of Health	September 30, 2024	
2	Conduct enrollment site visits all new providers and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with the CVP Operations Guide.	a) Email Provider Agreement New Enrollment Packet with provider's original or electronic signature – DOH 348-022	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program and when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures Email completed Provider Disenrollment form DOH 348-423 or list to verify vaccine inventory transferred/removed from provider site.	Within ten (10) days of vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide. Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR	a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
5	Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with the CVP Operations Guide. Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.	a) Submit completed CVP Compliance Visit Project Schedule to DOH b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.	a) By July 31 b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. c) Within five (5) business days of the site visit.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.	<ul style="list-style-type: none"> d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit. 	<ul style="list-style-type: none"> d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. e) Within 5 business days of DOH request. 	
6	Within 6 months of the start of contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	
7	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 35% of total visits assigned per region must be initiated within the first half Project Year (Dec 31, 2024) and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur by Dec 31, 2024</p>	<ul style="list-style-type: none"> a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up. 	<p>By July 31, 2024</p> <ul style="list-style-type: none"> a) Within five (5) business days of visit b) Within five (5) business days of contact <p>By Dec 31, 2024</p>	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](https://www.doh.wa.gov/Information-Systems/Programs-and-Projects/Immunization/Immunization-Program-Information) 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.)

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

Program Specific Requirements

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

Unallowable Costs:

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

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

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

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP - Effective July 1, 2024

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators (PHERCs).

Note: The current Consolidated Contract ends December 31, 2024. Once a new contract is in place, the program plans to submit a new statement of work for January 1 - June 30, 2025. Deliverable due dates after December 31, 2024 are referenced in this statement of work for informational purposes only and will be updated in the January - June 2025 statement of work.

This statement of work (ending 12/31/24) includes 60% of the total allocation of these funds. The January - June 2025 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/24), any remaining funds will be added to a revised January - June 2025 statement of work.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 PHEP BPI - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	07/01/24 12/31/24	0	177,207	177,207
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	177,207	177,207

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>1 Contact Information Framework 2 – Enhance Partnerships</p>	<p>Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.</p>	<p>Submit information by September 1, 2024, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.</p>	<p>September 1, 2024 Within 30 days of the change. December 31, 2024 June 30, 2025</p>	<p>Reimbursement for actual costs not to exceed total funding consideration amount.</p>
<p>2 LHJ Performance Measures Framework 6 – Modernize data collection and systems</p>	<p>Submit LHJ Performance Measure Data as requested on the form provided by DOH.</p>	<p>LHJ Performance Measure Data on the form provided by DOH.</p>	<p>June 30, 2025</p>	
<p>3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems</p>	<p>Submit additional information as requested by DOH to comply with federal grant requirements. Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.</p>	<p>Information requested by DOH.</p>	<p>As requested by DOH.</p>	
<p>4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices</p>	<p>Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ. DOH and/or UW will provide the tool and technical assistance.</p>	<p>Public Health Disaster Risk Assessment</p>	<p>June 30, 2025</p>	
<p>5 Planning Framework 4 – Improve administrative and budget preparedness systems</p>	<p>Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles.</p>	<p>Multiyear integrated preparedness plan.</p>	<p>June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>Framework 8 – Incorporate health equity practices</p>	<p>Including (but not limited to):</p> <ul style="list-style-type: none"> • Administrative preparedness plans. • Recovery operations. • Incident response improvement plan data elements. 			
<p>6 Planning - IPPW</p> <p>Framework 2 – Enhance Partnerships</p> <p>Framework 5 – Build workforce capacity</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>Complete the Integrated Preparedness Planning Workshop (IPPW) Workbook provided by DOH.</p> <p>Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>IPPW Workbook provided by DOH.</p> <p>Participation in IPPW.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>7 Communication & Planning</p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Develop or update crisis and emergency risk communication and information dissemination plans.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>8 Training</p> <p>Framework 5 – Build workforce capacity</p>	<p>Complete training to ensure baseline competency and integration with preparedness requirements.</p> <p>Participate in at least one public health emergency preparedness, response, or recovery training.</p> <p>Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</p> <p>Work with Public Health Emergency Response Coordinators (PHERCS) to review public health preparedness and response plans and identify gaps, priorities, and training needs.</p> <p>Integrate administrative and budget preparedness recommendations into training.</p>	<p>Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.</p>	<p>December 31, 2024 June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Recommended Training</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> • Incident Command System (ICS) 100: Introduction to ICS • ICS 700: An Introduction to the National Incident Management System (NIMS) • ICS 800: National Response Framework. An Introduction • IS-120.C: An Introduction to Exercise • IS-2900.A: National Disaster Recovery Framework (NDRE) Overview • Homeland Security Exercise and Evaluation Program • Preparation for Resource Providers <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> • ICS 200: Basic ICS for Initial Response • Independent Study (IS)-2200: Basic Emergency Operations Center Functions <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> • ICS 300: Intermediate ICS for Expanding Incidents • Crisis and Emergency Risk Communication (CERC) <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> • ICS 400: Advanced ICS <p>Notes: Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>9</p> <p>Exercising Framework 2 – Enhance Partnerships</p> <p>Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies</p>	<p>participate in at least one training as described above.</p> <p>Participate in at least one exercise by June 30, 2025.</p> <ul style="list-style-type: none"> • Include critical response and recovery partners. • Engage partners to incorporate health equity principles. • Integrate administrative and budget preparedness recommendations. • Complete AAR/IP for the exercise by June 30th, 2025. <p>Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Improvement Plans available upon request.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>10</p> <p>Communication & Exercising</p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Identify and implement communication monitoring media relations, and digital communication strategies in exercises.</p> <p>Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>11</p> <p>MCM – Non-CRI LHJs</p> <p>Framework 1 – Develop threat-specific approach</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Note: This activity applies to non-CRI LHJs only.</p> <p>Maintain ability to procure, store, manage, and distribute medical materiel.</p> <p>Maintain ability to dispense and administer medical countermeasures (MCM).</p> <p>Attend an MCM quarterly meeting for the non-CRI LHJs.</p> <p>Continue to show capabilities by submitting updated MCM plans as needed.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>12 DOH Duty Officer Framework 7 – Strengthen risk communications activities</p>	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>13 WASECURES Framework 7 – Strengthen risk communication activities</p>	<p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.</p> <p>Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in (or respond to an alert) quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>14 Communication & Communities of Focus Framework 10 – Prioritize community recovery efforts</p>	<p>Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.</p> <p>DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15 Healthcare Coalition (HCC) Participation Framework 3 – Expand local support	During each reporting period (Jul – Dec and Jan-Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> • Meetings • Communication • Planning • Training • Exercises 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
Additional activities as requested by the LHJ				
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	
LHJ Request Kitsap 3	Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites. Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.	Mid- and end-of-year reports on templates provided by DOH. Website screenshots available upon request.	December 31, 2024 June 30, 2025	
LHJ Request Kitsap 4	Coordinate and maintain a jointly shared Medical Reserve Corps (MRC) program with the Kitsap County Department of Emergency Management.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	
LHJ Request Kitsap 5	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	

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

Special Requirements:

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work: *Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery. DOH will provide a copy.*

Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations
[Implementing Public Health Response Readiness Framework | State and Local Readiness | CDC](#)

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health
[Public Health Emergency Preparedness and Response Capabilities | State and Local Readiness | CDC](#)

2024 PHEP Cooperative Agreement Guidance/Budget Period 1
[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC](#)

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
[CFR :: 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).
- 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 food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- 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 Fiscal 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: 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)** 5

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

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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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 FFY25 SNAP Ed Program Management Admin IAR funds

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation	
76701939	10.561	333.10.56	01/01/22	09/30/22	98,016	0	98,016	
76701949	10.561	333.10.56	10/01/22	09/30/23	115,813	0	115,813	
76701940	10.561	333.10.56	10/01/23	09/30/24	127,434	0	127,434	
76701950	10.561	333.10.56	10/01/24	12/31/24	0	53,765	53,765	
					0	0	0	
					0	0	0	
					0	0	0	
TOTALS						341,263	53,765	395,028

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	1. Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences. 2. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan. 3. Project plan supports at least one State SNAP-Ed goal as selected by Subrecipient. 4. Demonstrates progress towards project objective(s), and additional project goal(s) determined by Subrecipient are demonstrated and reported.	Due: per the approved work plan and per the required due dates during the federal fiscal year, and no later than 09/30/24, 10/01/24 to 12/31/24 TBD.	Reimbursement upon on-time receipt and approval of acceptable deliverables/outcomes for the funding period will not exceed \$341,263 \$395,028 . Kitsap Public Health

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>plan approved by Department of Health (DOH).</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>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. <p>Satisfactory progress of the Subrecipient's Project includes progress shown in the</p>	<ol 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. 8. Strategy as feasible for working with one or more CSOs implemented and demonstrated to increase 	<p>Due: Progress reviews. Occur at minimum once a fiscal year, and no later than 09/30/24, 10/01/24 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>Due: Fiscal monitoring. Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless</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>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). 	<p>knowledge, awareness, or participation of SNAP-Ed eligible audience.</p> <ol style="list-style-type: none"> 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>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>	
2.0	<p>Evaluation Data and Reports</p> <p>For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the</p>	<p>On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including:</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</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>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>	<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 reporting method/form, on or before the required due dates, or by approved extension date.</p>	<p>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 1/10/24 • 2nd Progress report due 4/10/24 • 3rd Progress report due 7/10/24 • Final Progress report due 9/15/24 or follow close-out procedures. • FFY 25 TBD <p>PEARS: Project evaluation and reporting required between 10/1/23 to 9/15/24.</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 9/15/24. • September: 10/31/23 • October: 11/30/23 • November: 12/31/23 • December: 1/31/24 • January: 2/28/24 	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Direct education strategies only:</p> <ol style="list-style-type: none"> 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. 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"> February: 3/31/24 March: 4/30/24 April: 5/31/24 May: 6/30/24 June: 7/31/24 July: 8/31/24 August: 9/15/24 Final data entry for all activities not already reported, due by 9/15/24, or follow close-out schedule. FFY24/25 TBD <p>SNAP-Ed Direct education conducted between 01/01/23 and 9/15/24. FFY25 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. 	
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: 01/01/24 for all SNAP-Ed funded staff. FFY25 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 all Subrecipients when provided by DOH or WA SNAP-Ed for the staff listed. Unless more staff attendance is required,</p>	<p>On-time completion of all required trainings by required SNAP-Ed staff.</p> <p>Attendance of required or appropriate staff person(s) at all required meetings.</p>	<p>Fiscal: Annually, and no later than March 31, 2024. FFY25 TBD.</p> <p>SNAP-Ed Curriculum: New direct education staff trained</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>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 direct education strategies) – project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience. • 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 	<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>If required meeting or training is <u>not</u> provided, 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>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 9/30/24. FFY25 TBD</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 online: All SNAP-Ed funded staff with programmatic responsibilities will complete at least once. New hires to take within 6 months of start date.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.0	<p>coordinator or qualified designated staff person.</p> <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>Documentation of satisfactory understanding gained from required trainings, and application of applicable knowledge and skills in progress reviews and/or monitoring reports.</p> <p>On-time updates to SNAP-Ed inventory list.</p> <ol style="list-style-type: none"> Inventory list updated per due dates required. 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 9/15/24. FFY25 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>	<p>See payment information as referenced in task number 1.0</p>
5.0	<p>*See special requirements section - Monitoring</p> <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>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>	<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"> 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>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>Final invoice is due November 30th, 2024, or follow close-out schedule. FFY25 TBD.</p> <p>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 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/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-temp/ates>)

- 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 on 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	\$341,263 \$395,028

**Contract Amendment #4
Between
Kitsap Public Health District
And
Jefferson County Public Health**

Nurse Family Partnership

WHEREAS, Kitsap Public Health District (KPHD) (CONTRACTOR) and Jefferson County Public Health (JCPH) (COUNTY) entered into an agreement on July 1, 2021 for Professional Services and Amendments #1, #2, and #3 to that agreement extended the term and the dollar amounts respectively to share Nurse Family Partnership (NFP) staff, training, and supervision with funds through the Department of Children Youth and Families (DCYF) Grant

WHEREAS, the parties desire to amend this agreement

IT IS AGREED BETWEEN BOTH PARTIES AS NAMED HEREIN AS FOLLOWS:


- 1.) This amendment extends the CONTRACTOR'S time of services to include July 1, 2024 – June 30, 2025
- 2.) This amendment increases the award CONTRACTOR'S by \$191,868.00 for services rendered during the term of July 1, 2024 through June 30, 2025.
- 3.) Performance pay may be awarded for meeting milestones set by DCYF. CONTRACTOR may receive performance payments upon completion of milestones and authorization from DCYF.
- 4.) All other terms and conditions of the agreement will remain the same.

Dated this 19th day of August, 2024

(SIGNATURES FOLLOW ON THE NEXT PAGE)

JEFFERSON COUNTY WASHINGTON

Board of County Commissioners
Jefferson County, Washington

By:  8/19/24
Kate Dean, Chair Date


By:  8/19/24
Greg Brotherton, Commissioner Date

By:  8/19/24
Heidi Eisenhour, Commissioner Date


SEAL:



ATTEST:

 8/19/24
Carolyn Gallaway Date
Clerk of the Board

Approved as to form only:

 August 8, 2024
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

KITSAP PUBLIC HEALTH DISTRICT

Yolanda Fong, Administrator
Kitsap County, WA

By: _____
Signature

Name: _____

Title: _____

Date: _____

DATA SHARING AGREEMENT
FOR
CONFIDENTIAL INFORMATION OR LIMITED DATASET(S)
BETWEEN
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
AND
Kitsap Public Health District

This Agreement documents the conditions under which the Washington State Department of Health (DOH) shares confidential information or limited Dataset(s) with other entities.

CONTACT INFORMATION FOR ENTITIES RECEIVING AND PROVIDING INFORMATION

	INFORMATION RECIPIENT	INFORMATION PROVIDER
Organization Name	Kitsap Public Health District	Washington State Department of Health (DOH)
Business Contact Name	Yolanda Fong	Cynthia Harry
Title	Administrator	Deputy Chief Data Officer
Address	345 6 th St Suite 300 Bremerton, WA 98337	1610 NE 150th St. MS: K17-9 Shoreline, WA 98155-9701
Telephone #	360-535-9290	206-472-4530
Email Address	Yoland.fong@kitsappublichealth.org	cynthia.harry@doh.wa.gov
IT Security Contact	Ed North	John Weeks
Title	Information Technology Program	Chief Information Security Officer
Address	345 6 th St Suite 300 Bremerton, WA 98337	PO Box 47890 Olympia, WA 98504-7890
Telephone #	360-728-2268	360-999-3454
Email Address	Ed.north@kitsappublichealth.org	Security@doh.wa.gov
Privacy Contact Name	April Fisk	Michael Paul
Title	Program Coordinator	DOH Chief Privacy Officer
Address	345 6 th St Suite 300 Bremerton, WA 98337	P. O. Box 47890 Olympia, WA 98504-7890
Telephone #	360-728-2232	564-569-9692
Email Address	April.fisk@kitsappublichealth.org	Privacy.officer@doh.wa.gov

DEFINITIONS

Authorized user means a recipient's employees, agents, assigns, representatives, independent contractors, or other persons or entities authorized by the data recipient to access, use or disclose information through this agreement.

Authorized user agreement means the confidentiality agreement a recipient requires each of its Authorized Users to sign prior to gaining access to Public Health Information.

Breach of confidentiality means unauthorized access, use or disclosure of information received under this agreement. Disclosure may be oral or written, in any form or medium.

Breach of security means an action (either intentional or unintentional) that bypasses security controls or violates security policies, practices, or procedures.

Confidential information means information that is protected from public disclosure by law. There are many state and federal laws that make different kinds of information confidential. In Washington State, the two most common are the Public Records Act RCW 42.56, and the Healthcare Information Act, RCW 70.02.

Data provider means any individual or entity that provides data to the RHINO program. This includes all participating hospitals, clinics, and providers.

Data storage means electronic media with information recorded on it, such as CDs/DVDs, computers and similar devices.

Data transmission means the process of transferring information across a network from a sender (or source), to one or more destinations.

Direct identifier Direct identifiers in research data or records include names; postal address information (other than town or city, state and zip code); telephone numbers, fax numbers, e-mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate /license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); internet protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

Disclosure means to permit access to or release, transfer, or other communication of confidential information by any means including oral, written, or electronic means, to any party except the party identified or the party that provided or created the record.

Encryption means the use of algorithms to encode data making it impossible to read without a specific piece of information, which is commonly referred to as a "key". Depending on the type of information shared, encryption may be required during data transmissions, and/or data storage.

ESSENCE means the CDC National Syndromic Surveillance Program (NSSP) Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform. ESSENCE is a CDC-hosted platform which authorized users access through a web browser interface. ESSENCE contains syndromic surveillance data from Washington and other participating states, and includes analytical tools with which authorized users may interact with the data.

Health care information means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care....” RCW 70.02.010(7)

Health information is any information that pertains to health behaviors, human exposure to environmental contaminants, health status, and health care. Health information includes health care information as defined by RCW 70.02.010 and health related data as defined in RCW 43.70.050.

Health Information Exchange (HIE) means the statewide hub that provides technical services to support the secure exchange of health information between HIE participants.

Health official means any individual determined by the public health authority to be necessary for a public health response pursuant to RCW 43.70.057 Section 6B

Human research review is the process used by institutions that conduct human subject research to ensure that:

- the rights and welfare of human subjects are adequately protected;
- the risks to human subjects are minimized, are not unreasonable, and are outweighed by the potential benefits to them or by the knowledge gained; and
- the proposed study design and methods are adequate and appropriate in light of the stated research objectives.

Research that involves human subjects or their identifiable personal records should be reviewed and approved by an institutional review board (IRB) per requirements in federal and state laws and regulations and state agency policies.

Human subjects research; human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

Identifiable data or records contains information that reveals or can likely associate the identity of the person or persons to whom the data or records pertain. Research data or records with direct identifiers removed, but which retain indirect identifiers, are still considered identifiable.

Indirect identifiers are indirect identifiers in research data or records that include all geographic identifiers smaller than a state , including street address, city, county, precinct, Zip code, and their equivalent postal codes, except for the initial three digits of a ZIP code; all elements of dates (except year) for dates directly related to an individual, including birth date, admission date,

discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such age and elements may be aggregated into a single category of age 90 or older.

Limited dataset means a data file that includes potentially identifiable information. A limited dataset does not contain direct identifiers.

Normal business hours are state business hours Monday through Friday from 8:00 a.m. to 5:00 p.m. except state holidays.

Potentially identifiable information means information that includes indirect identifiers which may permit linking an individual to that person's health care information. Examples of potentially identifiable information include:

- birth dates;
- admission, treatment or diagnosis dates;
- healthcare facility codes;
- other data elements that may identify an individual. These vary depending on factors such as the geographical location and the rarity of a person's health condition, age, or other characteristic.

Restricted confidential information means confidential information where especially strict handling requirements are dictated by statutes, rules, regulations or contractual agreements. Violations may result in enhanced legal sanctions.

State holidays State legal holidays, as provided in [RCW 1.16.050](#).

GENERAL TERMS AND CONDITIONS

I. USE OF INFORMATION

The Information Recipient agrees to strictly limit use of information obtained or created under this Agreement to the purposes stated in Exhibit I (and all other Exhibits subsequently attached to this Agreement). For example, unless the Agreement specifies to the contrary the Information Recipient agrees not to:

- Link information received under this Agreement with any other information.
- Use information received under this Agreement to identify or contact individuals.

The Information Recipient shall construe this clause to provide the maximum protection of the information that the law allows.

II. SAFEGUARDING INFORMATION

A. CONFIDENTIALITY

Information Recipient agrees to:

- Follow DOH small numbers guidelines as well as dataset specific small numbers requirements. (Appendix D)
- Limit access and use of the information:
 - To the minimum amount of information .
 - To the fewest people.
 - For the least amount of time required to do the work.
- Ensure that all people with access to the information understand their responsibilities regarding it.
- Ensure that every person (e.g., employee or agent) with access to the information signs and dates the “Use and Disclosure of Confidential Information Form” (Appendix A) before accessing the information.
 - Retain a copy of the signed and dated form as long as required in Data Disposition Section.

The Information Recipient acknowledges the obligations in this section survive completion, cancellation, expiration or termination of this Agreement.

B. SECURITY

The Information Recipient assures that its security practices and safeguards meet Washington State Office of the Chief Information Officer (OCIO) security standard 141.10 [Securing Information Technology Assets](#).

For the purposes of this Agreement, compliance with the HIPAA Security Standard and all subsequent updates meets OCIO standard 141.10 “Securing Information Technology Assets.”

The Information Recipient agrees to adhere to the Data Security Requirements in Appendix B. The Information Recipient further assures that it has taken steps necessary to prevent unauthorized access, use, or modification of the information in any form.

Note: The DOH Chief Information Security Officer must approve any changes to this section prior to Agreement execution. IT Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

C. BREACH NOTIFICATION

The Information Recipient shall notify the DOH Chief Information Security Officer (security@doh.wa.gov) within one (1) business days of any suspected or actual breach of security or confidentiality of information covered by the Agreement.

III. RE-DISCLOSURE OF INFORMATION

Information Recipient agrees to not disclose in any manner all or part of the information identified in this Agreement except as the law requires, this Agreement permits, or with specific prior written permission by the Secretary of the Department of Health.

If the Information Recipient must comply with state or federal public record disclosure laws, and receives a records request where all or part of the information subject to this Agreement is responsive to the request: the Information Recipient will notify the DOH Privacy Officer of the request ten (10) business days prior to disclosing to the requestor. The notice must:

- Be in writing;
- Include a copy of the request or some other writing that shows the:
 - Date the Information Recipient received the request; and
 - The DOH records that the Information Recipient believes are responsive to the request and the identity of the requestor, if known.

IV. ATTRIBUTION REGARDING INFORMATION

Information Recipient agrees to cite "Washington State Department of Health" or other citation as specified, as the source of the information subject of this Agreement in all text, tables and references in reports, presentations and scientific papers.

Information Recipient agrees to cite its organizational name as the source of interpretations, calculations or manipulations of the information subject of this Agreement.

V. OTHER PROVISIONS

With the exception of agreements with British Columbia for sharing health information, all data must be stored within the United States.

VI. AGREEMENT ALTERATIONS AND AMENDMENTS

This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties

VII. CAUSE FOR IMMEDIATE TERMINATION

The Information Recipient acknowledges that unauthorized use or disclosure of the data/information or any other violation of sections II or III, and appendices A or B, may result in the immediate termination of this Agreement.

VIII. CONFLICT OF INTEREST

The DOH may, by written notice to the Information Recipient:

Terminate the right of the Information Recipient to proceed under this Agreement if it is found, after due notice and examination by the Contracting Office that gratuities in the form of entertainment, gifts or otherwise were offered or given by the Information Recipient, or an agency or representative of the Information Recipient, to any officer or employee of the DOH, with a view towards securing this Agreement or securing favorable treatment with respect to the awarding or amending or the making of any determination with respect to this Agreement.

In the event this Agreement is terminated as provided above, the DOH shall be entitled to pursue the same remedies against the Information Recipient as it could pursue in the event of a breach of the Agreement by the Information Recipient. The rights and remedies of the DOH provided for in this section are in addition to any other rights and remedies provided by law. Any determination made by the Contracting Office under this clause shall be an issue and may be reviewed as provided in the "disputes" clause of this Agreement.

DISPUTES

Except as otherwise provided in this Agreement, when a genuine dispute arises between the DOH and the Information Recipient and it cannot be resolved, either party may submit a request for a dispute resolution to the Contracts and Procurement Unit. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. A party's request for a dispute resolution must:

- Be in writing and state the disputed issues, and
- State the relative positions of the parties, and
- State the information recipient's name, address, and his/her department agreement number, and
- Be mailed to the DOH contracts and procurement unit, P. O. Box 47905, Olympia, WA 98504-7905 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.

This dispute resolution process constitutes the sole administrative remedy available under this Agreement.

IX. EXPOSURE TO DOH BUSINESS INFORMATION NOT OTHERWISE PROTECTED BY LAW AND UNRELATED TO CONTRACT WORK

During the course of this contract, the information recipient may inadvertently become aware of information unrelated to this agreement. Information recipient will treat such information respectfully, recognizing DOH relies on public trust to conduct its work. This information may be hand written, typed, electronic, or verbal, and come from a variety of sources.

X. GOVERNANCE

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement shall be construed to conform to those laws.

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

- Applicable Washington state and federal statutes and rules;
- Any other provisions of the Agreement, including materials incorporated by reference.

XI. HOLD HARMLESS

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

XII. LIMITATION OF AUTHORITY

Only the Authorized Signatory for DOH shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Agreement on behalf of the DOH. No alteration, modification, or waiver of any clause or condition of this Agreement is effective or binding unless made in writing and signed by the Authorized Signatory for DOH.

XIII. RIGHT OF INSPECTION

The Information Recipient shall provide the DOH and other authorized entities the right of access to its facilities at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Agreement on behalf of the DOH.

XIV. SEVERABILITY

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

XV. SURVIVORSHIP

The terms and conditions contained in this Agreement which by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the Agreement shall survive.

XVI. TERMINATION

Either party may terminate this Agreement upon 30 days prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

XVII. WAIVER OF DEFAULT

This Agreement, or any term or condition, may be modified only by a written amendment signed by the Information Provider and the Information Recipient. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege or remedy provided under this Agreement shall not constitute a waiver. No provision of this Agreement may be waived by either party except in writing signed by the Information Provider or the Information Recipient.

XVIII. ALL WRITINGS CONTAINED HEREIN

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

XIX. PERIOD OF PERFORMANCE

This **Agreement** shall be effective from date of execution through 6/30/2026.

SPECIAL TERMS AND CONDITIONS**XX. The information recipient shall:**

- a. Not utilize the information obtained through this agreement except for purposes of public health and/or healthcare practice which do not constitute research activities as defined in RCW 42.48.010. Additional uses, including use of the data to conduct research, require an amendment or separate agreement. Information recipient must make a separate data request to use this data for research purposes, and research projects require approval of the Washington State Institutional Review Board (WSIRB) and execution of a Confidentiality Agreement for the research project.
- b. Take all reasonable steps to prevent unauthorized access to the ESSENCE platform and any data obtained through this agreement which may be considered private or confidential under state or federal law.
- c. Not publish or otherwise disclose any data which may directly or indirectly identify an individual, except as allowed by law within the confines of a public health investigation. Furthermore, the information recipient shall not publish the identity of a data provider (hospital, clinic, or provider) except with the consent of the data provider.

- d. Not attempt to determine the identity of persons whose information is included in the data set or use the data in any manner that identifies individuals or their families, except to investigate events of potential public health importance (e.g., notifiable conditions, outbreaks).
- e. Not attempt to obtain additional information about a patient or their visit from a patient's electronic medical record except for purposes agreed upon by the data provider (hospital, clinic, or provider) and the information recipient.
- f. Not provide or otherwise utilize data obtained through this agreement for purposes of regulatory action or law enforcement against a data provider (hospital, clinic, or provider) or individual except as required by state or federal law.

XXI. The Information Recipient may:

- a. Publish, redisclose, or release aggregated data in order to protect public health while adhering to the DOH Small Numbers Publishing Guidelines (Appendix D) and RHINO Data Best Practices included in the [RHINO Guidebook](#), and without including direct or indirect identifiers.
- b. Link data obtained through this Agreement with data from other sources, in order to identify, characterize, and/or solve a health problem, or evaluate the success of a health program. Any linked dataset containing data elements obtained through this agreement are subject to the terms of this Agreement, similar agreements governing linked datasets, and all state and federal laws that govern any included datasets.
- c. Use data obtained through this Agreement to follow up on specific visits in order to investigate events of potential public health importance (e.g., notifiable conditions, outbreaks). In support of such an investigation, data obtained through this Agreement may be shared with health officials on a "need to know" basis, sharing the fewest number of data elements with the fewest number of individuals, for the least amount of time necessary.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of last signature below.

INFORMATION PROVIDER

INFORMATION RECIPIENT

State of Washington Department of Health

Signature

Signature

Print Name

Print Name

Date

Date

EXHIBIT I

1. PURPOSE AND JUSTIFICATION FOR SHARING THE DATA

Provide a detailed description of the purpose and justification for sharing the data, including specifics on how the data will be used.

Washington Department of Health supports local health jurisdictions (LHJs) and tribes in their disease and injury surveillance and control activities by providing timely access to data. ESSENCE data is some of the most timely information available, with over 90% of emergency departments reporting visits within 24 hours. LHJs and tribes use this information to identify and respond quickly to public health threats such as novel pathogens, as well as track injury and health condition trends, evaluate interventions implemented, and use ESSENCE data within their statutory authority to provide quality public health services. Additionally, RCW 43.70.057 permits the Washington Department of Health to provide local health jurisdictions and tribes access to the healthcare encounter data for their jurisdiction.

Washington Department of Health will provide the requestor with ESSENCE access for identified users so that they may perform their duties of public health disease monitoring and control.

Is the purpose of this agreement for human subjects research that requires Washington State Institutional Review Board (WSIRB) approval?

Yes No

If yes, has a WSIRB review and approval been received? If yes, please provide copy of approval. If No, attach exception letter.

Yes No

2. PERIOD OF PERFORMANCE

This **Exhibit** shall have the same period of performance as the **Agreement** unless otherwise noted below:

Exhibit I shall be effective from date of execution through 6/30/2026.

3. DESCRIPTION OF DATA

Information Provider will make available the following information under this Agreement:

The Information Provider will provide access to the CDC National Syndromic Surveillance Program (NSSP) Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform for a limited number of authorized users employed or contracted by the Information Recipient. User accounts will be established and managed by the Information Provider.

Authorized users will, upon execution of this Agreement and receipt of signed confidentiality agreements (Appendix A) from each authorized user, have access to the complete dataset contained within ESSENCE for the Information Recipient's jurisdiction. For example, an authorized user employed by a local health jurisdiction (LHJ) will have access to all ESSENCE data reported by facilities located in that jurisdiction, and all ESSENCE data for residents of that jurisdiction. An authorized user employed by a hospital will have access only to data from that hospital.

Authorized users have the ability to interact with and analyze the data within the ESSENCE platform. Additionally, authorized users have the ability download partial or complete datasets from the platform for additional analysis outside of the ESSENCE platform.

Data elements which may be found in ESSENCE for each record (visit) include:

- Facility name
- Facility type
- Admission reason code
- Patient's chief complaint(s) – original and processed entries
- Patients discharge diagnosis(es)
- Patient's Date of Birth
- Patient's age
- Visit/Admission date and time
- Discharge date and time
- Date and time of death (if applicable)
- Patient's medical record number
- Zip code city, county, and state of patient residence
- Discharge disposition
- Patient's sex
- Patient's race
- Patient's ethnicity
- Facility zip code
- Procedure code
- Initial Temperature
- Initial ED acuity assessment

- Onset date
- Clinical Impression
- Problem list
- Medication list
- Initial pulse oximetry
- Initial systolic and diastolic blood pressures
- Height
- Weight
- Body mass Index
- Pregnancy status
- Smoking status
- Travel history
- Visit type
- Mode of arrival
- Clinical Impression
- Triage notes
- Insurance coverage
- Insurance company ID
- Discharge instructions
- Various administrative and system data elements

It is important to note that, while the above listed data elements may exist in the ESSENCE platform, the elements included for each individual record may vary. This is a result of variances in data submission among facilities.

The information described in this section is:

- Restricted Confidential Information (Category 4)
- Confidential Information (Category 3)
- Potentially identifiable information (Category 3)
- Internal [public information requiring authorized access] (Category 2)
- Public Information (Category 1)

Any reference to data/information in this Agreement shall be the data/information as described in this Exhibit.

4. STATUTORY AUTHORITY TO SHARE INFORMATION

DOH statutory authority to obtain and disclose the confidential information or limited Dataset(s) identified in this Exhibit to the Information Recipient:

- RCW 43.20.050 – Powers and duties of state board of health
- RCW 43.70.050 – Collection, use, and accessibility of health-related data
- RCW 70.02.050 – Disclosure without patient’s authorization
- RCW 43.70.057 - Hospital emergency room patient care information—Data collection, maintenance, analysis, and dissemination—Rules
- RCW 43.70.130 – Powers and duties of secretary—General.

Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Exhibit:

- RCW 70.05.060 - Powers and duties of local board of health.
- RCW 43.70.545 - Data collection and reporting rules.
- WAC 246-101-505 - Duties of the local health officer or the local health department
- United States Federal Indian Law
- Indian Self Determination Act 1975

5. ACCESS TO INFORMATION

METHOD OF ACCESS/TRANSFER

- DOH Web Application (indicate application name):
- Washington State Secure File Transfer Service (sft.wa.gov)
- Encrypted CD/DVD or other storage device
- Health Information Exchange (HIE)**
- Other: Authorized users will access the data through the CDC NSSP ESSENCE platform

****NOTE:** DOH Chief Information Security Officer must approve prior to Agreement execution. DOH Chief Information Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

FREQUENCY OF ACCESS/TRANSFER

- One time: DOH shall deliver information by _____ (insert date)
- Repetitive: frequency or dates _____ (insert dates if applicable)
- As available within the period of performance stated in Section 2.

6. REIMBURSEMENT TO DOH

Payment for services to create and provide the information is based on the actual expenses DOH incurs, including charges for research assistance when applicable.

Billing Procedure

- Information Recipient agrees to pay DOH by check or account transfer within 30 calendar days of receiving the DOH invoice.
- Upon expiration of the Agreement, any payment not already made shall be submitted within 30 days after the expiration date or the end of the fiscal year, which is earlier.

Charges for the services to create and provide the information are:

- \$ _____
- No charge.

7. DATA DISPOSITION

Unless otherwise directed in writing by the DOH Business Contact, at the end of this Agreement, or at the discretion and direction of DOH, the Information Recipient shall:

- Immediately destroy all copies of any data provided under this Agreement after it has been used for the purposes specified in the Agreement . Acceptable methods of destruction are described in Appendix B. Upon completion, the Information Recipient shall submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.
- Immediately return all copies of any data provided under this Agreement to the DOH Business Contact after the data has been used for the purposes specified in the Agreement, along with the attached Certification of Data Disposition (Appendix C)
- Retain the data for the purposes stated herein for a period of time not to exceed _____ (e.g., one year, etc.), after which Information Recipient shall destroy the data (as described below) and submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.
- Other (Describe): Authorized users have the ability to download (copy) partial or complete datasets from the platform. Upon request by DOH program staff, at the end of the Agreement term, or when no longer needed, the Information Recipient shall destroy all copies of any data provided under this Agreement. Acceptable methods of destruction are described in Appendix B.

8. RIGHTS IN INFORMATION

Information Recipient agrees to provide, if requested, copies of any research papers or reports prepared as a result of access to DOH information under this Agreement for DOH review prior to publishing or distributing.

In no event shall the Information Provider be liable for any damages, including, without limitation, damages resulting from lost information or lost profits or revenue, the costs of recovering such Information, the costs of substitute information, claims by third parties or for other similar costs, or any special, incidental, or consequential damages, arising out of the use of the information. The accuracy or reliability of the Information is not guaranteed or warranted in any way and the information Provider’s disclaim liability of any kind whatsoever, including, without limitation, liability for quality, performance, merchantability and fitness for a particular purpose arising out of the use, or inability to use the information.

If checked, please submit the following:

- Copies of all papers, presentations, reports, or publications developed using data obtained under this agreement to the attention of: the RHINO program at RHINO@doh.wa.gov.

9. ALL WRITINGS CONTAINED HEREIN

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Exhibit as of the date of last signature below.

INFORMATION PROVIDER

INFORMATION RECIPIENT

State of Washington Department of Health

Signature

Signature

Print Name

Print Name

Date

Date

EXHIBIT II

1. PURPOSE AND JUSTIFICATION FOR SHARING THE DATA

Provide a detailed description of the purpose and justification for sharing the data, including specifics on how the data will be used.

Drug overdose is a persistent public health problem for Washingtonians. It is imperative for public health partners to know how this public health problem is impacting their communities. To maintain visibility on the drug overdose concern, the Information Provider has created a dashboard displaying a synopsis of the data for drug overdose. The Information Provider will give the Information Recipient access to this dashboard once this DSA is signed.

The Information Recipient agrees not to remove data from the dashboard to use in a public facing product. The dashboard provided by the Information Provider is strictly for keeping the Information Recipient abreast of what is happening in the community to facilitate proper community guidance and public health work. The Information Recipient agrees to reach out to the Information Provider if raw data is needed for another purpose. The Information Provider acknowledges that the dashboard contains small numbers but the Information Recipient must adhere to the small number policy attached to this DSA and only use the dashboard data in ways consistent with this DSA.

Is the purpose of this agreement for human subjects research that requires Washington State Institutional Review Board (WSIRB) approval?

Yes No

If yes, has a WSIRB review and approval been received? If yes, please provide copy of approval. If No, attach exception letter.

Yes No

2. PERIOD OF PERFORMANCE

This **Exhibit** shall have the same period of performance as the **Agreement** unless otherwise noted below:

Exhibit II shall be effective from date of execution through 6/30/2026.

3. DESCRIPTION OF DATA

Information Provider will make available the following information under this Agreement:
Database Name(s): *provide the name(s) of databases here. DOH Internal Opioid Dashboard*

Data Elements being provided: *provide all data elements to be shared here. Attachments are not recommended.*

Age, residential county, visit date, race, ethnicity, sex, drug category

The information described in this section is:

- Restricted Confidential Information (Category 4)
- Confidential Information (Category 3)
- Potentially identifiable information (Category 3)
- Internal [public information requiring authorized access] (Category 2)
- Public Information (Category 1)

Any reference to data/information in this Agreement shall be the data/information as described in this Exhibit.

4. STATUTORY AUTHORITY TO SHARE INFORMATION

DOH statutory authority to obtain and disclose the confidential information or limited Dataset(s) identified in this Exhibit to the Information Recipient:

RCW 43.20.050 – Powers and duties of state board of health

RCW 43.70.050 – Collection, use, and accessibility of health-related data

RCW 70.02.050 – Disclosure without patient’s authorization

RCW 43.70.057 - Hospital emergency room patient care information—Data collection, maintenance, analysis, and dissemination—Rules

RCW 43.70.130 – Powers and duties of secretary—General.

Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Exhibit

RCW 43.70.057(6) - Hospital emergency room patient care information—Data collection, maintenance, analysis, and dissemination—Rules

WAC 246-101-505 - Duties of the local health officer or the local health department

RCW 43.70.057 - Hospital emergency room patient care information—Data collection, maintenance, analysis, and dissemination—Rules

5. ACCESS TO INFORMATION

METHOD OF ACCESS/TRANSFER

- DOH Web Application (indicate application name): Opioid Dashboard
- Washington State Secure File Transfer Service (sft.wa.gov)
- Encrypted CD/DVD or other storage device
- Health Information Exchange (HIE)**
- Other: (describe the methods for access/transfer)**

****NOTE:** DOH Chief Information Security Officer must approve prior to Agreement execution. DOH Chief Information Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

FREQUENCY OF ACCESS/TRANSFER

- One time: DOH shall deliver information by _____ (insert date)
- Repetitive: frequency or dates _____ (insert dates if applicable)
- As available within the period of performance stated in Section 2.

6. REIMBURSEMENT TO DOH

Payment for services to create and provide the information is based on the actual expenses DOH incurs, including charges for research assistance when applicable.

Billing Procedure

- Information Recipient agrees to pay DOH by check or account transfer within 30 calendar days of receiving the DOH invoice.
- Upon expiration of the Agreement, any payment not already made shall be submitted within 30 days after the expiration date or the end of the fiscal year, which is earlier.

Charges for the services to create and provide the information are:

- \$ _____
- No charge.

7. DATA DISPOSITION

Unless otherwise directed in writing by the DOH Business Contact, at the end of this Agreement, or at the discretion and direction of DOH, the Information Recipient shall:

- Immediately destroy all copies of any data provided under this Agreement after it has been used for the purposes specified in the Agreement . Acceptable methods of destruction are described in Appendix B. Upon completion, the Information Recipient shall submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.
- Immediately return all copies of any data provided under this Agreement to the DOH Business Contact after the data has been used for the purposes specified in the Agreement, along with the attached Certification of Data Disposition (Appendix C)
- Retain the data for the purposes stated herein for a period of time not to exceed _____ (e.g., one year, etc.), after which Information Recipient shall destroy the data (as described below) and submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.
- Other (Describe): Authorized users have the ability to download (copy) partial or complete datasets from the platform. Upon request by DOH program staff, at the end of the Agreement term, or when no longer needed, the Information Recipient shall destroy all copies of any data

provided under this Agreement. Acceptable methods of destruction are described in Appendix B.

8. RIGHTS IN INFORMATION

Information Recipient agrees to provide, if requested, copies of any research papers or reports prepared as a result of access to DOH information under this Agreement for DOH review prior to publishing or distributing.

In no event shall the Information Provider be liable for any damages, including, without limitation, damages resulting from lost information or lost profits or revenue, the costs of recovering such Information, the costs of substitute information, claims by third parties or for other similar costs, or any special, incidental, or consequential damages, arising out of the use of the information. The accuracy or reliability of the Information is not guaranteed or warranted in any way and the information Provider's disclaim liability of any kind whatsoever, including, without limitation, liability for quality, performance, merchantability and fitness for a particular purpose arising out of the use, or inability to use the information.

If checked, please submit the following:

- Copies of all papers, presentations, reports, or publications developed using data obtained under this agreement to the attention of: the RHINO program at RHINO@doh.wa.gov.

9. ALL WRITINGS CONTAINED HEREIN

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Exhibit as of the date of last signature below.

INFORMATION PROVIDER

INFORMATION RECIPIENT

State of Washington Department of Health

Signature

Signature

Print Name

Print Name

Date

Date

APPENDIX A

USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

People with access to confidential information are responsible for understanding and following the laws, policies, procedures, and practices governing it. Below are key elements:

A. CONFIDENTIAL INFORMATION

Confidential information is information federal and state law protects from public disclosure. Examples of confidential information are social security numbers, and healthcare information that is identifiable to a specific person under RCW 70.02. The general public disclosure law identifying exemptions is RCW 42.56.

B. ACCESS AND USE OF CONFIDENTIAL INFORMATION

1. Access to confidential information must be limited to people whose work specifically requires that access to the information.
2. Use of confidential information is limited to purposes specified elsewhere in this Agreement.

C. DISCLOSURE OF CONFIDENTIAL INFORMATION

1. An Information Recipient may disclose an individual's confidential information received or created under this Agreement to that individual or that individual's personal representative consistent with law.
2. An Information Recipient may disclose an individual's confidential information, received or created under this Agreement only as permitted under the **Re-Disclosure of Information** section of the Agreement, and as state and federal laws allow.

D. CONSEQUENCES OF UNAUTHORIZED USE OR DISCLOSURE

An Information Recipient's unauthorized use or disclosure of confidential information is the basis for the Information Provider immediately terminating the Agreement. The Information Recipient may also be subject to administrative, civil and criminal penalties identified in law.

E. ADDITIONAL DATA USE RESTRICTIONS:

People with access to the information must sign and date the "Use and Disclosure of Confidential Information Form" (Appendix A) before accessing the information. The Information Recipient must retain a copy of the signed and dated form for each user as long as required in Data Disposition Section. The Information Recipient must forward a copy of the signed and dated form for each user to the RHINO program at RHINO@doh.wa.gov to obtain access credentials for new users.

An Information Recipient agrees to abide by the best practices for data use outlined in the [RHINO Guide](#).

ESSENCE User Code of Conduct

System Monitoring —As an authorized user, you understand and acknowledge that your use of this system will be monitored for system management and to ensure protection against unauthorized access or use. Unauthorized access or use may subject a user to administrative, civil, criminal, or other adverse action to the extent allowed by law.

Warnings, Alerts, and Anomalies —Syndromic surveillance systems emphasize the use of statistical alerting algorithms to help users determine where to focus additional attention. Time series visualization and statistical alerts alone are generally insufficient for issuing public alerts or warnings. Users typically “drill down” to these data to assess the distribution of affected emergency department (ED) visits (or other events captured by the syndromic surveillance system) and may use additional variables such as person, place, or time and other clinical assessments. Analyses may include quality checks to confirm data are complete and accurate.

To that end, users are expected to respect the role of state and local jurisdictions and their respective authority related to public health matters within their jurisdiction by

- Consulting a jurisdiction whose data you intend to access and use (including jurisdictions within your own) to discuss a finding or interpretation of these data before issuing a public statement or warning, taking public health action, or seeking further information from data providers within the other jurisdiction when that action includes disclosure of information derived in part or in whole from the other jurisdiction’s data*.
- Informing those who use your data about significant anomalies already understood or under investigation to prevent duplication of effort and unnecessary queries. This includes anomalies due to artifacts (like exercises or batched data) and those due to real local events.

Data Sharing —the design of the BioSense** Platform ensures that all sites contribute data toward national syndromic surveillance (with limited details at aggregate levels) while also allowing jurisdictions to control whether and how much data are shared at local and state levels. Users are expected to act responsibly by

- Assuming the risk and liability of any of their use or misuse of the BioSense Platform or data produced, including use that complies with third-party rights (i.e., downstream Data Use Agreements).
- Sharing data with other authorized users in accord with applicable agreements and laws.

- Ensuring that the use of these data is in accord with acceptable practices for ensuring the protection, confidentiality, and integrity of contents.
- Making NO attempt to identify individuals represented in these data or data sources except as part of an authorized public health investigation follow-up and to the extent allowed by applicable law.
- Making NO attempt to use these data where prohibited by local, state, or federal law or regulation.
- Keeping usernames and passwords confidential; this system is intended for authorized users only.

Violation of Code of Conduct may result in CDC disallowing access to the BioSense Platform and associated data and tools within. By accepting this code of conduct, you acknowledge that you are an authorized user of the BioSense Platform and have read and understand the BioSense Platform Code of Conduct.

*Cross-jurisdictional consultation and coordination are strongly encouraged, to assist in the interpretation of data and gain further information to inform effective public health action. While beneficial, this should not prevent a jurisdiction from exercising their authority to protect public health.

**BioSense and ESSENCE are used interchangeably

Print Name: _____

Signature: _____

Date: _____

Email Address: _____

Phone Number: _____

APPENDIX B

DATA SECURITY REQUIREMENTS

Protection of Data

The storage of Category 3 and 4 information outside of the State Governmental Network requires organizations to ensure that encryption is selected and applied using industry standard algorithms validated by the NIST Cryptographic Algorithm Validation Program. Encryption must be applied in such a way that it renders data unusable to anyone but authorized personnel, and the confidential process, encryption key or other means to decipher the information is protected from unauthorized access. All manipulations or transmissions of data within the organizations network must be done securely.

The Information Recipient agrees to store information received under this Agreement (the data) within the United States on one or more of the following media, and to protect it as described below:

A. Passwords

1. Passwords must always be encrypted. When stored outside of the authentication mechanism, passwords must be in a secured environment that is separate from the data and protected in the same manner as the data. For example passwords stored on mobile devices or portable storage devices must be protected as described under section F. Data storage on mobile devices or portable storage media.
2. Complex Passwords are:
 - At least 8 characters in length.
 - Contain at least three of the following character classes: uppercase letters, lowercase letters, numerals, special characters.
 - Do not contain the user's name, user ID or any form of their full name.
 - Do not consist of a single complete dictionary word but can include a passphrase.
 - Do not consist of personal information (e.g., birthdates, pets' names, addresses, etc.).
 - Are unique and not reused across multiple systems and accounts.
 - Changed at least every 120 days.

B. Hard Disk Drives / Solid State Drives – Data stored on workstation drives:

1. The data must be encrypted as described under section F. Data storage on mobile devices or portable storage media. Encryption is not required when Potentially Identifiable Information is stored temporarily on local workstation Hard Disk Drives/Solid State Drives. Temporary storage is thirty (30) days or less.

2. Access to the data is restricted to authorized users by requiring logon to the local workstation using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts and remain locked for at least 15 minutes, or require administrator reset.

C. Network server and storage area networks (SAN)

1. Access to the data is restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network.
2. Authentication must occur using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.
3. The data are located in a secured computer area, which is accessible only by authorized personnel with access controlled through use of a key, card key, or comparable mechanism.
4. If the servers or storage area networks are not located in a secured computer area **or** if the data is classified as Confidential or Restricted it must be encrypted as described under F. Data storage on mobile devices or portable storage media.

D. Optical discs (CDs or DVDs)

1. Optical discs containing the data must be encrypted as described under F. Data storage on mobile devices or portable storage media.
2. When not in use for the purpose of this Agreement, such discs must be locked in a drawer, cabinet or other physically secured container to which only authorized users have the key, combination or mechanism required to access the contents of the container.

E. Access over the Internet or the State Governmental Network (SGN).

1. When the data is transmitted between DOH and the Information Recipient, access is controlled by the DOH, who will issue authentication credentials.
2. Information Recipient will notify DOH immediately whenever:
 - a) An authorized person in possession of such credentials is terminated or otherwise leaves the employ of the Information Recipient;

- b) Whenever a person's duties change such that the person no longer requires access to perform work for this Contract.
3. The data must not be transferred or accessed over the Internet by the Information Recipient in any other manner unless specifically authorized within the terms of the Agreement.
 - a) If so authorized the data must be encrypted during transmissions using a key length of at least 128 bits. Industry standard mechanisms and algorithms, such as those validated by the National Institute of Standards and Technology (NIST) are required.
 - b) Authentication must occur using a unique user ID and Complex Password (of at least 10 characters). When the data is classified as Confidential or Restricted, authentication requires secure encryption protocols and multi-factor authentication mechanisms, such as hardware or software tokens, smart cards, digital certificates or biometrics.
 - c) Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.

F. Data storage on mobile devices or portable storage media

1. Examples of mobile devices are: smart phones, tablets, laptops, notebook or netbook computers, and personal media players.
2. Examples of portable storage media are: flash memory devices (e.g. USB flash drives), and portable hard disks.
3. The data must not be stored by the Information Recipient on mobile devices or portable storage media unless specifically authorized within the terms of this Agreement. If so authorized:
 - a) The devices/media must be encrypted with a key length of at least 128 bits, using industry standard mechanisms validated by the National Institute of Standards and Technologies (NIST).
 - Encryption keys must be stored in a secured environment that is separate from the data and protected in the same manner as the data.
 - b) Access to the devices/media is controlled with a user ID and a Complex Password (of at least 6 characters), or a stronger authentication method such as biometrics.
 - c) The devices/media must be set to automatically wipe or be rendered unusable after no more than 10 failed access attempts.

- d) The devices/media must be locked whenever they are left unattended and set to lock automatically after an inactivity activity period of 3 minutes or less.
 - e) The data must not be stored in the Cloud. This includes backups.
 - f) The devices/ media must be physically protected by:
 - Storing them in a secured and locked environment when not in use;
 - Using check-in/check-out procedures when they are shared; and
 - Taking frequent inventories.
4. When passwords and/or encryption keys are stored on mobile devices or portable storage media they must be encrypted and protected as described in this section.

G. Backup Media

The data may be backed up as part of Information Recipient's normal backup process provided that the process includes secure storage and transport, and the data is encrypted as described under *F. Data storage on mobile devices or portable storage media*.

H. Paper documents

Paper records that contain data classified as Confidential or Restricted must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records is stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

I. Data Segregation

1. The data must be segregated or otherwise distinguishable from all other data. This is to ensure that when no longer needed by the Information Recipient, all of the data can be identified for return or destruction. It also aids in determining whether the data has or may have been compromised in the event of a security breach.
2. When it is not feasible or practical to segregate the data from other data, then ***all*** commingled data is protected as described in this Exhibit.

J. Data Disposition

If data destruction is required by the Agreement, the data must be destroyed using one or more of the following methods:

Data stored on:	Is destroyed by:
<p>Hard Disk Drives / Solid State Drives</p>	<p>Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data, or</p> <p>Degaussing sufficiently to ensure that the data cannot be reconstructed, or</p> <p>Physically destroying the disk , or</p> <p>Delete the data and physically and logically secure data storage systems that continue to be used for the storage of Confidential or Restricted information to prevent any future access to stored information. One or more of the preceding methods is performed before transfer or surplus of the systems or media containing the data.</p>
<p>Paper documents with Confidential or Restricted information</p>	<p>On-site shredding, pulping, or incineration, or</p> <p>Recycling through a contracted firm provided the Contract with the recycler is certified for the secure destruction of confidential information.</p>
<p>Optical discs (e.g. CDs or DVDs)</p>	<p>Incineration, shredding, or completely defacing the readable surface with a course abrasive.</p>
<p>Magnetic tape</p>	<p>Degaussing, incinerating or crosscut shredding.</p>
<p>Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip or similar disks)</p>	<p>Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data.</p> <p>Physically destroying the disk.</p> <p>Degaussing magnetic media sufficiently to ensure that the data cannot be reconstructed.</p>

K. Notification of Compromise or Potential Compromise

The compromise or potential compromise of the data is reported to DOH as required in Section II.C.

APPENDIX C

CERTIFICATION OF DATA DISPOSITION

Date of Disposition _____

- All copies of any Datasets related to agreement DOH# _____ have been deleted from all data storage systems. These data storage systems continue to be used for the storage of confidential data and are physically and logically secured to prevent any future access to stored information. Before transfer or surplus, all data will be eradicated from these data storage systems to effectively prevent any future access to previously stored information.
- All copies of any Datasets related to agreement DOH# _____ have been eradicated from all data storage systems to effectively prevent any future access to the previously stored information.
- All materials and computer media containing any data related to agreement DOH # _____ have been physically destroyed to prevent any future use of the materials and media.
- All paper copies of the information related to agreement DOH # _____ have been destroyed on-site by cross cut shredding.
- All copies of any Datasets related to agreement DOH # _____ that have not been disposed of in a manner described above, have been returned to DOH.
- Other

The data recipient hereby certifies, by signature below, that the data disposition requirements as provided in agreement DOH # _____, Section J, Disposition of Information, have been fulfilled as indicated above.

Signature of data recipient

Date

APPENDIX D

DOH SMALL NUMBERS GUIDELINES

- Aggregate data so that the need for suppression is minimal. Suppress all non-zero counts which are less than ten.
- Suppress rates or proportions derived from those suppressed counts.
- Assure that suppressed cells cannot be recalculated through subtraction, by using secondary suppression as necessary. Survey data from surveys in which 80% or more of the eligible population is surveyed should be treated as non-survey data.
- When a survey includes less than 80% of the eligible population, and the respondents are unequally weighted, so that cell sample sizes cannot be directly calculated from the weighted survey estimates, then there is no suppression requirement for the weighted survey estimates.
- When a survey includes less than 80% of the eligible population, but the respondents are equally weighted, then survey estimates based on fewer than 10 respondents should be “top-coded” (estimates of less than 5% or greater than 95% should be presented as 0-5% or 95-100%).

ADDITIONAL DATASET SPECIFIC SMALL NUMBERS REQUIREMENTS

Exceptions to the Suppression Rules:

[Department of Health Agency Standards for Reporting Data with Small Numbers](#) allow for case-by-case exceptions in certain circumstances, so that the public may receive information when public concern is elevated and/or protective actions are warranted. Two examples of such situations are:

- In a cluster investigation, intense public interest often combines with very small numbers of cases. In order to be responsive to the community and allay fear, the Data Recipient may decide it is important to make an exception to the small numbers publishing standard while still protecting privacy.
- Similarly, in a public health emergency such as a communicable disease outbreak or other all-hazards incident, case counts may be released when the numbers are very small. This should be done in the context of an imminent public health threat, such as person to person spread of disease, where immediate action is indicated to protect public health.

When releasing small numbers to the public in the context of the above exceptions, DOH recommends limiting the amount of information shared in order to protect the identity of the person(s) involved. In these cases, DOH recommends reporting only the person's gender, decade of age, and county of residence. For minors, ages should be reported as <18.

For further guidance, please refer to [Department of Health Agency Standards for Reporting Data with Small Numbers](#). This document contains recommendations and best practices for protecting the privacy of Washington residents when presenting data to the public.

**CONTRACT BETWEEN
OLYMPIC EDUCATIONAL SERVICE DISTRICT 114
HEAD START/ECEAP/EARLY HEAD START PROGRAMS**
(hereafter referred to as OESD 114)

AND

Kitsap Public Health District
(hereafter referred to as Contractor)

345 6th Street, Suite 300 Bremerton, WA 98337
(street address) (city - state - zip)

This contract is for the purpose of providing professional services, training, and technical assistance appropriate to the needs of Head Start, Early Childhood Education and Assistance Program (ECEAP), and Early Head Start staff and enrollees. The Parties agree to abide by all terms and conditions established in the Contract including appendices and attachments.

GENERAL PROVISIONS

Effective Dates

This contract start date is November 1, 2024 or the date of execution by the Parties (whichever is later) and remains in effect until October 31, 2025.

Billing and Payment

Contractor will be paid for all agreed upon expenses expressly authorized in the Contract. Contractor will not be entitled to payment for any services that were performed prior to the effective date of the Contract or after its termination.

OESD 114 shall compensate Contractor by paying:

- Actual salary, benefit and indirect costs in effect when the work was completed.

Billing shall be done monthly with a final invoice submitted by November 30, 2025. Invoices received after the 15th of the month may not be paid until the following month. OESD 114 billing address is: Olympic ESD 114, Accounts Payable, 105 National Avenue N, Bremerton, WA 98312 or acctspayable@oesd114.org.

Total Contract amount: not to exceed \$54,750.00.

Contract and Director Representatives

OESD 114 and Contractor will each have a Contract Representative and a Director Representative. The Parties may change representatives upon providing written notice to the other party. The Parties' representatives are as follows:

Contract Representative for Contractor is: Lynn Pittsinger, Director of Community Health, 345 6th Street, Suite 300, Bremerton, WA 98337. Phone: (360) 728-2275.

Director Representative for Contractor is: Yolanda Fong, Administrator, 345 6th Street, Suite 300, Bremerton, WA 98337. Phone: (360) 728-2284.

Contract Representatives for OESD 114 are: Maggie Healy, Early Head Start Program Manager (360) 782-5092 and Erin Schafer, Health Program Manager (360) 478-6877, 105 National Avenue N, Bremerton, WA 98312.

Director Representative for OESD 114 is: Kristen Sheridan, Director, Early Learning Department, 105 National Avenue N, Bremerton, WA 98312. Phone: (360) 405-5842.

Source of Funding

Reimbursement for Head Start and Early Head Start is subject to funding from the Department of Health and Human Services (DHHS), Administration for Children and Families, Office of Head Start. Funding from DHHS may be reduced or suspended by DHHS. The Catalogue of Federal Domestic Assistance (CFDA) number for federal funds is 93.600. ECEAP funds are state funds and not subject to federal requirements.

Use of Federal Funds

Contractor shall certify that no federal funds payable under this Contract will be paid by or on behalf of Contractor, to pay any person for influencing or attempting to influence an officer or employee of any agency, Member of Congress, an officer or employee of Congress, or an employee of Member of Congress in connection with the awarding of a federal contract, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative contract.

Independent Contractor

Contractor's services will be furnished by Contractor as an independent contractor and not as an employee or agent of OESD 114.

Termination

Either party may terminate this Contract in whole or in part with 30 days written notice to the other party. In that event, the OESD 114 will pay Contractor for all such costs incurred by Contractor in performing the Contract up to the date of such notice, subject to the other provisions of the Contract.

If funding for the underlying project is withdrawn, reduced or limited in any way after the Contract is signed, OESD 114 may summarily terminate the Contract.

If for any reason, either party does not fulfill in a timely and proper manner its obligations under this Contract, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If failure or violation is not corrected, this Contract may be terminated immediately by written notice of the aggrieved party to the other.

Amendments and Changes in Work

In order to be effective, any contract renewal, amendment or modification must be in writing and signed by both parties. Work under an amendment or modification may not commence until the contract renewal, amendment or modification has been approved by OESD 114.

Indemnification

Each party agrees to hold harmless, defend and indemnify the other party and its elected and appointed officials, officers, employees and agents against all claims, losses, damages, suits and expenses, including reasonable attorneys' fees and costs, to the extent they arise out of, or result from, the negligence or willful misconduct of the indemnitor or its elected or appointed officials, officers, employees and agents in the performance of this Contract. The indemnitor's duty to defend and indemnify extends to claims by the elected or appointed officials, officers, employees or agents of the indemnitor or of any contractor or subcontractor of indemnitor. The indemnitor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington solely for the purposes of this provision and acknowledges that this waiver was mutually negotiated. This provision will survive the termination of the Contract.

Records Maintenance and Ownership

Contractor shall maintain and/or submit records as described in Contractor Responsibilities. OESD 114 shall retain ownership of all family and child records including attendance records, monitoring forms, lesson plans, individual learning plans, completed assessments, and other reports.

Equipment Ownership

Title to equipment and supplies acquired under this Contract shall vest, upon acquisition, in the Contractor except for loaned equipment.

Audits

An annual audit shall be required for all program funds awarded under this Contract, with the exception of funds awarded to privately owned child care businesses. The audit shall be conducted by the Office of State Auditor, or an independent Certified Public Accounting firm selected by Contractor. Contractor shall be responsible for any audit exceptions incurred by its own organization.

Governance

This Contract is governed by all applicable state or federal laws. The provisions of this Contract shall conform to those laws. In the event of an inconsistency in the terms of this Contract, the inconsistency shall be resolved by giving precedence in the following order:

- a. applicable state and federal statutes and rules;
- b. statement of Contractor and OESD 114 responsibilities; and
- c. any other provisions of the Contract.

Assignment

Contractor will perform under the Contract using only its employees or agents. Contractor's obligations and duties under the Contract will not be assigned, delegated or subcontracted to any other person or firm without the prior written consent of OESD 114.

Severability

If any provision of this Contract shall be held invalid by a court, such invalidity shall not affect the other provisions of the Contract. If any provision of the Contract conflicts with any applicable law, the provision will be deemed inoperative to the extent it does not conform to statutory requirements.

All Writings Contained Herein

This Contract contains all terms and conditions agreed upon by the Parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto.

Disputes

In the event that a dispute arises under this Contract, Contract Representatives for each party shall first attempt to resolve the dispute in the following manner: review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. If a determination acceptable to both parties is not made, the dispute will be referred to the Director Representatives to resolve. If a determination acceptable to both parties is not made, the Director Representatives shall mutually select a mediator to assist in seeking a determination. The mediator's determination shall be final and binding on the Parties hereto.

Insurance

Contractor shall procure and maintain for the duration of the Contract insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by Contractor, their agents, representatives, employees or subcontractors. The insurance coverage will be at least 2 million dollars per occurrence for commercial general liability and automobile liability. Contractor's insurance will be primary to all other applicable coverage. Contractor will provide OESD 114 with a certificate of insurance evidencing coverage and naming OESD 114 as an additional insured for commercial general liability insurance.

Statutory and Regulatory Compliance

Contractor shall comply with all applicable federal, state, and local laws, ordinances, rules, regulations, guideline and standards applicable to any service provided pursuant to this Contract.

Nondiscrimination

The Parties hereto shall not discriminate against anyone in providing services under this Contract on the grounds of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veterans' status, or the presence of any sensory, mental or physical handicap.

Americans with Disabilities Act

OESD 114 agrees to comply with all provisions of the Americans with Disabilities Act and all regulations interpreting or enforcing such act.

Drug Free Workplace

Contractor will maintain a drug-free work place.

Confidentiality

Contractor and its employees will maintain the confidentiality of all information provided by OESD 114 or acquired by Contractor in performance of the Contract, except upon the prior written consent of OESD 114 or when disclosure is required or authorized by law or is required in the course of audit. Contractor will promptly notify OESD 114 in the event Contractor receives a demand or request for such information.

Choice of Law, Jurisdiction and Venue

Any action at law or other judicial proceeding arising out of the Contract will be instituted and maintained only in a court in Kitsap County, Washington.

Notices

Any notices will be in writing and delivered to the contract representative in person, by regular mail, or electronic format and will become effective upon the date of receipt.

Appendix A

The Certification Regarding Debarment, Suspension and Other Responsibility Matters-Primary Covered Transactions and Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions (to be supplied to lower tier participants) form is incorporated into this Contract.

CONTRACTOR RESPONSIBILITIES

Head Start, ECEAP, and Early Head Start

1. Provide training to OESD 114 Head Start, ECEAP, and/or Early Head Start staff such as:
 - Risk of tobacco use
 - Substance abuse prevention
 - Health Care Institute
 - Health Services
 - SIDS/Safe Sleep/Shaken Baby Syndrome
 - Post-partum/parental depression
 - Pediatric and public health issues as agreed upon with the OESD 114 Health Program Manager
 - Other topics as requested
2. Maintain membership on the OESD 114 Health Advisory Committee to assist with formulation of health policies and procedures.
3. Conduct classroom Health and Safety Observations. See Appendix B, OESD 114 Head Start/ECEAP/Early Head Start Classroom List. The list is subject to change. Contractor will be notified as needed.
4. Supply health education materials for classroom and parent education as requested by the OESD 114 Health Program Manager.
5. Attend trainings as requested.
6. Attend and participate in program self-assessments and all federally required reviews.
7. Contribute up to 25% in-kind match in non-federal in-kind or cash for Early Head Start funds only and complete the In-Kind Documentation Form with requested supporting documentation.

8. Provide health consulting as needed during the course of the Contract.

Early Head Start, Early Head Start Child Care Partnership and Head Start Home Visiting

1. Collaborate with OESD 114 staff to recruit and provide services to support Early Head Start.
2. Work with OESD 114 to recruit and enroll children with disabilities.
3. Provide office space (if available) at the Health District for 4 home visitors providing Early Head Start services to 44 families.
4. In collaboration with the OESD 114 Early Head Start staff, meet Head Start performance standards.
5. Attend and participate in Family Staffing meetings twice a year as requested by OESD 114 Early Head Start Program Manager.
6. Provide monthly Infant/Toddler Nurse Consultation (minimum of one hour per month) to Discovery Early Head Start and Olympic College Early Head Start when infants are present or as required.
7. Provide infant/toddler nurse consultation for each home visitor socialization team twice a year.
8. Collaborate monthly with Early Head Start/Head Start Home Based Coordinator Assistants regarding home based services.
9. Provide additional consultation as needed to the child care programs upon request which may include but is not limited to: infant/toddler health care policies and procedures staff training, parent information, infant/toddler care practices, and linkages to community resources.
10. OESD 114 and the nurse consultant will mutually agree upon dates for consultation services and training for the Discovery Early Head Start Learning Lab and coordinate activities to ensure compliance with this Contract.
11. Coordinate services available to enrolled prenatal families to include:
 - Participation in multidisciplinary team meeting with OESD 114 staff.
 - Identification of services OESD 114 prenatal families are receiving from Contractor.
12. Attend meetings and trainings as requested by Early Head Start Program Manager or Coordinator Assistants.
13. Screen for post-partum depression when processing referrals for expecting parents and provide follow-up regarding concerns or recommendations when appropriate.

OESD 114 RESPONSIBILITIES

1. Provide copies of Head Start and ECEAP Performance Standards, Administrative Regulations and forms and samples of record keeping systems to ensure compliance with Head Start and ECEAP guidelines.
2. Collaborate to ensure compliance with Washington Administrative Code (WAC).
3. Provide access to mental health services, nutrition services, and taxi services or bus passes used by enrolled families in order to participate in group socializations, meetings or trainings provided by OESD 114.
4. Provide training to home visitors and Public Health Nurse as needed or required.
5. Provide joint consultation between OESD 114 Early Head Start staff and the Public Health Nurse.
6. For the Early Head Start Home Visitors housed with Contractor,
 - Provide technical assistance to the Early Head Start home visitors through document support, observation of home visits, socializations, and during clinical consultation.
 - Provide supplies, laptops and other electronics to support the work of the home visitors.
7. Collaborate with Contractor staff to provide services to enrolled families.
8. Provide Contractor (Public Health Nurse) with OESD 114 program information such as classroom contacts, training schedule, Direct Service Team (DST) schedule, family staffing schedule, Health Advisory Committee meeting dates and notice of upcoming events.

IN WITNESS THEREOF, OESD 114 and Contractor have executed this Agreement.

CONTRACTOR

Who certifies that he/she is the person duly qualified and authorized to bind the Contractor so identified to the foregoing Agreement and under penalty of perjury, certifies the Social Security Number or Federal Identification Number provided is correct.

Date _____

Yolanda Fong, Administrator

Check appropriate box:

- Individual/Sole Proprietor
- Corporation
- Partnership
- Limited Liability Company
- Other _____

Address (number, street and apt. or suite #)

City, state and zip code

Reviewed By:

_____ Lynn Pittsinger

_____ Lisa Warren

_____ Jan Wendt

_____ Melissa Laird

_____ April Fisk

EDUCATIONAL SERVICE DISTRICT 114

Dr. Aaron Leavell, Superintendent

Date _____

OESD 114 USE ONLY

Kristen Sheridan
Director, Early Learning Department

Sandra Gessner
Asst Superintendent, Teaching & Learning

Jason Rhoads
Asst Superintendent, Business Operations

Tina Schulz
Executive Assistant to the Superintendent

APPENDIX A

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 **Federal Register** (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

The Contractor certifies to OESD 114 that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS –
PRIMARY COVERED TRANSACTIONS**

By signing and submitting this contract, the contractor, defined as the primary participant in accordance with 45 CFR 76 certifies to the best of his or her knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal Department or agency;
- (b) Have not within a 3-year period preceding this proposal been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
- (c) Are not presently or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this agreement. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. OESD and the Federal agency will determine whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions," provided below without modification in all lower tier covered transactions.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-
LOWER TIER COVERED TRANSACTIONS
(TO BE SUPPLIED TO LOWER TIER PARTICIPANTS)**

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR, Part 76, certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (b) Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

APPENDIX B

OESD 114 Head Start/ECEAP/Early Head Start Classroom List

(Subject to change based on program needs)

Head Start

Bud Hawk Elementary at Jackson Park
Esquire Hills Elementary
Madrona Heights Elementary
Olalla Elementary
Olympic College
Wofle Elementary
Head Start Home Visitor

ECEAP

Givens Community Center
PineCrest Elementary

Early Head Start

Early Head Start Home Visitors
Locally Designed Option (classroom)
Discovery Alternative High School Center
Olympic College

New or Renewed Contracts for the Period of 06/01/2024 through 07/31/2024

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (10 contracts)									
Bremerton Housing Authority									
ID: 2412	Community Health, Kelsey Stedman	MOU/MOA	Open Ended			06/28/24	05/01/24	04/30/25	
<i>Description: KPHD will provide a full range of supportive services to people experiencing homelessness or at imminent risk of homelessness referred to BHA.</i>									
Catalyst Workplace Activation									
ID: 2421	Administration, Yolanda Fong	Vendor		07/02/24	\$53,261.69	07/02/24			103111
<i>Description: Catalyst to deliver and install interior workspaces. Vendor was selected from the list of Statewide Contracts.</i>									
DOH, Washington State									
ID: 2397	Administration, Liz Davis	Interlocal/Interagency	Closed	07/02/24		07/02/24	07/02/24	06/30/25	CLH29632-0
<i>Description: DOH to provide KPHD access to data through the Collective Medical Technologies portal to assist in timely investigations of Multi-Drug Resistant Organism cases.</i>									
ID: 2406	Administration, Yolanda Fong	Amendment	Closed	06/04/24	\$235,390.00	06/20/24	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 18</i>									
ID: 2422	Administration, Keith Grellner	Amendment	Closed	07/02/24	\$17,733,851.00	07/08/24	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 19</i>									
ID: 2416	Community Health, Elizabeth Davis	Data Sharing Agreement	Closed	06/04/24		06/20/24	06/04/24	06/03/29	GVL29657-0
<i>Description: DOH to provide KPHD access to data through the Foodborne Illness Notification System (FINS) to receive notifications of a potential foodborne illness or food safety concern within it's jurisdiction so they may respond and mitigate any risk to the public health in accordance with RCW 70.05.070(3).</i>									
Jefferson County									
ID: 2413	Health Promotion, Dana Bierman	Amendment	Closed	07/02/24	\$54,761.00	07/15/24	07/01/22	06/30/25	N-22-028-A3
<i>Description: Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)</i>									
<i>The District requires the expertise of this Subcontractor to develop and implement coordinated tobacco, vapor product, and marijuana intervention strategies to prevent and reduce tobacco, vapor, and marijuana use by youth in Jefferson County.</i>									
OSPI									
ID: 2400	Food and Living Environment, Dayna Katula	Interlocal/Interagency	Closed	06/04/24	\$3,200.00	06/17/24	06/04/24	09/30/24	20240473
<i>Description: The District to perform periodic health and sanitation evaluations at 20 feeding sites operating under the USDA Summer Food Service Program.</i>									
PAVE									
ID: 2418	Community Health, Gabreiel Outlaw-Spencer	Subcontract	Closed		\$30,000.00	06/05/24	01/01/24	09/30/24	
<i>Description: Priority Project for the work with for DCYF's Strengthening Families Locally. Addressing Black maternal health disparities.</i>									


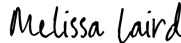
New or Renewed Contracts for the Period of 06/01/2024 through 07/31/2024

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
University of Washington									
ID: 2419	Administration, Karen Holt	Affiliation Agreement	Closed			06/04/24	06/01/24	06/01/29	
<i>Description: The purpose of this Agreement is for Training Site, which is committed to training health care professionals, to provide desirable capstone learning experiences for School's students.</i>									

**Kitsap Public Health Board Meeting
Date: September 3, 2024**

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

Approvals:

	Signature	Date
Administrator	DocuSigned by:  Yolanda Fang 04B011B7E67B465...	8/21/2024
Finance Manager	DocuSigned by:  Melissa Laird DB9C788F36B1487...	8/21/2024

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	7/8/2024	\$ 23,068.89
Accounts Payable	7/11/2024	51,031.19
Accounts Payable	7/18/2024	31,948.12
Accounts Payable	7/25/2024	308,402.79
NDGC Mortgage	7/1/2024	25,013.00
Miscellaneous	7/2/2024-7/29/2024	10,850.31
Vital Records Transfer	7/20/2024	23,357.00
Accounts Payable Total		\$ 473,671.30
Payroll	7/31/2024	602,788.83
Payroll Taxes	7/31/2024	227,339.09
Payroll Benefits (PERS)	7/16/2024	138,928.14
Payroll Total		\$ 969,056.06
Grand Total		\$ 1,442,727.36

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information

Settlement Run	STL-00003761
Name	Kitsap Public Health District Holiday Run HH
Number	STL-00003761
Status	Complete
Date	07/08/2024
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	23,068.89
Inbound Total	0.00
Expense Report Count	16
Supplier Invoice Count	1

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	07/08/2024	2	146.46	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/08/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/08/2024	14	4,506.35	USD	Payment Message: ID 2858 for Kitsap Public Health District on 07/08/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	07/08/2024	1	18,416.08	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/08/2024	Successfully Completed

Expense Reports



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009413	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0009413	07/08/2024		274.29	USD
Expense Report: EXP-0009414	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0009414	07/08/2024		74.24	USD
Expense Report: EXP-0009415	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0009415	07/08/2024		564.92	USD
Expense Report: EXP-0009416	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0009416	07/08/2024		86.43	USD
Expense Report: EXP-0009417	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0009417	07/08/2024		260.90	USD
Expense Report: EXP-0009418	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0009418	07/08/2024		284.81	USD
Expense Report: EXP-0009419	Kitsap Public Health District	John Kiess (250913)	Employee	EXP-0009419	07/08/2024		701.10	USD
Expense Report: EXP-0009420	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0009420	07/08/2024		1,780.35	USD
Expense Report: EXP-0009421	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0009421	07/08/2024		117.92	USD
Expense Report: EXP-0009422	Kitsap Public Health District	Khushnum Sauna (435096)	Employee	EXP-0009422	07/08/2024		16.75	USD
Expense Report: EXP-0009423	Kitsap Public Health District	Nathan Sidell (435084)	Employee	EXP-0009423	07/08/2024		12.60	USD
Expense Report: EXP-0009424	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0009424	07/08/2024		24.45	USD
Expense Report: EXP-0009425	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0009425	07/08/2024		60.03	USD
Expense Report: EXP-0009426	Kitsap Public Health District	Kelsey Stedman (347366)	Employee	EXP-0009426	07/08/2024		60.43	USD
Expense Report: EXP-0009427	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0009427	07/08/2024		202.34	USD
Expense Report: EXP-0009428	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0009428	07/08/2024		131.25	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-2024-21466	Kitsap Public Health District	US Bank National Association	05.26.24-06.25.24 CYCLE STMNT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2024-21466	07/08/2024		08/07/2024	0.00	0.00	18,416.08	USD

Process History



View Settlement Run

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	07/08/2024 11:18:12 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

Business Process	Status
Payment Message: ID 2858 for Kitsap Public Health District on 07/08/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/08/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/08/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/08/2024 11:18 AM	07/08/2024 11:18 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003761	Completed	00:00:15	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run	STL-00003775
Name	Kitsap Public Health District HH
Number	STL-00003775
Status	Complete
Date	07/11/2024
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	51,031.19
Inbound Total	0.00
Expense Report Count	20
Miscellaneous Payment Request Count	3
Supplier Invoice Count	47

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	07/11/2024	1	59.63	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/11/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/11/2024	19	2,137.36	USD	Payment Message: ID 2866 for Kitsap Public Health District on 07/11/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	07/11/2024	3	734.37	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/11/2024	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	07/11/2024	24	35,774.11	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/11/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/11/2024	7	12,325.72	USD	Payment Message: ID 2867 for Kitsap Public Health District on 07/11/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009502	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0009502	07/11/2024		157.45	USD
Expense Report: EXP-0009503	Kitsap Public Health District	Katie Baker (435044)	Employee	EXP-0009503	07/11/2024		48.24	USD
Expense Report: EXP-0009504	Kitsap Public Health District	Steven Brown (271677)	Employee	EXP-0009504	07/11/2024		50.00	USD
Expense Report: EXP-0009505	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0009505	07/11/2024		125.96	USD
Expense Report: EXP-0009506	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0009506	07/11/2024		62.71	USD
Expense Report: EXP-0009507	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0009507	07/11/2024		6.70	USD
Expense Report: EXP-0009508	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0009508	07/11/2024		59.63	USD
Expense Report: EXP-0009509	Kitsap Public Health District	Alexandra Kimes (433908)	Employee	EXP-0009509	07/11/2024		138.00	USD
Expense Report: EXP-0009510	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0009510	07/11/2024		54.87	USD
Expense Report: EXP-0009511	Kitsap Public Health District	Sarah Kinnear (434099)	Employee	EXP-0009511	07/11/2024		313.79	USD
Expense Report: EXP-0009512	Kitsap Public Health District	Shannon Madden (434318)	Employee	EXP-0009512	07/11/2024		166.44	USD
Expense Report: EXP-0009513	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0009513	07/11/2024		49.31	USD
Expense Report: EXP-0009514	Kitsap Public Health District	Kayla Petersen (434695)	Employee	EXP-0009514	07/11/2024		95.87	USD
Expense Report: EXP-0009515	Kitsap Public Health District	Antonio Romaele (435094)	Employee	EXP-0009515	07/11/2024		202.01	USD
Expense Report: EXP-0009516	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0009516	07/11/2024		171.52	USD
Expense Report: EXP-0009517	Kitsap Public Health District	Lisa Warren (434273)	Employee	EXP-0009517	07/11/2024		30.42	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009518	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0009518	07/11/2024		122.61	USD
Expense Report: EXP-0009519	Kitsap Public Health District	Erica Whares (434641)	Employee	EXP-0009519	07/11/2024		101.19	USD
Expense Report: EXP-0009520	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0009520	07/11/2024		131.66	USD
Expense Report: EXP-0009521	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0009521	07/11/2024		108.61	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-16829	Kitsap Public Health District	Rebecca Helland (Inactive)	MPR-16829	Check	One-Time Payment	07/11/2024	34.37	USD
MPR-16830	Kitsap Public Health District	GLENNA CRAIG (Inactive)	MPR-16830	Check	One-Time Payment	07/11/2024	350.00	USD
MPR-16831	Kitsap Public Health District	DAN WAGGONER (Inactive)	MPR-16831	Check	One-Time Payment	07/11/2024	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-2024-22106	Kitsap Public Health District	Griffin Glen Apartments LLC	AUGUST 2024 RENT	Griffin Glen Apartments LLC	Immediate	SINV-2024-22106	07/11/2024		07/11/2024	0.00	0.00	1,360.00	USD
Supplier Invoice: SINV-2024-22107	Kitsap Public Health District	The Heights at Sheridan Road	AUGUST 2024 RENT	The Heights at Sheridan Road	Immediate	SINV-2024-22107	07/11/2024		07/11/2024	0.00	0.00	585.00	USD
Supplier Invoice: SINV-2024-22108	Kitsap Public Health District	Kania, Sharon Faye	AUGUST 2024 RENT	Kania, Sharon Faye	Net 30	SINV-2024-22108	07/11/2024		08/10/2024	0.00	0.00	635.00	USD
Supplier Invoice: SINV-2024-22109	Kitsap Public Health District	Daniel R. Niblock	AUGUST 2024 RENT	Daniel R. Niblock	Immediate	SINV-2024-22109	07/11/2024		07/11/2024	0.00	0.00	1,080.00	USD
Supplier Invoice: SINV-2024-22110	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	AUGUST 2024 RENT	NSE Kitsap Fee Owner, LLC	Immediate	SINV-2024-22110	07/11/2024		07/11/2024	0.00	0.00	660.00	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-2024-22112	Kitsap Public Health District	Post Cottage Bay, LP	AUGUST 2024 RENT	Post Cottage Bay, LP	Immediate	SINV-2024-22112	07/11/2024		07/11/2024	0.00	0.00	1,221.00	USD
Supplier Invoice: SINV-2024-22113	Kitsap Public Health District	Paul Simmons	AUGUST 2024 RENT	Paul Simmons	Immediate	SINV-2024-22113	07/11/2024		07/11/2024	0.00	0.00	950.00	USD
Supplier Invoice: SINV-2024-22115	Kitsap Public Health District	Washington Home Solutions	AUGUST 2024 RENT	Washington Home Solutions	Immediate	SINV-2024-22115	07/11/2024		07/11/2024	0.00	0.00	696.00	USD
Supplier Invoice: SINV-2024-22116	Kitsap Public Health District	Acranet Cbs Branch	#26346	Acranet Cbs Branch	Net 30	SINV-2024-22116	07/11/2024		08/10/2024	0.00	0.00	159.00	USD
Supplier Invoice: SINV-2024-22117	Kitsap Public Health District	Anish Adhikari	#10	Anish Adhikari	Net 30	SINV-2024-22117	07/11/2024		08/10/2024	0.00	0.00	2,250.00	USD
Supplier Invoice: SINV-2024-22118	Kitsap Public Health District	Canon Financial Services, Inc.	#33148328	Canon Financial Services, Inc.	Net 30	SINV-2024-22118	07/11/2024		08/10/2024	0.00	0.00	1,474.04	USD
Supplier Invoice: SINV-2024-22120	Kitsap Public Health District	Citrix Systems Inc	#440000459023	Citrix Systems Inc	Net 30	SINV-2024-22120	07/11/2024		08/10/2024	0.00	0.00	1,638.00	USD
Supplier Invoice: SINV-2024-22121	Kitsap Public Health District	Collins Computing Inc	#069489	Collins Computing Inc	Net 30	SINV-2024-22121	07/11/2024		08/10/2024	0.00	0.00	281.25	USD
Supplier Invoice: SINV-2024-22122	Kitsap Public Health District	Comcast	06.27.24 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-22122	07/11/2024		08/10/2024	0.00	0.00	297.27	USD
Supplier Invoice: SINV-2024-22124	Kitsap Public Health District	Hummingbird Insights LLC	#0163	Hummingbird Insights LLC	Net 30	SINV-2024-22124	07/11/2024		08/10/2024	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2024-22126	Kitsap Public Health District	Gordon Sound	#2121 - 35% DEP	Gordon Sound	Net 30	SINV-2024-22126	07/11/2024		08/10/2024	0.00	0.00	833.20	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-22127	Kitsap Public Health District	Drayton Jackson	BOH STIPEND - MAY + APRIL	Drayton Jackson	Net 30	SINV-2024-22127	07/11/2024		08/10/2024	0.00	0.00	175.36	USD
Supplier Invoice: SINV-2024-22128	Kitsap Public Health District	Jefferson County	CONT #2262 MAY 2024	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2024-22128	07/11/2024		08/10/2024	0.00	0.00	7,924.68	USD
Supplier Invoice: SINV-2024-22129	Kitsap Public Health District	KnowBe4, Inc	#INV332899	KnowBe4, Inc	Net 30	SINV-2024-22129	07/11/2024		08/10/2024	0.00	0.00	502.54	USD
Supplier Invoice: SINV-2024-22130	Kitsap Public Health District	Loomis	#13515159	Loomis - Remit-To: Palatine, Il	Net 30	SINV-2024-22130	07/11/2024		08/10/2024	0.00	0.00	616.92	USD
Supplier Invoice: SINV-2024-22131	Kitsap Public Health District	Mckesson Medical Surgical	#22229909	Mckesson Medical Surgical	Net 30	SINV-2024-22131	07/11/2024		08/10/2024	0.00	0.00	28.56	USD
Supplier Invoice: SINV-2024-22132	Kitsap Public Health District	Mckesson Medical Surgical	#22233798	Mckesson Medical Surgical	Net 30	SINV-2024-22132	07/11/2024		08/10/2024	0.00	0.00	4.01	USD
Supplier Invoice: SINV-2024-22133	Kitsap Public Health District	ODP Business Solutions, LLC	#370026907001	ODP Business Solutions, LLC	Net 30	SINV-2024-22133	07/11/2024		08/10/2024	0.00	0.00	61.67	USD
Supplier Invoice: SINV-2024-22134	Kitsap Public Health District	ODP Business Solutions, LLC	#372606939001	ODP Business Solutions, LLC	Net 30	SINV-2024-22134	07/11/2024		08/10/2024	0.00	0.00	56.99	USD
Supplier Invoice: SINV-2024-22136	Kitsap Public Health District	ODP Business Solutions, LLC	#371896330001	ODP Business Solutions, LLC	Net 30	SINV-2024-22136	07/11/2024		08/10/2024	0.00	0.00	206.27	USD
Supplier Invoice: SINV-2024-22137	Kitsap Public Health District	ODP Business Solutions, LLC	#371898612001	ODP Business Solutions, LLC	Net 30	SINV-2024-22137	07/11/2024		08/10/2024	0.00	0.00	38.21	USD
Supplier Invoice: SINV-2024-22138	Kitsap Public Health District	ODP Business Solutions, LLC	#369320350001	ODP Business Solutions, LLC	Net 30	SINV-2024-22138	07/11/2024		08/10/2024	0.00	0.00	450.72	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-2024-22139	Kitsap Public Health District	ODP Business Solutions, LLC	#369319726001	ODP Business Solutions, LLC	Net 30	SINV-2024-22139	07/11/2024		08/10/2024	0.00	0.00	424.72	USD
Supplier Invoice: SINV-2024-22140	Kitsap Public Health District	Pdq.Com	#PDQ-5569.20	Pdq.Com	Net 30	SINV-2024-22140	07/11/2024		08/10/2024	0.00	0.00	5,569.20	USD
Supplier Invoice: SINV-2024-22141	Kitsap Public Health District	Quest Diagnostics	#1490643	Quest Diagnostics	Net 30	SINV-2024-22141	07/11/2024		08/10/2024	0.00	0.00	125.18	USD
Supplier Invoice: SINV-2024-22142	Kitsap Public Health District	Staples	#6004856313	Staples - Remit-To: Staples	Net 30	SINV-2024-22142	07/11/2024		08/10/2024	0.00	0.00	139.16	USD
Supplier Invoice: SINV-2024-22144	Kitsap Public Health District	Staples	#6004856311	Staples - Remit-To: Staples	Net 30	SINV-2024-22144	07/11/2024		08/10/2024	0.00	0.00	280.83	USD
Supplier Invoice: SINV-2024-22145	Kitsap Public Health District	Staples	#6004915792	Staples - Remit-To: Staples	Net 30	SINV-2024-22145	07/11/2024		08/10/2024	0.00	0.00	24.34	USD
Supplier Invoice: SINV-2024-22146	Kitsap Public Health District	Staples	#6005173393	Staples - Remit-To: Staples	Net 30	SINV-2024-22146	07/11/2024		08/10/2024	0.00	0.00	55.09	USD
Supplier Invoice: SINV-2024-22148	Kitsap Public Health District	United Business Machines of WA	#INV520015	United Business Machines of WA	Net 30	SINV-2024-22148	07/11/2024		08/10/2024	0.00	0.00	668.28	USD
Supplier Invoice: SINV-2024-22149	Kitsap Public Health District	Waxie Sanitary Supply	#82554790	Waxie Sanitary Supply	Net 30	SINV-2024-22149	07/11/2024		08/10/2024	0.00	0.00	85.94	USD
Supplier Invoice: SINV-2024-22150	Kitsap Public Health District	WA State Environmental Health Assoc	#01259	WA State Environmental Health Assoc	Net 30	SINV-2024-22150	07/11/2024		08/10/2024	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2024-22151	Kitsap Public Health District	Washington State Public Health Assoc	#7616	Washington State Public Health Assoc	Net 30	SINV-2024-22151	07/11/2024		08/10/2024	0.00	0.00	520.00	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-2024-22152	Kitsap Public Health District	Washington State Public Health Assoc	#7615	Washington State Public Health Assoc	Net 30	SINV-2024-22152	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22153	Kitsap Public Health District	Washington State Public Health Assoc	#7661	Washington State Public Health Assoc	Net 30	SINV-2024-22153	07/11/2024		08/10/2024	0.00	0.00	475.00	USD
Supplier Invoice: SINV-2024-22155	Kitsap Public Health District	Washington State Public Health Assoc	#7679	Washington State Public Health Assoc	Net 30	SINV-2024-22155	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22156	Kitsap Public Health District	Washington State Public Health Assoc	#7668	Washington State Public Health Assoc	Net 30	SINV-2024-22156	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22157	Kitsap Public Health District	Washington State Public Health Assoc	#7669	Washington State Public Health Assoc	Net 30	SINV-2024-22157	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22158	Kitsap Public Health District	Washington State Public Health Assoc	#7664	Washington State Public Health Assoc	Net 30	SINV-2024-22158	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22159	Kitsap Public Health District	Washington State Public Health Assoc	#7662	Washington State Public Health Assoc	Net 30	SINV-2024-22159	07/11/2024		08/10/2024	0.00	0.00	205.00	USD
Supplier Invoice: SINV-2024-22161	Kitsap Public Health District	Zoom Video Communications Inc	#INV256101897	Zoom Video Communications Inc	Net 30	SINV-2024-22161	07/11/2024		08/10/2024	0.00	0.00	11,037.62	USD
Supplier Invoice: SINV-2024-22163	Kitsap Public Health District	Ozark Underground Laboratory	#20240626WA50	Ozark Underground Laboratory	Net 30	SINV-2024-22163	07/11/2024		08/10/2024	0.00	0.00	1,378.78	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 2867 for Kitsap Public Health District on 07/11/2024	07/11/2024	7

Process History



View Settlement Run

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	07/11/2024 09:26:19 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

Business Process	Status
Payment Message: ID 2867 for Kitsap Public Health District on 07/11/2024	Successfully Completed
Payment Message: ID 2866 for Kitsap Public Health District on 07/11/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/11/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/11/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/11/2024	Successfully Completed
Remittance File: For Kania, Sharon Faye on 07/11/2024	Successfully Completed
Remittance File: For Acranet Cbs Branch on 07/11/2024	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 07/11/2024	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 07/11/2024	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 07/11/2024	Successfully Completed
Remittance File: For Waxie Sanitary Supply on 07/11/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 07/11/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/11/2024 09:26 AM	07/11/2024 09:26 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003775	Completed	00:00:16	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run	STL-00003796
Name	Kitsap Public Health District JS
Number	STL-00003796
Status	Complete
Date	07/18/2024
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	31,948.12
Inbound Total	0.00
Expense Report Count	13
Miscellaneous Payment Request Count	1
Supplier Invoice Count	24

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	07/18/2024	1	39.53	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/18/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/18/2024	12	1,809.15	USD	Payment Message: ID 2887 for Kitsap Public Health District on 07/18/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	07/18/2024	1	350.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/18/2024	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	07/18/2024	11	26,530.72	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/18/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/18/2024	5	3,218.72	USD	Payment Message: ID 2888 for Kitsap Public Health District on 07/18/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009563	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0009563	07/18/2024		101.51	USD
Expense Report: EXP-0009564	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0009564	07/18/2024		379.30	USD
Expense Report: EXP-0009565	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0009565	07/18/2024		84.42	USD
Expense Report: EXP-0009566	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0009566	07/18/2024		165.43	USD
Expense Report: EXP-0009567	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0009567	07/18/2024		17.22	USD
Expense Report: EXP-0009568	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0009568	07/18/2024		39.53	USD
Expense Report: EXP-0009569	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0009569	07/18/2024		64.74	USD
Expense Report: EXP-0009571	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0009571	07/18/2024		125.29	USD
Expense Report: EXP-0009572	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0009572	07/18/2024		127.02	USD
Expense Report: EXP-0009574	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0009574	07/18/2024		83.02	USD
Expense Report: EXP-0009575	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0009575	07/18/2024		51.23	USD
Expense Report: EXP-0009576	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0009576	07/18/2024		459.62	USD
Expense Report: EXP-0009577	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0009577	07/18/2024		150.35	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-16957	Kitsap Public Health District	LYLE CLARK (Inactive)	MPR-16957	Check	One-Time Payment	07/18/2024	350.00	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-2024-23194	Kitsap Public Health District	Aspen NW Property Management	JULY 2024 RENT	Aspen NW Property Management	Immediate	SINV-2024-23194	07/18/2024		07/18/2024	0.00	0.00	1,290.00	USD
Supplier Invoice: SINV-2024-23195	Kitsap Public Health District	Eagles Wings Coordinated Care	JULY 2024 RENT	Eagles Wings Coordinated Care	Net 30	SINV-2024-23195	07/18/2024		08/17/2024	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2024-23197	Kitsap Public Health District	Blue Sky Printing	#N18581	Blue Sky Printing	Net 30	SINV-2024-23197	07/18/2024		08/17/2024	0.00	0.00	420.69	USD
Supplier Invoice: SINV-2024-23199	Kitsap Public Health District	Blue Sky Printing	#N18747	Blue Sky Printing	Net 30	SINV-2024-23199	07/18/2024		08/17/2024	0.00	0.00	148.69	USD
Supplier Invoice: SINV-2024-23200	Kitsap Public Health District	Compensation Connections LLC	#3351	Compensation Connections LLC	Immediate	SINV-2024-23200	07/18/2024		07/18/2024	0.00	0.00	10,620.00	USD
Supplier Invoice: SINV-2024-23201	Kitsap Public Health District	Dell Marketing L.P.	#10757957946	Dell Marketing L.P.	Net 30	SINV-2024-23201	07/18/2024		08/17/2024	0.00	0.00	11,562.23	USD
Supplier Invoice: SINV-2024-23203	Kitsap Public Health District	FedEx	#8-551-95000	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2024-23203	07/18/2024		08/17/2024	0.00	0.00	38.50	USD
Supplier Invoice: SINV-2024-23204	Kitsap Public Health District	Iron Mountain	#202886237	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2024-23204	07/18/2024		08/17/2024	0.00	0.00	194.40	USD
Supplier Invoice: SINV-2024-23205	Kitsap Public Health District	Laboratory Corporation of America	#8054416	Laboratory Corporation of America	Immediate	SINV-2024-23205	07/18/2024		07/18/2024	0.00	0.00	284.82	USD
Supplier Invoice: SINV-2024-23208	Kitsap Public Health District	ODP Business Solutions, LLC	#374071945001	ODP Business Solutions, LLC	Net 30	SINV-2024-23208	07/18/2024		08/17/2024	0.00	0.00	149.51	USD
Supplier Invoice: SINV-2024-23210	Kitsap Public Health District	ODP Business Solutions, LLC	#375008307001	ODP Business Solutions, LLC	Net 30	SINV-2024-23210	07/18/2024		08/17/2024	0.00	0.00	96.64	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-2024-23211	Kitsap Public Health District	Propio LS, LLC	#0310070624	Propio LS, LLC	Immediate	SINV-2024-23211	07/18/2024		07/18/2024	0.00	0.00	87.75	USD
Supplier Invoice: SINV-2024-23214	Kitsap Public Health District	Staples	#6006353388	Staples - Remit-To: Staples	Net 30	SINV-2024-23214	07/18/2024		08/17/2024	0.00	0.00	72.40	USD
Supplier Invoice: SINV-2024-23215	Kitsap Public Health District	Staples	#6006353397	Staples - Remit-To: Staples	Net 30	SINV-2024-23215	07/18/2024		08/17/2024	0.00	0.00	80.10	USD
Supplier Invoice: SINV-2024-23216	Kitsap Public Health District	Staples	#6006353383	Staples - Remit-To: Staples	Net 30	SINV-2024-23216	07/18/2024		08/17/2024	0.00	0.00	133.68	USD
Supplier Invoice: SINV-2024-23217	Kitsap Public Health District	Staples	#6006353394	Staples - Remit-To: Staples	Net 30	SINV-2024-23217	07/18/2024		08/17/2024	0.00	0.00	169.50	USD
Supplier Invoice: SINV-2024-23218	Kitsap Public Health District	Staples	#6006353392	Staples - Remit-To: Staples	Net 30	SINV-2024-23218	07/18/2024		08/17/2024	0.00	0.00	19.42	USD
Supplier Invoice: SINV-2024-23219	Kitsap Public Health District	Staples	#6006353390	Staples - Remit-To: Staples	Net 30	SINV-2024-23219	07/18/2024		08/17/2024	0.00	0.00	93.09	USD
Supplier Invoice: SINV-2024-23221	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#24-05109	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-23221	07/18/2024		08/17/2024	0.00	0.00	1,500.00	USD
Supplier Invoice: SINV-2024-23222	Kitsap Public Health District	Stericycle Inc	#8007620528	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-23222	07/18/2024		08/17/2024	0.00	0.00	151.60	USD
Supplier Invoice: SINV-2024-23224	Kitsap Public Health District	Stericycle Inc	#8007622685	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-23224	07/18/2024		08/17/2024	0.00	0.00	634.22	USD
Supplier Invoice: SINV-2024-23225	Kitsap Public Health District	Taylor Water Technologies, LLC	#522104	Taylor Water Technologies, LLC	Net 30	SINV-2024-23225	07/18/2024		08/17/2024	0.00	0.00	129.36	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-23226	Kitsap Public Health District	Toyota Financial Services	07.10.24 TACOMA STMNT	Toyota Financial Services	Net 30	SINV-2024-23226	07/18/2024		08/17/2024	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2024-23227	Kitsap Public Health District	Wex Bank	#98285649	Wex Bank	Net 30	SINV-2024-23227	07/18/2024		08/17/2024	0.00	0.00	712.13	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 2888 for Kitsap Public Health District on 07/18/2024	07/18/2024	5

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	07/18/2024 08:12:42 AM		Junille Schmeling (430378)	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 2888 for Kitsap Public Health District on 07/18/2024	Successfully Completed
Payment Message: ID 2887 for Kitsap Public Health District on 07/18/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/18/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/18/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/18/2024	Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 07/18/2024	Successfully Completed
Remittance File: For Eagles Wings Coordinated Care on 07/18/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 07/18/2024	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 07/18/2024	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 07/18/2024	Successfully Completed

Background Processes



View Settlement Run

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/18/2024 08:12 AM	07/18/2024 08:12 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003796	Completed	00:00:12	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run	STL-00003822
Name	Kitsap Public Health District HH
Number	STL-00003822
Status	Complete
Date	07/25/2024
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	308,402.79
Inbound Total	0.00
Expense Report Count	11
Supplier Invoice Count	35

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	07/25/2024	11	1,005.52	USD	Payment Message: ID 2907 for Kitsap Public Health District on 07/25/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	07/25/2024	25	273,565.45	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/25/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/25/2024	6	33,831.82	USD	Payment Message: ID 2908 for Kitsap Public Health District on 07/25/2024	Successfully Completed

Expense Reports



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009623	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0009623	07/25/2024		131.99	USD
Expense Report: EXP-0009624	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0009624	07/25/2024		235.17	USD
Expense Report: EXP-0009625	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0009625	07/25/2024		95.81	USD
Expense Report: EXP-0009628	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0009628	07/25/2024		24.45	USD
Expense Report: EXP-0009629	Kitsap Public Health District	Molly Fuchs (435045)	Employee	EXP-0009629	07/25/2024		12.19	USD
Expense Report: EXP-0009630	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0009630	07/25/2024		47.57	USD
Expense Report: EXP-0009631	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0009631	07/25/2024		149.61	USD
Expense Report: EXP-0009632	Kitsap Public Health District	Gabriel Outlaw-Spencer (434984)	Employee	EXP-0009632	07/25/2024		123.47	USD
Expense Report: EXP-0009633	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0009633	07/25/2024		40.67	USD
Expense Report: EXP-0009634	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0009634	07/25/2024		65.33	USD
Expense Report: EXP-0009635	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0009635	07/25/2024		79.26	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-2024-24112	Kitsap Public Health District	American Family Life Assurance Company	JULY 2024 BENEFITS	American Family Life Assurance Company	Net 30	SINV-2024-24112	07/25/2024		08/24/2024	0.00	0.00	2,027.63	USD
Supplier Invoice: SINV-2024-24114	Kitsap Public Health District	WA State Employment Security	JULY 2024 BENEFITS	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	Net 30	SINV-2024-24114	07/25/2024		08/24/2024	0.00	0.00	6,513.09	USD
Supplier Invoice: SINV-2024-24115	Kitsap Public Health District	WA State Employment Security	JULY 2024 BENEFITS	WA State Employment Security - Remit-To: WA Cares Fund PO Box 3537	Net 30	SINV-2024-24115	07/25/2024		08/24/2024	0.00	0.00	3,603.85	USD
Supplier Invoice: SINV-2024-24116	Kitsap Public Health District	Health Equity	JULY 2024 BENEFITS	Health Equity	Net 30	SINV-2024-24116	07/25/2024		08/24/2024	0.00	0.00	1,965.00	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-2024-24117	Kitsap Public Health District	Hra Veba Trust	JULY 2024 BENEFITS	Hra Veba Trust	Net 30	SINV-2024-24117	07/25/2024		08/24/2024	0.00	0.00	10,382.05	USD
Supplier Invoice: SINV-2024-24118	Kitsap Public Health District	Nationwide Retirement Solutions	JULY 2024 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2024-24118	07/25/2024		08/24/2024	0.00	0.00	7,645.00	USD
Supplier Invoice: SINV-2024-24120	Kitsap Public Health District	A.W. Rehn & Associates, Inc	JULY 2024 PARKING	A.W. Rehn & Associates, Inc	Immediate	SINV-2024-24120	07/25/2024		07/25/2024	0.00	0.00	625.25	USD
Supplier Invoice: SINV-2024-24122	Kitsap Public Health District	A.W. Rehn & Associates, Inc	DCFSA JULY 2024	A.W. Rehn & Associates, Inc	Immediate	SINV-2024-24122	07/25/2024		07/25/2024	0.00	0.00	2,296.67	USD
Supplier Invoice: SINV-2024-24124	Kitsap Public Health District	Prof & Technical Eng XPH	JULY 2024 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2024-24124	07/25/2024		08/24/2024	0.00	0.00	3,896.50	USD
Supplier Invoice: SINV-2024-24126	Kitsap Public Health District	Prof & Technical Eng XPH	JULY 2024 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2024-24126	07/25/2024		08/24/2024	0.00	0.00	49.00	USD
Supplier Invoice: SINV-2024-24131	Kitsap Public Health District	Voya Institutional Trust Company	JULY 2024 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2024-24131	07/25/2024		08/24/2024	0.00	0.00	575.00	USD
Supplier Invoice: SINV-2024-24132	Kitsap Public Health District	WA State Dept of Labor & Industries	JULY 2024 BENEFITS	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022	Net 30	SINV-2024-24132	07/25/2024		08/24/2024	0.00	0.00	6,484.62	USD
Supplier Invoice: SINV-2024-24134	Kitsap Public Health District	Wash State Dept Of Retirement	JULY 2024 BENEFITS	Wash State Dept Of Retirement	Net 30	SINV-2024-24134	07/25/2024		08/24/2024	0.00	0.00	13,003.80	USD
Supplier Invoice: SINV-2024-24136	Kitsap Public Health District	Wa Health Care Authority - Uniform	JULY 2024 BENEFITS	Wa Health Care Authority - Uniform	Net 30	SINV-2024-24136	07/25/2024		08/24/2024	0.00	0.00	135,859.54	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-2024-24139	Kitsap Public Health District	Vimly Benefit Solutions Inc	JULY 2024 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2024-24139	07/25/2024		08/24/2024	0.00	0.00	6,129.92	USD
Supplier Invoice: SINV-2024-24142	Kitsap Public Health District	Whit-Delta Dental Of Washington	JULY 2024 BENEFITS	Whit-Delta Dental Of Washington	Net 30	SINV-2024-24142	07/25/2024		08/24/2024	0.00	0.00	11,706.55	USD
Supplier Invoice: SINV-2024-24146	Kitsap Public Health District	Rebecca Helland	INTERN MILES REIMB: 103.4M	Rebecca Helland	Immediate	SINV-2024-24146	07/25/2024		07/25/2024	0.00	0.00	69.28	USD
Supplier Invoice: SINV-2024-24148	Kitsap Public Health District	Bremerton Government Center Association	#1170	Bremerton Government Center Association	Net 30	SINV-2024-24148	07/25/2024		08/24/2024	0.00	0.00	35,720.61	USD
Supplier Invoice: SINV-2024-24150	Kitsap Public Health District	ChildStrive	JUNE 2024	ChildStrive	Net 30	SINV-2024-24150	07/25/2024		08/24/2024	0.00	0.00	1,128.00	USD
Supplier Invoice: SINV-2024-24151	Kitsap Public Health District	Comcast	07.09.24 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-24151	07/25/2024		08/24/2024	0.00	0.00	449.50	USD
Supplier Invoice: SINV-2024-24152	Kitsap Public Health District	Lingo	#0-34023674	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2024-24152	07/25/2024		08/24/2024	0.00	0.00	16.10	USD
Supplier Invoice: SINV-2024-24153	Kitsap Public Health District	King County	#8004242	King County - Remit-To: 201 s Jackson St, Ste 710	Net 30	SINV-2024-24153	07/25/2024		08/24/2024	0.00	0.00	128.00	USD
Supplier Invoice: SINV-2024-24154	Kitsap Public Health District	Quadient Finance Usa Inc	JULY 2024 POSTAGE	Quadient Finance Usa Inc	Net 30	SINV-2024-24154	07/25/2024		08/24/2024	0.00	0.00	62.25	USD
Supplier Invoice: SINV-2024-24156	Kitsap Public Health District	Smarsh Inc	#INV-196162	Smarsh Inc	Net 30	SINV-2024-24156	07/25/2024		08/24/2024	0.00	0.00	16,598.58	USD
Supplier Invoice: SINV-2024-24158	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	JUNE 2024 PIC TESTING	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-24158	07/25/2024		08/24/2024	0.00	0.00	7,842.00	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-2024-24160	Kitsap Public Health District	Staples	#6006575040	Staples - Remit-To: Staples	Net 30	SINV-2024-24160	07/25/2024		08/24/2024	0.00	0.00	264.65	USD
Supplier Invoice: SINV-2024-24161	Kitsap Public Health District	Staples	#6006524847	Staples - Remit-To: Staples	Net 30	SINV-2024-24161	07/25/2024		08/24/2024	0.00	0.00	55.09	USD
Supplier Invoice: SINV-2024-24162	Kitsap Public Health District	Staples	#6006575038	Staples - Remit-To: Staples	Net 30	SINV-2024-24162	07/25/2024		08/24/2024	0.00	0.00	63.02	USD
Supplier Invoice: SINV-2024-24165	Kitsap Public Health District	Washington State Auditor's Office	#L192399	Washington State Auditor's Office	Net 30	SINV-2024-24165	07/25/2024		08/24/2024	0.00	0.00	8,693.75	USD
Supplier Invoice: SINV-2024-24166	Kitsap Public Health District	United Business Machines of WA	#INV520515	United Business Machines of WA	Net 30	SINV-2024-24166	07/25/2024		08/24/2024	0.00	0.00	1,205.32	USD
Supplier Invoice: SINV-2024-24170	Kitsap Public Health District	University of Washington	#CI-00118940	University of Washington	Immediate	SINV-2024-24170	07/25/2024		07/25/2024	0.00	0.00	2,500.00	USD
Supplier Invoice: SINV-2024-24173	Kitsap Public Health District	Verizon Wireless	#9968811907	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2024-24173	07/25/2024		08/24/2024	0.00	0.00	6,309.15	USD
Supplier Invoice: SINV-2024-24174	Kitsap Public Health District	Washington State University	#CI00049196	Washington State University	Net 30	SINV-2024-24174	07/25/2024		08/24/2024	0.00	0.00	3,945.84	USD
Supplier Invoice: SINV-2024-24176	Kitsap Public Health District	Washington State University	#CI00050546	Washington State University	Net 30	SINV-2024-24176	07/25/2024		08/24/2024	0.00	0.00	3,945.19	USD
Supplier Invoice: SINV-2024-24177	Kitsap Public Health District	Washington State University	#CI00052064	Washington State University	Net 30	SINV-2024-24177	07/25/2024		08/24/2024	0.00	0.00	5,637.47	USD

Remittance
Remittance



View Settlement Run

Process	Date	Remittance Events
Payment Message: ID 2908 for Kitsap Public Health District on 07/25/2024	07/25/2024	6

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	07/25/2024 09:37:25 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

Business Process	Status
Payment Message: ID 2907 for Kitsap Public Health District on 07/25/2024	Successfully Completed
Payment Message: ID 2908 for Kitsap Public Health District on 07/25/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/25/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 07/25/2024	Successfully Completed
Remittance File: For Quadiant Finance Usa Inc on 07/25/2024	Successfully Completed
Remittance File: For University of Washington on 07/25/2024	Successfully Completed
Remittance File: For Washington State University on 07/25/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 07/25/2024	Successfully Completed
Remittance File: For Washington State Auditor's Office on 07/25/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/25/2024 09:37 AM	07/25/2024 09:37 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003822	Completed	00:00:10	Heather Hunsaker	

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
 For 2024 - Jul

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	5780 - Intergovernmental Loans	JE-00060584 - Kitsap Public Health District - 07/01/2024 - 2024	7/1/2024	0.00	16,667.00	-16,667.00
5700:Debt Service Principa		Mortgage Payment - July				
	5830 - Interest on Long-Term External Debt	JE-00060584 - Kitsap Public Health District - 07/01/2024 - 2024	7/1/2024	0.00	8,346.00	-8,346.00
5800:Debt Service Interest		Mortgage Payment - July				

-25,013.00

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
 For 2024 - Jul

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	5493 - Bank and Credit Card Service Fees	JE-00060750 - Kitsap Public Health District - 07/02/2024 - Returned Item - PH - R00229733 - 2024-07-02	7/2/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	JE-00061606 - Kitsap Public Health District - 07/19/2024 - Returned Item - PH - R00230242 - 2024-07-19	7/19/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	JE-00061941 - Kitsap Public Health District - 07/26/2024 - Correction - PH - R00230452 - 2024-07-26	7/26/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	JE-00062086 - Kitsap Public Health District - 07/29/2024 - Returned Item - PH - R00230504 - 2024-07-29	7/29/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 07/02/2024	7/2/2024	0.00	62.50	-62.50
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 07/03/2024	7/3/2024	0.00	8,897.18	-8,897.18
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 07/08/2024	7/8/2024	0.00	1,870.63	-1,870.63
5400:Other Services and C						

-10,850.31

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Jul

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	3860 - Agency Deposits	JE-00061052 - Kitsap Public Health District - 07/20/2024 - Public Health monthly vital stats transfer	7/20/2024	0.00	23,357.00	-23,357.00

3800:Other Increases in Fu

-23,357.00

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Acosta (278956) Nancy	173.33	\$9,643.00			\$6,079.83
Ader (413193) Sam	173.33	\$6,539.00			\$4,457.73
Ahlin (434420) Zachary	120.00	\$3,724.80			\$2,843.07
Alexander (435070)	148.33	\$5,644.50			\$3,831.75
Anderson (419470) Amy	173.33	\$6,964.00			\$4,497.02
Anderson-Hobbs (435083)	173.33	\$5,246.00			\$3,958.47
Armstrong (434291) Jami	173.33	\$6,402.00			\$4,490.87
Atisme-Bevins (433909)	173.33	\$8,747.00			\$5,476.17
Baker (435044) Katie	173.33	\$5,508.00			\$4,203.49
Banigan (215189) Leslie	173.33	\$7,614.00			\$5,463.99
Baum (434397) Rudy	173.33	\$6,282.00			\$4,630.25
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,385.23
Bell (419805) Gus	151.33	\$6,751.58			\$4,531.55
Berger (407902) Angeline	173.33	\$6,282.00			\$4,463.99
Bierman (404611) Dana	173.33	\$9,843.00			\$7,269.98
Borja (426250) Windie	173.33	\$6,402.00			\$4,451.46
Boysen-Knapp (2058)	173.33	\$7,636.00			\$5,276.54
Bronder (434436) Christine	173.33	\$5,649.00			\$4,303.69
Brown (271677) Steven	173.33	\$9,643.00			\$5,748.09
Burchett (409212) Brian	173.33	\$6,228.00			\$4,512.45
Burke (434463) Lenore	173.33	\$4,814.00			\$3,481.38
Burton (434296) Callie	173.33	\$4,880.00			\$3,586.10
Byrd (434085) Stephanie	173.33	\$4,574.00			\$3,675.54
Cadorna (434932) Jessi	173.33	\$3,789.00			\$2,671.07
Calderon (434768) Brenda	173.33	\$4,297.00			\$3,268.97
Camarena (434536) Daniel	173.33	\$6,048.00			\$4,133.49
Chang (411387) Margo	173.33	\$5,427.00			\$3,915.92
Chen (434841) Jessica	173.33	\$6,926.00			\$5,345.30
Clark (435043) Cheryl	175.33	\$6,945.62			\$4,967.45
Collins (434101) Lori	173.33	\$7,351.00			\$5,089.12
Currie (400651) Krista	173.33	\$5,077.00			\$3,800.89
Davis (433997) Elizabeth	173.33	\$9,184.00			\$6,386.47
Degracia (435196) Allison	173.33	\$5,783.00			\$4,269.24
Deseamus (434593) Dara	173.33	\$4,648.00			\$3,494.34
Dowless (340919) Kelly	173.33	\$7,636.00			\$5,237.09
Duren (430735) Ashley	173.33	\$6,402.00			\$4,711.11
Evans (4565) Eric	173.33	\$11,163.00			\$2,820.76
Fergus (434648) Maria	173.33	\$5,116.00			\$3,695.67
Fine (421693) George	86.67	\$2,287.00			\$1,774.52
Fisk (321284) April	173.33	\$8,840.00			\$5,006.75
Fong (356883) Yolanda	173.33	\$12,903.00			\$8,400.93
Fuchs (435045) Molly	173.33	\$4,605.00			\$3,369.64
Fucini (434997) Heather	173.33	\$6,228.00			\$4,999.65
Giuntoli (337331) Paul	173.33	\$7,614.00			\$4,712.58
Gress (421427) Nicole	173.33	\$5,308.00			\$3,908.97
Griego (410072) Yaneisy	173.33	\$5,628.00			\$4,288.22

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Guidry (355732) Jessica	173.33	\$10,125.00			\$7,223.52
Hammond (434978)	173.33	\$6,596.00			\$4,503.30
Hampton (434838)	173.33	\$8,018.00			\$5,800.45
Hansen (435085) Isabella	173.33	\$4,666.00			\$3,376.35
Harmon (434977) William	173.33	\$7,733.00			\$6,021.96
Hartman (434642) Melissa	173.33	\$6,072.00			\$4,578.82
Holdcroft (270783) Jodie	86.00	\$3,777.98			\$3,045.64
Holdcroft (4579) Grant	173.33	\$9,643.00			\$5,977.21
Holt (2726) Karen	173.33	\$11,231.00			\$7,400.74
Howard (434057) Anne	138.67	\$4,687.00			\$3,083.05
Hubert (435172) Joaquin	164.83	\$5,136.14			\$3,877.93
Hughes (434256) Jakob	173.33	\$5,931.00			\$4,384.03
Hunter (409213) Kari	173.33	\$9,643.00			\$6,232.39
Inga Dominguez (434769)	173.33	\$4,878.00			\$3,670.17
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,068.52
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,667.22
Jones (358933) Kimberly	173.33	\$9,643.00			\$6,578.77
Jury (434709) Thomas	173.33	\$5,649.00			\$4,317.46
Karis Crail (435213)	173.33	\$4,899.00			\$3,714.54
Katula (393427) Dayna	173.33	\$9,484.00			\$5,864.62
Kench (245476) Donald	173.33	\$5,081.00			\$3,098.98
Kiess (250913) John	173.33	\$11,721.00			\$8,724.82
Kimes (433908) Alexandra	173.33	\$8,270.00			\$5,775.19
Kindschy (421430) Brandon	173.33	\$6,866.00			\$4,822.02
Kinnear (434099) Sarah	173.33	\$6,316.00			\$4,849.72
Knoop (16125) Melina	173.33	\$7,614.00			\$5,023.51
Kruse (243184) Charles	173.33	\$7,719.00			\$5,070.67
Kushner (327580) Siri	173.33	\$11,721.00			\$7,165.84
Laird (416539) Melissa	173.33	\$10,831.00			\$6,622.19
Lawver (434888) Albert	173.33	\$6,228.00			\$4,649.49
Levine (435209) Naomi	173.33	\$6,015.00			\$4,867.26
Lytle (285038) Ross	173.33	\$7,614.00			\$5,178.49
Madden (434318) Shannon	173.33	\$4,814.00			\$3,520.66
May (434674) Martha	173.33	\$4,694.00			\$3,257.81
Mazur (388104) Karina	173.33	\$8,995.00			\$5,951.00
McClung (435242) Carol	104.00	\$5,052.32			\$3,875.04
McMillan (434052) Michelle	173.33	\$6,133.00			\$4,424.69
Miller (435008) Christopher	173.33	\$8,510.00			\$5,621.35
Moen (279971) Anne	173.33	\$7,614.00			\$5,129.36
Moore (434254) Alexandra	173.33	\$5,649.00			\$4,210.94
Morris (312378) Dawn	173.33	\$7,555.00			\$5,305.27
Morris (434567) Amanda	173.33	\$4,814.00			\$3,573.48
Morrow (433895) Nathan	173.33	\$17,214.00			\$8,848.05
Neff Warner (435082) Leah	173.33	\$6,596.00			\$3,751.90
Nguyen (295033) Loan	173.33	\$5,598.00			\$4,034.67
Nielson (434638) Brian	173.33	\$6,852.00			\$5,107.85

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Noriega (435095) Yolanda	173.33	\$4,098.00			\$3,215.34
North (22459) Edwin	173.33	\$10,631.00			\$240.35
O'Brien (433907) Melissa	173.33	\$5,380.00			\$4,230.03
Onarheim (426938) Carin	173.33	\$5,983.00			\$4,508.84
Outlaw-Spencer (434984)	173.33	\$6,072.00			\$4,586.95
Pandino (419118) Linda	173.33	\$5,077.00			\$3,838.87
Perry (306605) Rachel	173.33	\$4,605.00			\$3,336.70
Petersen (434695) Kayla	173.33	\$4,648.00			\$3,374.23
Pittsinger (435173) Lynn	173.33	\$11,721.00			\$7,781.39
Romaelle (435094) Antonio	173.33	\$5,649.00			\$4,239.12
Rork (404613) Ian	173.33	\$6,906.00			\$5,043.43
Sample (434976) Brittany	173.33	\$5,456.00			\$4,119.99
Sauna (435096) Khushnum	160.58	\$5,102.80			\$3,790.32
Shelby (434658) Emmy	156.00	\$7,068.00			\$4,808.29
Sherman (434949) Linnea	173.33	\$4,585.00			\$3,298.73
Shoriz (434893) Justin	173.33	\$5,264.00			\$4,024.98
Shuhler (425553) Yana	173.33	\$4,775.00			\$3,183.54
Sidell (435084) Nathan	173.33	\$4,996.00			\$3,009.21
Simmons (434365) Nolan	173.33	\$5,649.00			\$4,274.91
Smith (361388) Terri	173.33	\$8,510.00			\$5,952.32
Snow (435021) Kelly	173.33	\$5,401.00			\$4,110.93
Sooter (427776) Thaddeus	173.33	\$9,643.00			\$6,894.99
Stedman (347366) Kelsey	173.33	\$9,643.00			\$6,226.09
Stewart (423168) Tobbi	173.33	\$6,228.00			\$4,368.49
Taveras (435217) Orpa	173.33	\$5,000.00			\$3,696.49
Turner (1682) Denise	173.33	\$5,598.00			\$3,458.41
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,255.61
Villahermosa II (435216)	173.33	\$5,456.00			\$3,907.89
Wagner (426251) Mary	121.34	\$3,224.00			\$2,317.79
Warren (434273) Lisa	163.58	\$7,861.41			\$5,156.85
Wellborn (14545) Brian	176.58	\$4,907.02			\$3,274.47
Wendt (397255) Jan	173.33	\$7,733.00			\$5,719.76
Westervelt (434382) Laura	173.33	\$6,539.00			\$4,443.73
Whares (434641) Erica	173.33	\$6,926.00			\$5,429.24
Whitford (434292) Tiffany	173.33	\$4,574.00			\$3,371.62
Wickhamshire (434070)	86.67	\$2,287.00			\$1,820.10
Wimpenny (434923) Jacob	173.33	\$7,209.00			\$5,184.60
Winchester (431493)	173.33	\$5,649.00			\$4,122.71
Wyatt (434415) Janet	158.66	\$7,078.57			\$4,437.79
	22,131.52	\$880,135.74	\$71,963.67	\$229,412.55	\$602,788.83

Certificate Of Completion

Envelope Id: A943D9C998F44F25A2DFE7ED1B92C847	Status: Completed
Subject: Complete with DocuSign: 07.2024 Warrants and EFTs .pdf	
Source Envelope:	
Document Pages: 31	Signatures: 2
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Carol McClung
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	345 6th Street, Suite 300
	Bremerton, WA 98337
	Carol.mcclung@kitsappublichealth.org
	IP Address: 146.218.141.213

Record Tracking

Status: Original	Holder: Carol McClung	Location: DocuSign
8/20/2024 10:05:44 AM	Carol.mcclung@kitsappublichealth.org	

Signer Events

Yolanda Fong
yolanda.fong@kitsappublichealth.org
Administrator
kitsap Public health District
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

04B011B7E67B465...
Signature Adoption: Pre-selected Style
Using IP Address: 146.218.141.163

Timestamp

Sent: 8/20/2024 10:14:44 AM
Viewed: 8/21/2024 8:21:57 AM
Signed: 8/21/2024 8:22:12 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Melissa Laird
melissa.laird@kitsappublichealth.org
Finance Manager
Kitsap Public Health District
Security Level: Email, Account Authentication (None)

DocuSigned by:

DB9C788F36B1487...
Signature Adoption: Pre-selected Style
Using IP Address: 146.218.141.198

Sent: 8/21/2024 8:22:14 AM
Viewed: 8/21/2024 8:28:40 AM
Signed: 8/21/2024 11:27:09 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/20/2024 10:14:44 AM
Certified Delivered	Security Checked	8/21/2024 8:28:40 AM
Signing Complete	Security Checked	8/21/2024 11:27:09 AM

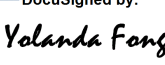
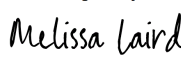
Envelope Summary Events	Status	Timestamps
Completed	Security Checked	8/21/2024 11:27:09 AM

Payment Events	Status	Timestamps
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**Kitsap Public Health Board Meeting
Date: September 3, 2024**

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

Approvals:

	Signature	Date
Administrator	DocuSigned by:  Yolanda Fang 04B011B7E67B465...	8/21/2024
Finance Manager	DocuSigned by:  Melissa Laird DB9C788F36B1487...	8/21/2024

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	7/8/2024	\$ 23,068.89
Accounts Payable	7/11/2024	51,031.19
Accounts Payable	7/18/2024	31,948.12
Accounts Payable	7/25/2024	308,402.79
NDGC Mortgage	7/1/2024	25,013.00
Miscellaneous	7/2/2024-7/29/2024	10,850.31
Vital Records Transfer	7/20/2024	23,357.00
Accounts Payable Total		\$ 473,671.30
Payroll	7/31/2024	602,788.83
Payroll Taxes	7/31/2024	227,339.09
Payroll Benefits (PERS)	7/16/2024	138,928.14
Payroll Total		\$ 969,056.06
Grand Total		\$ 1,442,727.36

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information

Settlement Run	STL-00003761
Name	Kitsap Public Health District Holiday Run HH
Number	STL-00003761
Status	Complete
Date	07/08/2024
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	23,068.89
Inbound Total	0.00
Expense Report Count	16
Supplier Invoice Count	1

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	07/08/2024	2	146.46	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/08/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/08/2024	14	4,506.35	USD	Payment Message: ID 2858 for Kitsap Public Health District on 07/08/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	07/08/2024	1	18,416.08	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/08/2024	Successfully Completed

Expense Reports



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009413	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0009413	07/08/2024		274.29	USD
Expense Report: EXP-0009414	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0009414	07/08/2024		74.24	USD
Expense Report: EXP-0009415	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0009415	07/08/2024		564.92	USD
Expense Report: EXP-0009416	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0009416	07/08/2024		86.43	USD
Expense Report: EXP-0009417	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0009417	07/08/2024		260.90	USD
Expense Report: EXP-0009418	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0009418	07/08/2024		284.81	USD
Expense Report: EXP-0009419	Kitsap Public Health District	John Kiess (250913)	Employee	EXP-0009419	07/08/2024		701.10	USD
Expense Report: EXP-0009420	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0009420	07/08/2024		1,780.35	USD
Expense Report: EXP-0009421	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0009421	07/08/2024		117.92	USD
Expense Report: EXP-0009422	Kitsap Public Health District	Khushnum Sauna (435096)	Employee	EXP-0009422	07/08/2024		16.75	USD
Expense Report: EXP-0009423	Kitsap Public Health District	Nathan Sidell (435084)	Employee	EXP-0009423	07/08/2024		12.60	USD
Expense Report: EXP-0009424	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0009424	07/08/2024		24.45	USD
Expense Report: EXP-0009425	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0009425	07/08/2024		60.03	USD
Expense Report: EXP-0009426	Kitsap Public Health District	Kelsey Stedman (347366)	Employee	EXP-0009426	07/08/2024		60.43	USD
Expense Report: EXP-0009427	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0009427	07/08/2024		202.34	USD
Expense Report: EXP-0009428	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0009428	07/08/2024		131.25	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-2024-21466	Kitsap Public Health District	US Bank National Association	05.26.24-06.25.24 CYCLE STMNT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2024-21466	07/08/2024		08/07/2024	0.00	0.00	18,416.08	USD

Process History



View Settlement Run

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	07/08/2024 11:18:12 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

Business Process	Status
Payment Message: ID 2858 for Kitsap Public Health District on 07/08/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/08/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/08/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/08/2024 11:18 AM	07/08/2024 11:18 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003761	Completed	00:00:15	Heather Hunsaker	



View Settlement Run

Settlement Run Information	
Settlement Run	STL-00003775
Name	Kitsap Public Health District HH
Number	STL-00003775
Status	Complete
Date	07/11/2024
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	51,031.19
Inbound Total	0.00
Expense Report Count	20
Miscellaneous Payment Request Count	3
Supplier Invoice Count	47

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	07/11/2024	1	59.63	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/11/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/11/2024	19	2,137.36	USD	Payment Message: ID 2866 for Kitsap Public Health District on 07/11/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	07/11/2024	3	734.37	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/11/2024	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	07/11/2024	24	35,774.11	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/11/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/11/2024	7	12,325.72	USD	Payment Message: ID 2867 for Kitsap Public Health District on 07/11/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009502	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0009502	07/11/2024		157.45	USD
Expense Report: EXP-0009503	Kitsap Public Health District	Katie Baker (435044)	Employee	EXP-0009503	07/11/2024		48.24	USD
Expense Report: EXP-0009504	Kitsap Public Health District	Steven Brown (271677)	Employee	EXP-0009504	07/11/2024		50.00	USD
Expense Report: EXP-0009505	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0009505	07/11/2024		125.96	USD
Expense Report: EXP-0009506	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0009506	07/11/2024		62.71	USD
Expense Report: EXP-0009507	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0009507	07/11/2024		6.70	USD
Expense Report: EXP-0009508	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0009508	07/11/2024		59.63	USD
Expense Report: EXP-0009509	Kitsap Public Health District	Alexandra Kimes (433908)	Employee	EXP-0009509	07/11/2024		138.00	USD
Expense Report: EXP-0009510	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0009510	07/11/2024		54.87	USD
Expense Report: EXP-0009511	Kitsap Public Health District	Sarah Kinnear (434099)	Employee	EXP-0009511	07/11/2024		313.79	USD
Expense Report: EXP-0009512	Kitsap Public Health District	Shannon Madden (434318)	Employee	EXP-0009512	07/11/2024		166.44	USD
Expense Report: EXP-0009513	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0009513	07/11/2024		49.31	USD
Expense Report: EXP-0009514	Kitsap Public Health District	Kayla Petersen (434695)	Employee	EXP-0009514	07/11/2024		95.87	USD
Expense Report: EXP-0009515	Kitsap Public Health District	Antonio Romaele (435094)	Employee	EXP-0009515	07/11/2024		202.01	USD
Expense Report: EXP-0009516	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0009516	07/11/2024		171.52	USD
Expense Report: EXP-0009517	Kitsap Public Health District	Lisa Warren (434273)	Employee	EXP-0009517	07/11/2024		30.42	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009518	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0009518	07/11/2024		122.61	USD
Expense Report: EXP-0009519	Kitsap Public Health District	Erica Whares (434641)	Employee	EXP-0009519	07/11/2024		101.19	USD
Expense Report: EXP-0009520	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0009520	07/11/2024		131.66	USD
Expense Report: EXP-0009521	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0009521	07/11/2024		108.61	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-16829	Kitsap Public Health District	Rebecca Helland (Inactive)	MPR-16829	Check	One-Time Payment	07/11/2024	34.37	USD
MPR-16830	Kitsap Public Health District	GLENNA CRAIG (Inactive)	MPR-16830	Check	One-Time Payment	07/11/2024	350.00	USD
MPR-16831	Kitsap Public Health District	DAN WAGGONER (Inactive)	MPR-16831	Check	One-Time Payment	07/11/2024	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-2024-22106	Kitsap Public Health District	Griffin Glen Apartments LLC	AUGUST 2024 RENT	Griffin Glen Apartments LLC	Immediate	SINV-2024-22106	07/11/2024		07/11/2024	0.00	0.00	1,360.00	USD
Supplier Invoice: SINV-2024-22107	Kitsap Public Health District	The Heights at Sheridan Road	AUGUST 2024 RENT	The Heights at Sheridan Road	Immediate	SINV-2024-22107	07/11/2024		07/11/2024	0.00	0.00	585.00	USD
Supplier Invoice: SINV-2024-22108	Kitsap Public Health District	Kania, Sharon Faye	AUGUST 2024 RENT	Kania, Sharon Faye	Net 30	SINV-2024-22108	07/11/2024		08/10/2024	0.00	0.00	635.00	USD
Supplier Invoice: SINV-2024-22109	Kitsap Public Health District	Daniel R. Niblock	AUGUST 2024 RENT	Daniel R. Niblock	Immediate	SINV-2024-22109	07/11/2024		07/11/2024	0.00	0.00	1,080.00	USD
Supplier Invoice: SINV-2024-22110	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	AUGUST 2024 RENT	NSE Kitsap Fee Owner, LLC	Immediate	SINV-2024-22110	07/11/2024		07/11/2024	0.00	0.00	660.00	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-2024-22112	Kitsap Public Health District	Post Cottage Bay, LP	AUGUST 2024 RENT	Post Cottage Bay, LP	Immediate	SINV-2024-22112	07/11/2024		07/11/2024	0.00	0.00	1,221.00	USD
Supplier Invoice: SINV-2024-22113	Kitsap Public Health District	Paul Simmons	AUGUST 2024 RENT	Paul Simmons	Immediate	SINV-2024-22113	07/11/2024		07/11/2024	0.00	0.00	950.00	USD
Supplier Invoice: SINV-2024-22115	Kitsap Public Health District	Washington Home Solutions	AUGUST 2024 RENT	Washington Home Solutions	Immediate	SINV-2024-22115	07/11/2024		07/11/2024	0.00	0.00	696.00	USD
Supplier Invoice: SINV-2024-22116	Kitsap Public Health District	Acranet Cbs Branch	#26346	Acranet Cbs Branch	Net 30	SINV-2024-22116	07/11/2024		08/10/2024	0.00	0.00	159.00	USD
Supplier Invoice: SINV-2024-22117	Kitsap Public Health District	Anish Adhikari	#10	Anish Adhikari	Net 30	SINV-2024-22117	07/11/2024		08/10/2024	0.00	0.00	2,250.00	USD
Supplier Invoice: SINV-2024-22118	Kitsap Public Health District	Canon Financial Services, Inc.	#33148328	Canon Financial Services, Inc.	Net 30	SINV-2024-22118	07/11/2024		08/10/2024	0.00	0.00	1,474.04	USD
Supplier Invoice: SINV-2024-22120	Kitsap Public Health District	Citrix Systems Inc	#440000459023	Citrix Systems Inc	Net 30	SINV-2024-22120	07/11/2024		08/10/2024	0.00	0.00	1,638.00	USD
Supplier Invoice: SINV-2024-22121	Kitsap Public Health District	Collins Computing Inc	#069489	Collins Computing Inc	Net 30	SINV-2024-22121	07/11/2024		08/10/2024	0.00	0.00	281.25	USD
Supplier Invoice: SINV-2024-22122	Kitsap Public Health District	Comcast	06.27.24 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-22122	07/11/2024		08/10/2024	0.00	0.00	297.27	USD
Supplier Invoice: SINV-2024-22124	Kitsap Public Health District	Hummingbird Insights LLC	#0163	Hummingbird Insights LLC	Net 30	SINV-2024-22124	07/11/2024		08/10/2024	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2024-22126	Kitsap Public Health District	Gordon Sound	#2121 - 35% DEP	Gordon Sound	Net 30	SINV-2024-22126	07/11/2024		08/10/2024	0.00	0.00	833.20	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-22127	Kitsap Public Health District	Drayton Jackson	BOH STIPEND - MAY + APRIL	Drayton Jackson	Net 30	SINV-2024-22127	07/11/2024		08/10/2024	0.00	0.00	175.36	USD
Supplier Invoice: SINV-2024-22128	Kitsap Public Health District	Jefferson County	CONT #2262 MAY 2024	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2024-22128	07/11/2024		08/10/2024	0.00	0.00	7,924.68	USD
Supplier Invoice: SINV-2024-22129	Kitsap Public Health District	KnowBe4, Inc	#INV332899	KnowBe4, Inc	Net 30	SINV-2024-22129	07/11/2024		08/10/2024	0.00	0.00	502.54	USD
Supplier Invoice: SINV-2024-22130	Kitsap Public Health District	Loomis	#13515159	Loomis - Remit-To: Palatine, Il	Net 30	SINV-2024-22130	07/11/2024		08/10/2024	0.00	0.00	616.92	USD
Supplier Invoice: SINV-2024-22131	Kitsap Public Health District	Mckesson Medical Surgical	#22229909	Mckesson Medical Surgical	Net 30	SINV-2024-22131	07/11/2024		08/10/2024	0.00	0.00	28.56	USD
Supplier Invoice: SINV-2024-22132	Kitsap Public Health District	Mckesson Medical Surgical	#22233798	Mckesson Medical Surgical	Net 30	SINV-2024-22132	07/11/2024		08/10/2024	0.00	0.00	4.01	USD
Supplier Invoice: SINV-2024-22133	Kitsap Public Health District	ODP Business Solutions, LLC	#370026907001	ODP Business Solutions, LLC	Net 30	SINV-2024-22133	07/11/2024		08/10/2024	0.00	0.00	61.67	USD
Supplier Invoice: SINV-2024-22134	Kitsap Public Health District	ODP Business Solutions, LLC	#372606939001	ODP Business Solutions, LLC	Net 30	SINV-2024-22134	07/11/2024		08/10/2024	0.00	0.00	56.99	USD
Supplier Invoice: SINV-2024-22136	Kitsap Public Health District	ODP Business Solutions, LLC	#371896330001	ODP Business Solutions, LLC	Net 30	SINV-2024-22136	07/11/2024		08/10/2024	0.00	0.00	206.27	USD
Supplier Invoice: SINV-2024-22137	Kitsap Public Health District	ODP Business Solutions, LLC	#371898612001	ODP Business Solutions, LLC	Net 30	SINV-2024-22137	07/11/2024		08/10/2024	0.00	0.00	38.21	USD
Supplier Invoice: SINV-2024-22138	Kitsap Public Health District	ODP Business Solutions, LLC	#369320350001	ODP Business Solutions, LLC	Net 30	SINV-2024-22138	07/11/2024		08/10/2024	0.00	0.00	450.72	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-2024-22139	Kitsap Public Health District	ODP Business Solutions, LLC	#369319726001	ODP Business Solutions, LLC	Net 30	SINV-2024-22139	07/11/2024		08/10/2024	0.00	0.00	424.72	USD
Supplier Invoice: SINV-2024-22140	Kitsap Public Health District	Pdq.Com	#PDQ-5569.20	Pdq.Com	Net 30	SINV-2024-22140	07/11/2024		08/10/2024	0.00	0.00	5,569.20	USD
Supplier Invoice: SINV-2024-22141	Kitsap Public Health District	Quest Diagnostics	#1490643	Quest Diagnostics	Net 30	SINV-2024-22141	07/11/2024		08/10/2024	0.00	0.00	125.18	USD
Supplier Invoice: SINV-2024-22142	Kitsap Public Health District	Staples	#6004856313	Staples - Remit-To: Staples	Net 30	SINV-2024-22142	07/11/2024		08/10/2024	0.00	0.00	139.16	USD
Supplier Invoice: SINV-2024-22144	Kitsap Public Health District	Staples	#6004856311	Staples - Remit-To: Staples	Net 30	SINV-2024-22144	07/11/2024		08/10/2024	0.00	0.00	280.83	USD
Supplier Invoice: SINV-2024-22145	Kitsap Public Health District	Staples	#6004915792	Staples - Remit-To: Staples	Net 30	SINV-2024-22145	07/11/2024		08/10/2024	0.00	0.00	24.34	USD
Supplier Invoice: SINV-2024-22146	Kitsap Public Health District	Staples	#6005173393	Staples - Remit-To: Staples	Net 30	SINV-2024-22146	07/11/2024		08/10/2024	0.00	0.00	55.09	USD
Supplier Invoice: SINV-2024-22148	Kitsap Public Health District	United Business Machines of WA	#INV520015	United Business Machines of WA	Net 30	SINV-2024-22148	07/11/2024		08/10/2024	0.00	0.00	668.28	USD
Supplier Invoice: SINV-2024-22149	Kitsap Public Health District	Waxie Sanitary Supply	#82554790	Waxie Sanitary Supply	Net 30	SINV-2024-22149	07/11/2024		08/10/2024	0.00	0.00	85.94	USD
Supplier Invoice: SINV-2024-22150	Kitsap Public Health District	WA State Environmental Health Assoc	#01259	WA State Environmental Health Assoc	Net 30	SINV-2024-22150	07/11/2024		08/10/2024	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2024-22151	Kitsap Public Health District	Washington State Public Health Assoc	#7616	Washington State Public Health Assoc	Net 30	SINV-2024-22151	07/11/2024		08/10/2024	0.00	0.00	520.00	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-2024-22152	Kitsap Public Health District	Washington State Public Health Assoc	#7615	Washington State Public Health Assoc	Net 30	SINV-2024-22152	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22153	Kitsap Public Health District	Washington State Public Health Assoc	#7661	Washington State Public Health Assoc	Net 30	SINV-2024-22153	07/11/2024		08/10/2024	0.00	0.00	475.00	USD
Supplier Invoice: SINV-2024-22155	Kitsap Public Health District	Washington State Public Health Assoc	#7679	Washington State Public Health Assoc	Net 30	SINV-2024-22155	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22156	Kitsap Public Health District	Washington State Public Health Assoc	#7668	Washington State Public Health Assoc	Net 30	SINV-2024-22156	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22157	Kitsap Public Health District	Washington State Public Health Assoc	#7669	Washington State Public Health Assoc	Net 30	SINV-2024-22157	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22158	Kitsap Public Health District	Washington State Public Health Assoc	#7664	Washington State Public Health Assoc	Net 30	SINV-2024-22158	07/11/2024		08/10/2024	0.00	0.00	520.00	USD
Supplier Invoice: SINV-2024-22159	Kitsap Public Health District	Washington State Public Health Assoc	#7662	Washington State Public Health Assoc	Net 30	SINV-2024-22159	07/11/2024		08/10/2024	0.00	0.00	205.00	USD
Supplier Invoice: SINV-2024-22161	Kitsap Public Health District	Zoom Video Communications Inc	#INV256101897	Zoom Video Communications Inc	Net 30	SINV-2024-22161	07/11/2024		08/10/2024	0.00	0.00	11,037.62	USD
Supplier Invoice: SINV-2024-22163	Kitsap Public Health District	Ozark Underground Laboratory	#20240626WA50	Ozark Underground Laboratory	Net 30	SINV-2024-22163	07/11/2024		08/10/2024	0.00	0.00	1,378.78	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 2867 for Kitsap Public Health District on 07/11/2024	07/11/2024	7

Process History



View Settlement Run

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	07/11/2024 09:26:19 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

Business Process	Status
Payment Message: ID 2867 for Kitsap Public Health District on 07/11/2024	Successfully Completed
Payment Message: ID 2866 for Kitsap Public Health District on 07/11/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/11/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/11/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/11/2024	Successfully Completed
Remittance File: For Kania, Sharon Faye on 07/11/2024	Successfully Completed
Remittance File: For Acranet Cbs Branch on 07/11/2024	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 07/11/2024	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 07/11/2024	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 07/11/2024	Successfully Completed
Remittance File: For Waxie Sanitary Supply on 07/11/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 07/11/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/11/2024 09:26 AM	07/11/2024 09:26 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003775	Completed	00:00:16	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run	STL-00003796
Name	Kitsap Public Health District JS
Number	STL-00003796
Status	Complete
Date	07/18/2024
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	31,948.12
Inbound Total	0.00
Expense Report Count	13
Miscellaneous Payment Request Count	1
Supplier Invoice Count	24

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	07/18/2024	1	39.53	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/18/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/18/2024	12	1,809.15	USD	Payment Message: ID 2887 for Kitsap Public Health District on 07/18/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	07/18/2024	1	350.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/18/2024	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	07/18/2024	11	26,530.72	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/18/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/18/2024	5	3,218.72	USD	Payment Message: ID 2888 for Kitsap Public Health District on 07/18/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009563	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0009563	07/18/2024		101.51	USD
Expense Report: EXP-0009564	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0009564	07/18/2024		379.30	USD
Expense Report: EXP-0009565	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0009565	07/18/2024		84.42	USD
Expense Report: EXP-0009566	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0009566	07/18/2024		165.43	USD
Expense Report: EXP-0009567	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0009567	07/18/2024		17.22	USD
Expense Report: EXP-0009568	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0009568	07/18/2024		39.53	USD
Expense Report: EXP-0009569	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0009569	07/18/2024		64.74	USD
Expense Report: EXP-0009571	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0009571	07/18/2024		125.29	USD
Expense Report: EXP-0009572	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0009572	07/18/2024		127.02	USD
Expense Report: EXP-0009574	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0009574	07/18/2024		83.02	USD
Expense Report: EXP-0009575	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0009575	07/18/2024		51.23	USD
Expense Report: EXP-0009576	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0009576	07/18/2024		459.62	USD
Expense Report: EXP-0009577	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0009577	07/18/2024		150.35	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-16957	Kitsap Public Health District	LYLE CLARK (Inactive)	MPR-16957	Check	One-Time Payment	07/18/2024	350.00	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-2024-23194	Kitsap Public Health District	Aspen NW Property Management	JULY 2024 RENT	Aspen NW Property Management	Immediate	SINV-2024-23194	07/18/2024		07/18/2024	0.00	0.00	1,290.00	USD
Supplier Invoice: SINV-2024-23195	Kitsap Public Health District	Eagles Wings Coordinated Care	JULY 2024 RENT	Eagles Wings Coordinated Care	Net 30	SINV-2024-23195	07/18/2024		08/17/2024	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2024-23197	Kitsap Public Health District	Blue Sky Printing	#N18581	Blue Sky Printing	Net 30	SINV-2024-23197	07/18/2024		08/17/2024	0.00	0.00	420.69	USD
Supplier Invoice: SINV-2024-23199	Kitsap Public Health District	Blue Sky Printing	#N18747	Blue Sky Printing	Net 30	SINV-2024-23199	07/18/2024		08/17/2024	0.00	0.00	148.69	USD
Supplier Invoice: SINV-2024-23200	Kitsap Public Health District	Compensation Connections LLC	#3351	Compensation Connections LLC	Immediate	SINV-2024-23200	07/18/2024		07/18/2024	0.00	0.00	10,620.00	USD
Supplier Invoice: SINV-2024-23201	Kitsap Public Health District	Dell Marketing L.P.	#10757957946	Dell Marketing L.P.	Net 30	SINV-2024-23201	07/18/2024		08/17/2024	0.00	0.00	11,562.23	USD
Supplier Invoice: SINV-2024-23203	Kitsap Public Health District	FedEx	#8-551-95000	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2024-23203	07/18/2024		08/17/2024	0.00	0.00	38.50	USD
Supplier Invoice: SINV-2024-23204	Kitsap Public Health District	Iron Mountain	#202886237	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2024-23204	07/18/2024		08/17/2024	0.00	0.00	194.40	USD
Supplier Invoice: SINV-2024-23205	Kitsap Public Health District	Laboratory Corporation of America	#8054416	Laboratory Corporation of America	Immediate	SINV-2024-23205	07/18/2024		07/18/2024	0.00	0.00	284.82	USD
Supplier Invoice: SINV-2024-23208	Kitsap Public Health District	ODP Business Solutions, LLC	#374071945001	ODP Business Solutions, LLC	Net 30	SINV-2024-23208	07/18/2024		08/17/2024	0.00	0.00	149.51	USD
Supplier Invoice: SINV-2024-23210	Kitsap Public Health District	ODP Business Solutions, LLC	#375008307001	ODP Business Solutions, LLC	Net 30	SINV-2024-23210	07/18/2024		08/17/2024	0.00	0.00	96.64	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-2024-23211	Kitsap Public Health District	Propio LS, LLC	#0310070624	Propio LS, LLC	Immediate	SINV-2024-23211	07/18/2024		07/18/2024	0.00	0.00	87.75	USD
Supplier Invoice: SINV-2024-23214	Kitsap Public Health District	Staples	#6006353388	Staples - Remit-To: Staples	Net 30	SINV-2024-23214	07/18/2024		08/17/2024	0.00	0.00	72.40	USD
Supplier Invoice: SINV-2024-23215	Kitsap Public Health District	Staples	#6006353397	Staples - Remit-To: Staples	Net 30	SINV-2024-23215	07/18/2024		08/17/2024	0.00	0.00	80.10	USD
Supplier Invoice: SINV-2024-23216	Kitsap Public Health District	Staples	#6006353383	Staples - Remit-To: Staples	Net 30	SINV-2024-23216	07/18/2024		08/17/2024	0.00	0.00	133.68	USD
Supplier Invoice: SINV-2024-23217	Kitsap Public Health District	Staples	#6006353394	Staples - Remit-To: Staples	Net 30	SINV-2024-23217	07/18/2024		08/17/2024	0.00	0.00	169.50	USD
Supplier Invoice: SINV-2024-23218	Kitsap Public Health District	Staples	#6006353392	Staples - Remit-To: Staples	Net 30	SINV-2024-23218	07/18/2024		08/17/2024	0.00	0.00	19.42	USD
Supplier Invoice: SINV-2024-23219	Kitsap Public Health District	Staples	#6006353390	Staples - Remit-To: Staples	Net 30	SINV-2024-23219	07/18/2024		08/17/2024	0.00	0.00	93.09	USD
Supplier Invoice: SINV-2024-23221	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#24-05109	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-23221	07/18/2024		08/17/2024	0.00	0.00	1,500.00	USD
Supplier Invoice: SINV-2024-23222	Kitsap Public Health District	Stericycle Inc	#8007620528	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-23222	07/18/2024		08/17/2024	0.00	0.00	151.60	USD
Supplier Invoice: SINV-2024-23224	Kitsap Public Health District	Stericycle Inc	#8007622685	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-23224	07/18/2024		08/17/2024	0.00	0.00	634.22	USD
Supplier Invoice: SINV-2024-23225	Kitsap Public Health District	Taylor Water Technologies, LLC	#522104	Taylor Water Technologies, LLC	Net 30	SINV-2024-23225	07/18/2024		08/17/2024	0.00	0.00	129.36	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-2024-23226	Kitsap Public Health District	Toyota Financial Services	07.10.24 TACOMA STMNT	Toyota Financial Services	Net 30	SINV-2024-23226	07/18/2024		08/17/2024	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2024-23227	Kitsap Public Health District	Wex Bank	#98285649	Wex Bank	Net 30	SINV-2024-23227	07/18/2024		08/17/2024	0.00	0.00	712.13	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 2888 for Kitsap Public Health District on 07/18/2024	07/18/2024	5

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	07/18/2024 08:12:42 AM		Junille Schmeling (430378)	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 2888 for Kitsap Public Health District on 07/18/2024	Successfully Completed
Payment Message: ID 2887 for Kitsap Public Health District on 07/18/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/18/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/18/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/18/2024	Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 07/18/2024	Successfully Completed
Remittance File: For Eagles Wings Coordinated Care on 07/18/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 07/18/2024	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 07/18/2024	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 07/18/2024	Successfully Completed

Background Processes



View Settlement Run

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/18/2024 08:12 AM	07/18/2024 08:12 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003796	Completed	00:00:12	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run STL-00003822
Name Kitsap Public Health District HH
Number STL-00003822
Status Complete
Date 07/25/2024
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 308,402.79
Inbound Total 0.00
Expense Report Count 11
Supplier Invoice Count 35

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/25/2024	11	1,005.52	USD	Payment Message: ID 2907 for Kitsap Public Health District on 07/25/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	07/25/2024	25	273,565.45	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/25/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/25/2024	6	33,831.82	USD	Payment Message: ID 2908 for Kitsap Public Health District on 07/25/2024	Successfully Completed

Expense Reports



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0009623	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0009623	07/25/2024		131.99	USD
Expense Report: EXP-0009624	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0009624	07/25/2024		235.17	USD
Expense Report: EXP-0009625	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0009625	07/25/2024		95.81	USD
Expense Report: EXP-0009628	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0009628	07/25/2024		24.45	USD
Expense Report: EXP-0009629	Kitsap Public Health District	Molly Fuchs (435045)	Employee	EXP-0009629	07/25/2024		12.19	USD
Expense Report: EXP-0009630	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0009630	07/25/2024		47.57	USD
Expense Report: EXP-0009631	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0009631	07/25/2024		149.61	USD
Expense Report: EXP-0009632	Kitsap Public Health District	Gabreiel Outlaw-Spencer (434984)	Employee	EXP-0009632	07/25/2024		123.47	USD
Expense Report: EXP-0009633	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0009633	07/25/2024		40.67	USD
Expense Report: EXP-0009634	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0009634	07/25/2024		65.33	USD
Expense Report: EXP-0009635	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0009635	07/25/2024		79.26	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-2024-24112	Kitsap Public Health District	American Family Life Assurance Company	JULY 2024 BENEFITS	American Family Life Assurance Company	Net 30	SINV-2024-24112	07/25/2024		08/24/2024	0.00	0.00	2,027.63	USD
Supplier Invoice: SINV-2024-24114	Kitsap Public Health District	WA State Employment Security	JULY 2024 BENEFITS	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	Net 30	SINV-2024-24114	07/25/2024		08/24/2024	0.00	0.00	6,513.09	USD
Supplier Invoice: SINV-2024-24115	Kitsap Public Health District	WA State Employment Security	JULY 2024 BENEFITS	WA State Employment Security - Remit-To: WA Cares Fund PO Box 3537	Net 30	SINV-2024-24115	07/25/2024		08/24/2024	0.00	0.00	3,603.85	USD
Supplier Invoice: SINV-2024-24116	Kitsap Public Health District	Health Equity	JULY 2024 BENEFITS	Health Equity	Net 30	SINV-2024-24116	07/25/2024		08/24/2024	0.00	0.00	1,965.00	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-2024-24117	Kitsap Public Health District	Hra Veba Trust	JULY 2024 BENEFITS	Hra Veba Trust	Net 30	SINV-2024-24117	07/25/2024		08/24/2024	0.00	0.00	10,382.05	USD
Supplier Invoice: SINV-2024-24118	Kitsap Public Health District	Nationwide Retirement Solutions	JULY 2024 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2024-24118	07/25/2024		08/24/2024	0.00	0.00	7,645.00	USD
Supplier Invoice: SINV-2024-24120	Kitsap Public Health District	A.W. Rehn & Associates, Inc	JULY 2024 PARKING	A.W. Rehn & Associates, Inc	Immediate	SINV-2024-24120	07/25/2024		07/25/2024	0.00	0.00	625.25	USD
Supplier Invoice: SINV-2024-24122	Kitsap Public Health District	A.W. Rehn & Associates, Inc	DCFSA JULY 2024	A.W. Rehn & Associates, Inc	Immediate	SINV-2024-24122	07/25/2024		07/25/2024	0.00	0.00	2,296.67	USD
Supplier Invoice: SINV-2024-24124	Kitsap Public Health District	Prof & Technical Eng XPH	JULY 2024 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2024-24124	07/25/2024		08/24/2024	0.00	0.00	3,896.50	USD
Supplier Invoice: SINV-2024-24126	Kitsap Public Health District	Prof & Technical Eng XPH	JULY 2024 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2024-24126	07/25/2024		08/24/2024	0.00	0.00	49.00	USD
Supplier Invoice: SINV-2024-24131	Kitsap Public Health District	Voya Institutional Trust Company	JULY 2024 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2024-24131	07/25/2024		08/24/2024	0.00	0.00	575.00	USD
Supplier Invoice: SINV-2024-24132	Kitsap Public Health District	WA State Dept of Labor & Industries	JULY 2024 BENEFITS	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022	Net 30	SINV-2024-24132	07/25/2024		08/24/2024	0.00	0.00	6,484.62	USD
Supplier Invoice: SINV-2024-24134	Kitsap Public Health District	Wash State Dept Of Retirement	JULY 2024 BENEFITS	Wash State Dept Of Retirement	Net 30	SINV-2024-24134	07/25/2024		08/24/2024	0.00	0.00	13,003.80	USD
Supplier Invoice: SINV-2024-24136	Kitsap Public Health District	Wa Health Care Authority - Uniform	JULY 2024 BENEFITS	Wa Health Care Authority - Uniform	Net 30	SINV-2024-24136	07/25/2024		08/24/2024	0.00	0.00	135,859.54	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-2024-24139	Kitsap Public Health District	Vimly Benefit Solutions Inc	JULY 2024 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2024-24139	07/25/2024		08/24/2024	0.00	0.00	6,129.92	USD
Supplier Invoice: SINV-2024-24142	Kitsap Public Health District	Whit-Delta Dental Of Washington	JULY 2024 BENEFITS	Whit-Delta Dental Of Washington	Net 30	SINV-2024-24142	07/25/2024		08/24/2024	0.00	0.00	11,706.55	USD
Supplier Invoice: SINV-2024-24146	Kitsap Public Health District	Rebecca Helland	INTERN MILES REIMB: 103.4M	Rebecca Helland	Immediate	SINV-2024-24146	07/25/2024		07/25/2024	0.00	0.00	69.28	USD
Supplier Invoice: SINV-2024-24148	Kitsap Public Health District	Bremerton Government Center Association	#1170	Bremerton Government Center Association	Net 30	SINV-2024-24148	07/25/2024		08/24/2024	0.00	0.00	35,720.61	USD
Supplier Invoice: SINV-2024-24150	Kitsap Public Health District	ChildStrive	JUNE 2024	ChildStrive	Net 30	SINV-2024-24150	07/25/2024		08/24/2024	0.00	0.00	1,128.00	USD
Supplier Invoice: SINV-2024-24151	Kitsap Public Health District	Comcast	07.09.24 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-24151	07/25/2024		08/24/2024	0.00	0.00	449.50	USD
Supplier Invoice: SINV-2024-24152	Kitsap Public Health District	Lingo	#0-34023674	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2024-24152	07/25/2024		08/24/2024	0.00	0.00	16.10	USD
Supplier Invoice: SINV-2024-24153	Kitsap Public Health District	King County	#8004242	King County - Remit-To: 201 s Jackson St, Ste 710	Net 30	SINV-2024-24153	07/25/2024		08/24/2024	0.00	0.00	128.00	USD
Supplier Invoice: SINV-2024-24154	Kitsap Public Health District	Quadient Finance Usa Inc	JULY 2024 POSTAGE	Quadient Finance Usa Inc	Net 30	SINV-2024-24154	07/25/2024		08/24/2024	0.00	0.00	62.25	USD
Supplier Invoice: SINV-2024-24156	Kitsap Public Health District	Smarsh Inc	#INV-196162	Smarsh Inc	Net 30	SINV-2024-24156	07/25/2024		08/24/2024	0.00	0.00	16,598.58	USD
Supplier Invoice: SINV-2024-24158	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	JUNE 2024 PIC TESTING	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-24158	07/25/2024		08/24/2024	0.00	0.00	7,842.00	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-2024-24160	Kitsap Public Health District	Staples	#6006575040	Staples - Remit-To: Staples	Net 30	SINV-2024-24160	07/25/2024		08/24/2024	0.00	0.00	264.65	USD
Supplier Invoice: SINV-2024-24161	Kitsap Public Health District	Staples	#6006524847	Staples - Remit-To: Staples	Net 30	SINV-2024-24161	07/25/2024		08/24/2024	0.00	0.00	55.09	USD
Supplier Invoice: SINV-2024-24162	Kitsap Public Health District	Staples	#6006575038	Staples - Remit-To: Staples	Net 30	SINV-2024-24162	07/25/2024		08/24/2024	0.00	0.00	63.02	USD
Supplier Invoice: SINV-2024-24165	Kitsap Public Health District	Washington State Auditor's Office	#L192399	Washington State Auditor's Office	Net 30	SINV-2024-24165	07/25/2024		08/24/2024	0.00	0.00	8,693.75	USD
Supplier Invoice: SINV-2024-24166	Kitsap Public Health District	United Business Machines of WA	#INV520515	United Business Machines of WA	Net 30	SINV-2024-24166	07/25/2024		08/24/2024	0.00	0.00	1,205.32	USD
Supplier Invoice: SINV-2024-24170	Kitsap Public Health District	University of Washington	#CI-00118940	University of Washington	Immediate	SINV-2024-24170	07/25/2024		07/25/2024	0.00	0.00	2,500.00	USD
Supplier Invoice: SINV-2024-24173	Kitsap Public Health District	Verizon Wireless	#9968811907	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2024-24173	07/25/2024		08/24/2024	0.00	0.00	6,309.15	USD
Supplier Invoice: SINV-2024-24174	Kitsap Public Health District	Washington State University	#CI00049196	Washington State University	Net 30	SINV-2024-24174	07/25/2024		08/24/2024	0.00	0.00	3,945.84	USD
Supplier Invoice: SINV-2024-24176	Kitsap Public Health District	Washington State University	#CI00050546	Washington State University	Net 30	SINV-2024-24176	07/25/2024		08/24/2024	0.00	0.00	3,945.19	USD
Supplier Invoice: SINV-2024-24177	Kitsap Public Health District	Washington State University	#CI00052064	Washington State University	Net 30	SINV-2024-24177	07/25/2024		08/24/2024	0.00	0.00	5,637.47	USD

Remittance
Remittance



View Settlement Run

Process	Date	Remittance Events
Payment Message: ID 2908 for Kitsap Public Health District on 07/25/2024	07/25/2024	6

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	07/25/2024 09:37:25 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

Business Process	Status
Payment Message: ID 2907 for Kitsap Public Health District on 07/25/2024	Successfully Completed
Payment Message: ID 2908 for Kitsap Public Health District on 07/25/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/25/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 07/25/2024	Successfully Completed
Remittance File: For Quadiant Finance Usa Inc on 07/25/2024	Successfully Completed
Remittance File: For University of Washington on 07/25/2024	Successfully Completed
Remittance File: For Washington State University on 07/25/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 07/25/2024	Successfully Completed
Remittance File: For Washington State Auditor's Office on 07/25/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
07/25/2024 09:37 AM	07/25/2024 09:37 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003822	Completed	00:00:10	Heather Hunsaker	

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
 For 2024 - Jul

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	5780 - Intergovernmental Loans	JE-00060584 - Kitsap Public Health District - 07/01/2024 - 2024	7/1/2024	0.00	16,667.00	-16,667.00
5700:Debt Service Principa		Mortgage Payment - July				
	5830 - Interest on Long-Term External Debt	JE-00060584 - Kitsap Public Health District - 07/01/2024 - 2024	7/1/2024	0.00	8,346.00	-8,346.00
5800:Debt Service Interest		Mortgage Payment - July				

-25,013.00

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
 For 2024 - Jul

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	5493 - Bank and Credit Card Service Fees	JE-00060750 - Kitsap Public Health District - 07/02/2024 - Returned Item - PH - R00229733 - 2024-07-02	7/2/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	JE-00061606 - Kitsap Public Health District - 07/19/2024 - Returned Item - PH - R00230242 - 2024-07-19	7/19/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	JE-00061941 - Kitsap Public Health District - 07/26/2024 - Correction - PH - R00230452 - 2024-07-26	7/26/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	JE-00062086 - Kitsap Public Health District - 07/29/2024 - Returned Item - PH - R00230504 - 2024-07-29	7/29/2024	0.00	5.00	-5.00
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 07/02/2024	7/2/2024	0.00	62.50	-62.50
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 07/03/2024	7/3/2024	0.00	8,897.18	-8,897.18
5400:Other Services and C	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 07/08/2024	7/8/2024	0.00	1,870.63	-1,870.63
5400:Other Services and C						

-10,850.31

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Jul

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	3860 - Agency Deposits	JE-00061052 - Kitsap Public Health District - 07/20/2024 - Public Health monthly vital stats transfer	7/20/2024	0.00	23,357.00	-23,357.00

3800:Other Increases in Fu

-23,357.00

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Acosta (278956) Nancy	173.33	\$9,643.00			\$6,079.83
Ader (413193) Sam	173.33	\$6,539.00			\$4,457.73
Ahlin (434420) Zachary	120.00	\$3,724.80			\$2,843.07
Alexander (435070)	148.33	\$5,644.50			\$3,831.75
Anderson (419470) Amy	173.33	\$6,964.00			\$4,497.02
Anderson-Hobbs (435083)	173.33	\$5,246.00			\$3,958.47
Armstrong (434291) Jami	173.33	\$6,402.00			\$4,490.87
Atisme-Bevins (433909)	173.33	\$8,747.00			\$5,476.17
Baker (435044) Katie	173.33	\$5,508.00			\$4,203.49
Banigan (215189) Leslie	173.33	\$7,614.00			\$5,463.99
Baum (434397) Rudy	173.33	\$6,282.00			\$4,630.25
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,385.23
Bell (419805) Gus	151.33	\$6,751.58			\$4,531.55
Berger (407902) Angeline	173.33	\$6,282.00			\$4,463.99
Bierman (404611) Dana	173.33	\$9,843.00			\$7,269.98
Borja (426250) Windie	173.33	\$6,402.00			\$4,451.46
Boysen-Knapp (2058)	173.33	\$7,636.00			\$5,276.54
Bronder (434436) Christine	173.33	\$5,649.00			\$4,303.69
Brown (271677) Steven	173.33	\$9,643.00			\$5,748.09
Burchett (409212) Brian	173.33	\$6,228.00			\$4,512.45
Burke (434463) Lenore	173.33	\$4,814.00			\$3,481.38
Burton (434296) Callie	173.33	\$4,880.00			\$3,586.10
Byrd (434085) Stephanie	173.33	\$4,574.00			\$3,675.54
Cadorna (434932) Jessi	173.33	\$3,789.00			\$2,671.07
Calderon (434768) Brenda	173.33	\$4,297.00			\$3,268.97
Camarena (434536) Daniel	173.33	\$6,048.00			\$4,133.49
Chang (411387) Margo	173.33	\$5,427.00			\$3,915.92
Chen (434841) Jessica	173.33	\$6,926.00			\$5,345.30
Clark (435043) Cheryl	175.33	\$6,945.62			\$4,967.45
Collins (434101) Lori	173.33	\$7,351.00			\$5,089.12
Currie (400651) Krista	173.33	\$5,077.00			\$3,800.89
Davis (433997) Elizabeth	173.33	\$9,184.00			\$6,386.47
Degracia (435196) Allison	173.33	\$5,783.00			\$4,269.24
Deseamus (434593) Dara	173.33	\$4,648.00			\$3,494.34
Dowless (340919) Kelly	173.33	\$7,636.00			\$5,237.09
Duren (430735) Ashley	173.33	\$6,402.00			\$4,711.11
Evans (4565) Eric	173.33	\$11,163.00			\$2,820.76
Fergus (434648) Maria	173.33	\$5,116.00			\$3,695.67
Fine (421693) George	86.67	\$2,287.00			\$1,774.52
Fisk (321284) April	173.33	\$8,840.00			\$5,006.75
Fong (356883) Yolanda	173.33	\$12,903.00			\$8,400.93
Fuchs (435045) Molly	173.33	\$4,605.00			\$3,369.64
Fucini (434997) Heather	173.33	\$6,228.00			\$4,999.65
Giuntoli (337331) Paul	173.33	\$7,614.00			\$4,712.58
Gress (421427) Nicole	173.33	\$5,308.00			\$3,908.97
Griego (410072) Yaneisy	173.33	\$5,628.00			\$4,288.22

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Guidry (355732) Jessica	173.33	\$10,125.00			\$7,223.52
Hammond (434978)	173.33	\$6,596.00			\$4,503.30
Hampton (434838)	173.33	\$8,018.00			\$5,800.45
Hansen (435085) Isabella	173.33	\$4,666.00			\$3,376.35
Harmon (434977) William	173.33	\$7,733.00			\$6,021.96
Hartman (434642) Melissa	173.33	\$6,072.00			\$4,578.82
Holdcroft (270783) Jodie	86.00	\$3,777.98			\$3,045.64
Holdcroft (4579) Grant	173.33	\$9,643.00			\$5,977.21
Holt (2726) Karen	173.33	\$11,231.00			\$7,400.74
Howard (434057) Anne	138.67	\$4,687.00			\$3,083.05
Hubert (435172) Joaquin	164.83	\$5,136.14			\$3,877.93
Hughes (434256) Jakob	173.33	\$5,931.00			\$4,384.03
Hunter (409213) Kari	173.33	\$9,643.00			\$6,232.39
Inga Dominguez (434769)	173.33	\$4,878.00			\$3,670.17
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,068.52
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,667.22
Jones (358933) Kimberly	173.33	\$9,643.00			\$6,578.77
Jury (434709) Thomas	173.33	\$5,649.00			\$4,317.46
Karis Crail (435213)	173.33	\$4,899.00			\$3,714.54
Katula (393427) Dayna	173.33	\$9,484.00			\$5,864.62
Kench (245476) Donald	173.33	\$5,081.00			\$3,098.98
Kiess (250913) John	173.33	\$11,721.00			\$8,724.82
Kimes (433908) Alexandra	173.33	\$8,270.00			\$5,775.19
Kindschy (421430) Brandon	173.33	\$6,866.00			\$4,822.02
Kinnear (434099) Sarah	173.33	\$6,316.00			\$4,849.72
Knoop (16125) Melina	173.33	\$7,614.00			\$5,023.51
Kruse (243184) Charles	173.33	\$7,719.00			\$5,070.67
Kushner (327580) Siri	173.33	\$11,721.00			\$7,165.84
Laird (416539) Melissa	173.33	\$10,831.00			\$6,622.19
Lawver (434888) Albert	173.33	\$6,228.00			\$4,649.49
Levine (435209) Naomi	173.33	\$6,015.00			\$4,867.26
Lytle (285038) Ross	173.33	\$7,614.00			\$5,178.49
Madden (434318) Shannon	173.33	\$4,814.00			\$3,520.66
May (434674) Martha	173.33	\$4,694.00			\$3,257.81
Mazur (388104) Karina	173.33	\$8,995.00			\$5,951.00
McClung (435242) Carol	104.00	\$5,052.32			\$3,875.04
McMillan (434052) Michelle	173.33	\$6,133.00			\$4,424.69
Miller (435008) Christopher	173.33	\$8,510.00			\$5,621.35
Moen (279971) Anne	173.33	\$7,614.00			\$5,129.36
Moore (434254) Alexandra	173.33	\$5,649.00			\$4,210.94
Morris (312378) Dawn	173.33	\$7,555.00			\$5,305.27
Morris (434567) Amanda	173.33	\$4,814.00			\$3,573.48
Morrow (433895) Nathan	173.33	\$17,214.00			\$8,848.05
Neff Warner (435082) Leah	173.33	\$6,596.00			\$3,751.90
Nguyen (295033) Loan	173.33	\$5,598.00			\$4,034.67
Nielson (434638) Brian	173.33	\$6,852.00			\$5,107.85

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Noriega (435095) Yolanda	173.33	\$4,098.00			\$3,215.34
North (22459) Edwin	173.33	\$10,631.00			\$240.35
O'Brien (433907) Melissa	173.33	\$5,380.00			\$4,230.03
Onarheim (426938) Carin	173.33	\$5,983.00			\$4,508.84
Outlaw-Spencer (434984)	173.33	\$6,072.00			\$4,586.95
Pandino (419118) Linda	173.33	\$5,077.00			\$3,838.87
Perry (306605) Rachel	173.33	\$4,605.00			\$3,336.70
Petersen (434695) Kayla	173.33	\$4,648.00			\$3,374.23
Pittsinger (435173) Lynn	173.33	\$11,721.00			\$7,781.39
Romaele (435094) Antonio	173.33	\$5,649.00			\$4,239.12
Rork (404613) Ian	173.33	\$6,906.00			\$5,043.43
Sample (434976) Brittany	173.33	\$5,456.00			\$4,119.99
Sauna (435096) Khushnum	160.58	\$5,102.80			\$3,790.32
Shelby (434658) Emmy	156.00	\$7,068.00			\$4,808.29
Sherman (434949) Linnea	173.33	\$4,585.00			\$3,298.73
Shoriz (434893) Justin	173.33	\$5,264.00			\$4,024.98
Shuhler (425553) Yana	173.33	\$4,775.00			\$3,183.54
Sidell (435084) Nathan	173.33	\$4,996.00			\$3,009.21
Simmons (434365) Nolan	173.33	\$5,649.00			\$4,274.91
Smith (361388) Terri	173.33	\$8,510.00			\$5,952.32
Snow (435021) Kelly	173.33	\$5,401.00			\$4,110.93
Sooter (427776) Thaddeus	173.33	\$9,643.00			\$6,894.99
Stedman (347366) Kelsey	173.33	\$9,643.00			\$6,226.09
Stewart (423168) Tobbi	173.33	\$6,228.00			\$4,368.49
Taveras (435217) Orpa	173.33	\$5,000.00			\$3,696.49
Turner (1682) Denise	173.33	\$5,598.00			\$3,458.41
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,255.61
Villahermosa II (435216)	173.33	\$5,456.00			\$3,907.89
Wagner (426251) Mary	121.34	\$3,224.00			\$2,317.79
Warren (434273) Lisa	163.58	\$7,861.41			\$5,156.85
Wellborn (14545) Brian	176.58	\$4,907.02			\$3,274.47
Wendt (397255) Jan	173.33	\$7,733.00			\$5,719.76
Westervelt (434382) Laura	173.33	\$6,539.00			\$4,443.73
Whares (434641) Erica	173.33	\$6,926.00			\$5,429.24
Whitford (434292) Tiffany	173.33	\$4,574.00			\$3,371.62
Wickhamshire (434070)	86.67	\$2,287.00			\$1,820.10
Wimpenny (434923) Jacob	173.33	\$7,209.00			\$5,184.60
Winchester (431493)	173.33	\$5,649.00			\$4,122.71
Wyatt (434415) Janet	158.66	\$7,078.57			\$4,437.79
	22,131.52	\$880,135.74	\$71,963.67	\$229,412.55	\$602,788.83

Certificate Of Completion

Envelope Id: A943D9C998F44F25A2DFE7ED1B92C847	Status: Completed
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Envelope Stamping: Enabled	Carol McClung
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	345 6th Street, Suite 300
	Bremerton, WA 98337
	Carol.mcclung@kitsappublichealth.org
	IP Address: 146.218.141.213

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8/20/2024 10:05:44 AM	Carol.mcclung@kitsappublichealth.org	

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yolanda.fong@kitsappublichealth.org
Administrator
kitsap Public health District
Security Level: Email, Account Authentication (None)

Signature

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Melissa Laird
melissa.laird@kitsappublichealth.org
Finance Manager
Kitsap Public Health District
Security Level: Email, Account Authentication (None)

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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
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Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	8/21/2024 8:28:40 AM
Signing Complete	Security Checked	8/21/2024 11:27:09 AM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	8/21/2024 11:27:09 AM

Payment Events	Status	Timestamps
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