

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 4

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITSAP PUBLIC HEALTH DISTRICT 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, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:
 - Office of Emergency Preparedness & Response - Effective July 1, 2018
 - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018
- Amends Statements of Work for the following programs:
 - Childhood Lead Poisoning Prevention Program - Effective January 1, 2018
 - HIV Client Services - Effective January 1, 2018
 - Maternal & Child Health Block Grant - Effective January 1, 2018
 - Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2018
 - OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2018
 - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2018
 - Supplemental Nutrition Assistance Program-Education - Effective January 1, 2018
 - Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018
- Deletes Statements of Work for the following programs:

2. Exhibit B-4 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-3 Allocations as follows:

- Increase of \$608,902 for a revised maximum consideration of \$2,885,842.
- Decrease of _____ for a revised maximum consideration of _____.
- No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-4 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-3.

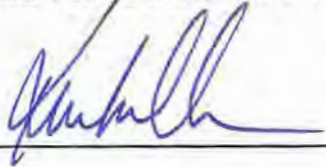
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

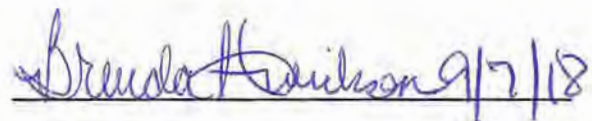
IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



 Date 9/4/2018



 Date 9/7/18

APPROVED AS TO FORM ONLY
Assistant Attorney General

2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Childhood Lead Poisoning Prevention Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to support local interventions with the case management of elevated blood lead levels in children 14 years of age and younger. The focus of this program in 2018 is to build local capacity statewide to provide standard case management services to all children with elevated blood lead levels.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2018 to June 30, 2019, add SFY2 funding and update the statement of work.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|--|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| SFY1 Lead Environments of Children (proviso funds) | N/A | 334.04.93 | 25715110 | 01/01/18 | 06/30/18 | 3,000 | 0 | 3,000 |
| SFY2 Lead Environments of Children (proviso funds) | N/A | 334.04.93 | 25715120 | 07/01/18 | 06/30/19 | 0 | 5,000 | 5,000 |
| TOTALS | | | | | | 3,000 | 5,000 | 8,000 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|---|---|--|
| 1 | Contact the provider to gather complete information on the assigned elevated blood lead case to conduct an environmental assessment a) Verify the blood lead level (BLL) is confirmed. Reference Centers for Disease Control and Prevention's (CDC's) confirmed case definition: https://www.cdc.gov/nndss/conditions/lead-elevated-blood-levels/case-definition/2016/ b) Call family and schedule a home visit. <i>If interpretation services are needed, contact DOH at lead@doh.wa.gov. Note: Interpretation services will not be reimbursed through the ConCon process.</i> | | Submit the completed updated Child Blood Lead Investigation Form <i>Child Blood Lead Investigation Form via Washington Disease Reporting System (WDRS) available through WA DOH indicating:</i> a) Confirmed BLL b) Date LHJ contacted the family c) Date the environmental assessment was completed d) Date the interview was completed | Monthly, by the 30th of the following month. <i>Submit as needed within 60 days after completion.</i> | <i>Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child not to exceed total funding consideration.</i> <i>Note: this excludes indirect costs</i> |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|--|--------------------------------------|---|---------------------|-----------------------------------|
| | <p>c) Visit the child's residence (or other sites where the child spends significant amounts of time) at least once</p> <p>d) Interview the caregivers using the Child Blood Lead Investigation Form and conduct an environmental assessment to identify factors that may impact the child's blood lead level. <i>If laboratory services are needed, contact DOH at lead@doh.wa.gov.</i> <i>Note: Laboratory services will not be reimbursed through the ConCon process.</i></p> <p>e) Determine if the family lives in Section 8 or HUD Housing. If the child is Medicaid enrolled collect the Provider One number</p> <p>f) Provide educational material to the child's caregivers in the family's primary language</p> <p>g) (Optional) If warranted, contact DOH to request technical or environmental investigation assistance with an X-ray fluorescent (XRF) analyzer</p> <p>Have the child retested following the Pediatric Environmental Health Specialty Units (PEHSU) medical management guidelines. If the lead level remains ≥ 5 $\mu\text{g/dL}$ the LHJ will conduct a second home visit to connect the family to other service providers as needed.</p> <p>PEHSU medical management guidelines: https://www.pehsu.net/Library/facts/medical-mgmt-childhood-lead-exposure-June-2013.pdf</p> <p>If the second lead level drops to < 5 $\mu\text{g/dL}$, the LHJ has the option to: 1) Mail the child's caregivers a letter recommending a developmental and nutritional screening, the letter will include providers in the child's residential area. The LHJ may then close the case. (DOH will provide a template letter.); or 2) proceed to Task 2 and conduct a second home visit.</p> | | <p>e) Specify if the home is Section 8 or HUD Housing and if the child is Medicaid enrolled</p> <p>f) (If applicable) If DOH assistance is requested, list the DOH contact and date contacted</p> <p>g) (If applicable) If the LHJ opts to close the case after verifying that the second lead level has dropped to < 5 $\mu\text{g/dL}$, it must submit a copy of the letter mailed to the family</p> <p>Submit a written report summarizing the environmental assessment lab test results and a Plan of Care that lists recommendations on how to remove and remediate lead exposure <i>via WDRS</i>. Include the educational material provided to the family that addresses the child's needs. (DOH will provide a generic template.) The LHJ will <i>provide upload</i> a copy of the report to DOH <i>via WDRS</i>, and <i>provide a copy to</i> the child's caregivers and provider.</p> | | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|---|---|
| 2 | <p>The purpose of the second home visit is to connect the family to other service providers as needed:</p> <ul style="list-style-type: none"> a) LHJ staff will facilitate and guide the child’s caregiver in completing the WithinReach Developmental Screening Questionnaire online http://www.parenthelp123.org/. The LHJ must provide a hard copy of the developmental screening in case it cannot be submitted online. In unusual, and DOH approved cases, in which the WithinReach assessment cannot be performed, the LHJ may refer the family to the child’s physician or to another entity that is trained to administer developmental screening tests b) Encourage blood lead testing of other children less than 72 months of age and pregnant or nursing caregivers in the home c) If appropriate, refer the child’s caregivers to the Women, Infants, and Children (WIC) program or a Registered Dietitian Nutritionist (RDN) for a nutritional assessment and to other service providers as appropriate d) Coordinate services and communicate regularly with members of the case management team | | <p>Submit an updated Plan of Care to DOH <i>via WDRS and provide a copy to</i> the child’s caregivers and provider that includes:</p> <ul style="list-style-type: none"> a) Completion date and results of the online WithinReach Developmental Screening Questionnaire b) If blood lead testing of at-risk family members was recommended, list the individuals c) The referral date and provider of the nutritional assessment, include all other referrals d) The members of the case management team, their involvement, and the case information provided to them | <p>Monthly, by the 30th of the following month. Submit as needed within 60 days after completion.</p> | <p>Reimbursement of up to \$500 maximum per home visit, <i>per child</i>. Up to two (2) home visits per child <i>not to exceed total funding consideration</i>.</p> <p><i>Note: this excludes indirect costs.</i></p> |
| 3 | <p>DOH will reimburse LHJ staff for DOH-approved case management related training opportunities and travel <i>including training fees if applicable and mileage, lodging and meals at the current federal GSA rates at the time of travel.</i></p> | | <p>Attend approved training and submit training invoices and receipts to DOH</p> | <p>As needed</p> | <p>Reimbursement for actual costs DOH-approved training fees, mileage and per diem not to exceed total funding consideration.</p> <p><i>(See Special Billing Requirements below.)</i></p> |

***For Information Only:**

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

Program Specific Requirements/Narrative

Program Manual, Handbook, Policy References

Guide for Public Health Case Management of Children with Elevated Blood Lead Levels
<https://www.doh.wa.gov/Portals/1/Documents/4000/334-414.pdf>

A Targeted Approach to Blood Lead Screening in Children, Washington State
2015 Expert Panel Recommendations
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-383.pdf>

Special References (RCWs, WACs, etc)

Laboratories are required to report to the Department of Health all Blood Lead test results ([WAC 246-101-201](#)). Elevated results (≥ 5 mcg/dL) must be reported within 2 days; non-elevated results ≤ 5 mcg/dL need to be reported within one month.

Monitoring Visits (frequency, type)

Telephone calls with contract manager at least once every quarter.

Definitions

BLL- Blood Lead Level

EBLL- Elevated Blood Lead Level

PEHSU- Pediatric Environmental Health Specialty Units

Special Billing Requirements

Reimbursement for pre-approved travel expenses including mileage, lodging and meals will be calculated at the current federal General Services Administration (GSA) rates at the time of travel. Current per diem rates by state can be found at: <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>

Special Instructions

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable written report to include a plan of care. 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~~ *may* be submitted ~~monthly by the 30th of each month following the month in which the expenditures were incurred~~ *as needed within 60 days after home visit completion* and must be based on actual ~~allowable~~ *direct* program costs. Billing for services on a monthly fraction of the “Total Consideration” will not be accepted or approved. *If needed, additional funding may be added upon request and DOH approval while funds are available. Contact lead@doh.wa.gov for additional information.*

Note: blood lead case management reimbursement excludes indirect costs.

DOH Program Contact

Araceli Mendez, Health Services Consultant
Office of Environmental Public Health Sciences
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Telephone: 360-236-3392 / Fax: 360-236-3059
Email: araceli.mendez@doh.wa.gov

DOH Fiscal Contact

Victoria Reyes, Management Analyst 1
Assistant Secretary's Office
Telephone: 360-236-3071

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: HIV Client Services - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH18248

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

Period of Performance: January 1, 2018 through June 30, 2019

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

Statement of Work Purpose: The purpose of this statement of work is a provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling; 10) provide clinic space for Harborview Medical Center physician to provide primary medical care to HIV-positive individuals: Registered Nurse to assist physician one day per week and an additional day every other week; and administrative support staff to assist with the project.

Revision Purpose: The purpose of this revision is to add funding for Task PRO-3 (Peer Navigation) and correct the BARS revenue code for RW HIV PROVISO funding from 334.04.98 to 333.93.91 and add the CFDA #93.917.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY17 ADAP Rebate Local 17-19 | N/A | 334.04.98 | 12618570 | 01/01/18 | 06/30/18 | 266,278 | 0 | 266,278 |
| FFY17 ADAP Rebate Local 17-19 | N/A | 334.04.98 | 12618570 | 07/01/18 | 06/30/19 | 307,556 | 0 | 307,556 |
| FFY18 RW HIV PROVIDER CAPACITY-PROVISO | 93.917 | 333.93.91 | 1261228B | 04/01/18 | 03/31/19 | 30,695 | 0 | 30,695 |
| FFY18 RW HIV PEER NAV PROJ-PROVISO | 93.917 | 333.93.91 | 1261228A | 04/01/18 | 03/31/19 | 34,541 | 22,871 | 57,412 |
| STATE HIV CS / END AIDS WA | N/A | 334.04.91 | 12630100 | 03/01/18 | 06/30/18 | 3,123 | 0 | 3,123 |
| STATE HIV CS / END AIDS WA | N/A | 334.04.91 | 12630100 | 07/01/18 | 12/31/18 | 6,246 | 0 | 6,246 |
| STATE HIV PREVENTION PrEP | N/A | 334.04.91 | 12430100 | 01/01/18 | 06/30/18 | 4,586 | 0 | 4,586 |
| STATE HIV PREVENTION PrEP | N/A | 334.04.91 | 12430100 | 07/01/18 | 06/30/19 | 9,172 | 0 | 9,172 |
| TOTALS | | | | | | 662,197 | 22,871 | 685,068 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--|---------------------------|--------------------------------------|-----------------------|---------------------|-----------------------------------|
| See contract tasks and deliverables below. | | | | | |

| Task: HCS-4 | | Case Management – Persons Living With HIV (PLWH) | | |
|------------------------|---|--|-------------------|-----------|
| Service Definition: | Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling. | Budget | | |
| | | A | Salaries | \$198,414 |
| | | B | Benefits | \$92,268 |
| | | C | Service Contracts | - |
| | | E | Supplies/Goods | - |
| | | G | Travel | \$2,576 |
| | | J | Equipment | - |
| | | N | Sub-Contracts | - |
| | | O | Other | - |
| | | IDC | % | \$122,142 |
| | | Subtotal | \$415,400 | |
| Strategies: | <ul style="list-style-type: none"> • Provide case management services for PLWH living in Kitsap, Mason, Clallam, and Jefferson Counties in compliance with WA State HIV CM Standards. • Utilize Acuity Guidelines to ensure delivery of appropriate level of services and related resources. • Prioritize medical engagement/retention, viral suppression and stable housing as recognized indicators of positive health outcomes and quality of life. • Utilize Client Centered Approach. • Practice Cultural Humility in all aspects of care and service delivery. • Intentionally track and address Health Disparities for Populations of Interest within your community(ies) as related to Case Management services and outcomes. • Meaningfully incorporate consumer feedback into ongoing program design, implementation and evaluation. | \$415,400 – Rebates \$207,700 for 01/01/18-06/30/18 and \$207,700 for 07/01/18-12/31/18 | | |
| Targeted population: | Persons living with HIV | | | |
| Deliverables/Measures: | Number of PLWH to be served: | Kitsap | 175 | |
| | | Mason | 30 | |
| | | Clallam | 40 | |
| | | Jefferson | 17 | |
| | | Total | 262 | |

| Reporting: | | <ul style="list-style-type: none"> Agency must create a CAREWare file for each PLWH receiving Case Management services within forty-eight (48) business hours from the time of Client Intake. Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level. | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|---|--|--------|--|---|----------|---|----------|---|-------------------|---|----------------|---------|---|--------|---|-----------|---|---------------|---|-------|-----|---|----------|--|---------|
| Task: | HCS-5 | Medical Transportation | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Definition: | <p>Provision of non-emergency transportation services that enable an eligible client to access or are 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. | <table border="1"> <thead> <tr> <th colspan="2">Budget</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Salaries</td> </tr> <tr> <td>B</td> <td>Benefits</td> </tr> <tr> <td>C</td> <td>Service Contracts</td> </tr> <tr> <td>E</td> <td>Supplies/Goods</td> <td>\$5,500</td> </tr> <tr> <td>G</td> <td>Travel</td> </tr> <tr> <td>J</td> <td>Equipment</td> </tr> <tr> <td>N</td> <td>Sub-Contracts</td> </tr> <tr> <td>O</td> <td>Other</td> </tr> <tr> <td>IDC</td> <td>%</td> </tr> <tr> <td colspan="2">Subtotal</td> <td>\$5,500</td> </tr> </tbody> </table> <p>\$5,500 – Rebates \$2,750 for 01/01/18-06/30/18 and \$2,750 for 07/01/18-12/31/18</p> | Budget | | A | Salaries | B | Benefits | C | Service Contracts | E | Supplies/Goods | \$5,500 | G | Travel | J | Equipment | N | Sub-Contracts | O | Other | IDC | % | Subtotal | | \$5,500 |
| Budget | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Salaries | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Benefits | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Service Contracts | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Supplies/Goods | \$5,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Travel | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Equipment | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | Sub-Contracts | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDC | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal | | \$5,500 | | | | | | | | | | | | | | | | | | | | | | | | |
| Strategies: | <ul style="list-style-type: none"> Agency will issue fuel cards and bus passes to PLWH to enable access to medical care and support services. Agency will consider poverty, capacity, stigma and health disparity related barriers to transportation and attempt resolution through provision of medical transportation assistance or other available resources. Ongoing medical transportation needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized. Medical Transportation direct assists must be used as payer of last resort. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Targeted population: | Persons living with HIV | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deliverables/Measures: | Number of PLWH to be served: | 100 | | | | | | | | | | | | | | | | | | | | | | | | |

| Reporting: | | <ul style="list-style-type: none"> Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level. | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|---|--|--------|--|---|----------|---|----------|---|-------------------|---|----------------|----------|---|--------|---|-----------|---|---------------|---|-------|-----|---|----------|--|----------|
| Task: | HCS-6 | Food Bank/Home Delivered Meals - PLWH | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Definition: | 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, water filtration in communities where issues of water safety exist). | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strategies: | <ul style="list-style-type: none"> Agency will distribute food bags to PLWH under guidance of nutritionist or dietician oversight. Agency will consider poverty, capacity, stigma and health disparity related barriers to food security and attempt resolution through provision of food assistance or other available resources. Ongoing food insecurity needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized. Food/Meal disbursement must be used as payer of last resort. | <table border="1"> <thead> <tr> <th colspan="2">Budget</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Salaries</td> </tr> <tr> <td>B</td> <td>Benefits</td> </tr> <tr> <td>C</td> <td>Service Contracts</td> </tr> <tr> <td>E</td> <td>Supplies/Goods</td> <td>\$19,800</td> </tr> <tr> <td>G</td> <td>Travel</td> </tr> <tr> <td>J</td> <td>Equipment</td> </tr> <tr> <td>N</td> <td>Sub-Contracts</td> </tr> <tr> <td>O</td> <td>Other</td> </tr> <tr> <td>IDC</td> <td>%</td> </tr> <tr> <td colspan="2">Subtotal</td> <td>\$19,800</td> </tr> </tbody> </table> | Budget | | A | Salaries | B | Benefits | C | Service Contracts | E | Supplies/Goods | \$19,800 | G | Travel | J | Equipment | N | Sub-Contracts | O | Other | IDC | % | Subtotal | | \$19,800 |
| | | Budget | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Salaries | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Benefits | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Service Contracts | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Supplies/Goods | \$19,800 | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Travel | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Equipment | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | Sub-Contracts | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDC | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal | | \$19,800 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>\$19,800 – Rebates \$9,900 for 01/01/18-06/30/18 and \$9,900 for 07/01/18-12/31/18</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| Targeted population: | Persons living with HIV | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deliverables/Measures: | Number of PLWH to be served: | 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| Reporting: | <ul style="list-style-type: none"> Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. | | | | | | | | | | | | | | | | | | | | | | | | | |

- Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

Task: HCS-7 Housing Services - PLWH

Service Definition:

Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.

| Budget | | |
|----------|-------------------|---------|
| A | Salaries | |
| B | Benefits | |
| C | Service Contracts | |
| E | Supplies/Goods | \$9,300 |
| G | Travel | |
| J | Equipment | |
| N | Sub-Contracts | |
| O | Other | |
| IDC | % | |
| Subtotal | | \$9,300 |

Strategies:

- Agency will provide housing support to PLWH by paying for emergency shelter and hotel stays.
- Agency will consider poverty, capacity, mental health, substance use and stigma related barriers to housing stability and provide directly, or through referral and linkage, services to support and address any of these connected life domains.
- Intentionally track and address Health Disparities for Populations of Interest within your community(ies) as related to Housing services and outcomes.
- Housing direct assists must be used as payer of last resort.

\$9,300 – Rebates
\$4,650 for 01/01/18-06/30/18 and
\$4,650 for 07/01/18-12/31/18

Targeted population:

Persons living with HIV

Deliverables/Measures:

Number of PLWH to be served: 12

Reporting:

- Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.
- Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

| Task: EAW-2 | | End AIDS Washington – Community Engagement | | |
|------------------------|---|---|-------------------|---------|
| Service Definition: | End AIDS Washington Recommendation #11 calls to invigorate and strengthen meaningful community engagement and empowerment for people and communities disproportionately affected by HIV-related health disparities and stigma. These funds are to be used to develop innovative projects for invigorating meaningful community engagement with PLWH and PAHR in Washington State. | Budget | | |
| | | A | Salaries | \$5,319 |
| | | B | Benefits | \$1,489 |
| | | C | Service Contracts | |
| | | E | Supplies/Goods | |
| | | G | Travel | |
| | | J | Equipment | |
| | | N | Sub-Contracts | |
| | | O | Other | |
| | | IDC | % | \$2,561 |
| | | | Subtotal | \$9,369 |
| Strategies: | <ul style="list-style-type: none"> Agency will develop and implement a single (or multiple) community engagement project(s). Agency will develop processes that engage PAHR and PLWH creatively and effectively. Agency will ensure messaging and program development is led by the communities that services are meant to benefit. Agency will share best practices and lessons learned throughout the project funding period with DOH and statewide HCS partners to support other community engagement efforts. | \$9,369 – State HIV CS EAW \$3,123 for 03/01/18-06/30/18 and \$6,246 for 07/01/18-12/31/18 | | |
| Targeted population: | -Persons living with HIV (PLWH) -Persons at High Risk for HIV (PAHR) -All races and ethnicities of MSM/TSM (Primary) -US born black persons (Special Emphasis, Health Disparities) -Foreign born black persons (Special Emphasis, health Disparities) -Foreign born Hispanic persons (Special Emphasis, Health Disparities) | | | |
| Deliverables/Measures: | Measures of success should be included in written narrative reports. | | | |
| Reporting: | Agencies will submit two (2) written narrative reports to DOH outlining progress made on community engagement project, challenges, successes, lessons learned, and next steps. <ul style="list-style-type: none"> First narrative due July 25 (March 1 - June 30 funding period) Second narrative due January 25 (July 1- December 31 funding period) | | | |

| Task: PRO-2 Training - Proviso | | Budget | |
|--------------------------------|---|--|----------|
| Service Definition: | Conferences and trainings on stigma, health disparities, or racism for subrecipient staff providing HIV care services. | A Salaries | |
| | | B Benefits | |
| | | C Service Contracts | |
| | | E Supplies/Goods | |
| | | G Travel | \$30,695 |
| | | J Equipment | |
| | | N Sub-Contracts | |
| | | O Other | |
| | | IDC % | |
| Strategies: | <ul style="list-style-type: none"> Agency will send HIV care staff to conferences or trainings that address stigma, racism, and health disparities. Agency will offer on-site training on stigma, health disparities, and racism. | Subtotal | \$30,695 |
| | | \$30,695 – Provider Capacity (Training) \$30,695 for 04/01/18-03/31/19 | |
| Targeted population: | Subrecipient staff who provide HIV care services. | | |
| Deliverables/Measures: | Proposed number of staff trained: | | |
| Reporting: | Quarterly agency reports including names and job titles of staff members who attend training or conferences. Report includes name of training or conference attended. | | |

| Task: PRO-3 Peer Navigation - Proviso | | Budget | |
|---------------------------------------|--|--|---------------------------------------|
| Service Definition: | Provide education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics may include: 1) education on risk reduction strategies such as PrEP for client partners and treatment as prevention; 2) education on health care coverage; 3) health literacy; 4) treatment adherence education. | A | Salaries \$18,750 \$30,000 |
| | | B | Benefits \$5,250 \$8,119 |
| | | C | Service Contracts |
| | | E | Supplies/Goods \$1,090 |
| | | G | Travel \$3,590 |
| | | J | Equipment |
| | | N | Sub-Contracts |
| | | O | Other \$9,451 |
| | | IDC | % \$15,703 |
| | | | |
| Strategies: | Agency will provide education to clients living with HIV about HIV transmission and risk reduction in a programmatic way that is designed to provide quantified reporting of activities and outcomes to accommodate evaluation of effectiveness. | \$34,541 \$57,412 – Peer Navigation \$34,541 \$57,412 for 04/01/18-03/31/19 | |
| Targeted population: | People living with HIV (PLWH) | | |
| Deliverables/Measures: | PLWH served | | |
| Reporting: | <ul style="list-style-type: none"> Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level. | | |

| Task: SAS-1 Space and Staff | | |
|-----------------------------|--|---|
| Service Definition: | LHJ will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center; Registered Nurse to assist physician and administrative support staff to assist with project | Budget |
| | | A Salaries \$19,880 |
| | | B Benefits \$10,705 |
| | | C Service Contracts |
| | | E Supplies/Goods |
| | | G Travel |
| | | J Equipment |
| | | N Sub-Contracts |
| | | O Other \$3,686 |
| | | IDC % \$11,593 |
| | | Subtotal \$45,864 |
| Strategies: | LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by Harborview Medical Center and the LHJ. | \$41,278 – Rebates \$41,278 for 01/01/18-06/30/18 \$4,586 – State PrEP \$4,586 for 01/01/18-06/30/18 |
| Deliverables/Measures: | Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2018. | |

| Task: SAS-1 Space and Staff | | |
|-----------------------------|--|---------------------|
| Service Definition: | LJH will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center; Registered Nurse to assist physician and administrative support staff to assist with project | Budget |
| | | A Salaries \$39,760 |
| | | B Benefits \$21,410 |
| | | C Service Contracts |
| | | E Supplies/Goods |
| | | G Travel |
| | | J Equipment |
| | | N Sub-Contracts |
| | | O Other \$7,372 |
| | | IDC % \$23,186 |
| | | Subtotal \$91,728 |

| | |
|--|---|
| <p>Strategies: LHI shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by Harborview Medical Center and the LHI.</p> | <p>\$82,556 – Rebates \$82,556 for 07/01/18-06/30/19 \$9,172 – State PrEP \$9,172 for 07/01/18-06/30/19</p> |
| <p>Deliverables/Measures: Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2019.</p> | |

***For Information Only:**

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

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. Definitions

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

2. Client Eligibility and Certification

PLWH LHI shall:

- a. Maintain written documentation that each client receiving services is HIV positive.
- b. Implement an eligibility certification process upon entry (Intake) into case management services to ensure that only eligible clients are being served. Certification includes assessment of client:
 - i) Income – There are no income eligibility requirements related to the services of Case Management, Health Education/Risk Reduction (HE/RR), Early Intervention Services (EIS), Outreach, or Psychosocial Support, regardless of acuity. Income eligibility certification applies only for Food/Meals, Medical Transportation, Housing, Medical Nutrition Therapy, Mental Health, and Substance Abuse Treatment is on par with that set for Washington State’s Early Intervention Program. At the time of the writing of this contract, that figure is set at 400% of the federal poverty level (FPL).
 - ii) Insurance status – All funding received under this statement of work must be treated as payer of last resort. As such, if there is another available payer for any service(s) covered under this statement of work, the LHI is obligated to pursue that funding source first. This applies as well to the availability of Targeted HIV Case Management under Title XIX.
 - iii) Washington State residency
- c. Implement an eligibility recertification process for each client actively receiving Engagement Services to be conducted, at minimum, once every six (6) months. Recertification includes assessment of client.
 - i) Income – There are no income eligibility requirements related to the services of Case Management, HE/RR, EIS, Outreach, or Psychosocial Support, regardless of acuity. Income eligibility recertification applies only for Food/Meals, Medical Transportation, Housing, Medical Nutrition Therapy, Mental Health, and Substance Abuse Treatment is on par with that set for AIDS Drug Assistance Program (ADAP). At the time of the writing of this statement of work that figure is set at 400% of the FPL.

- ii) Insurance status – All funding received under this statement of work must be treated as payer of last resort. As such, if there is another available payer for any service(s) covered under this contract, the LHJ is obligated to pursue that funding source first. This applies as well to the availability of Targeted HIV Case Management under Title XIX.
- iii) Washington State residency
- d. LHJ providing HIV medical case management shall engage with Title XIX HIV Medical Case Management in the following ways:
 - i) Have a signed contract with the Health Care Authority (HCA) to provide Title XIX HIV Medical Case Management for eligible clients
 - ii) Adhere to the Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions.
 - iii) Adhere to the following system for meeting Medicaid match:
 - (1) Providers will bill HCA for Title XIX case management services.
 - (2) HCA will pay providers for services rendered
 - (3) HCA will bill DOH for the state match
 - (4) DOH will pay the state match to HCA

This system will remain in place as long as DOH has sufficient state general funds to meet Medicaid match.
 - iv) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes. PAHR and PLWH LHJ shall:
- e. Monitor expenditures of funds to assure confidentiality, client equity, compliance with federal and state guidelines, and to remain within annual budget.
- f. Adhere to the Statewide Standards for HIV Case Management or to the Standards, Requirements or Guidelines articulated within the HIV Community Services Manual.
- g. Inform clients upon Intake of the relationship between the LHJ and DOH as it applies to DOH access to client information created or obtained through the provision of services funded by this contract. DOH, as the grantor, and in the role of fiscal and clinical compliance auditor has the right to review client charts and client level data for quality assurance and evaluation purposes. LHJ must obtain signatory proof from client that this information was shared and received.
 - i) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes.

3. Quality Management/Improvement Activities.

- a. Quality Management/Improvement Programs must include the ability to access the extent to which services are consistent with the DOH and Health and Human Services (HHS) guidelines for the treatment of HIV. Quality Management/Improvement Programs must include coordination of activities aimed at improving quality of care, health outcomes and client satisfaction. Improvement will include specific activities to improve services in response to DOH identified performance measures. Clients/consumers must be included in the Quality Management/Improvement Program. Required Quality Management/Improvement activities:
 - i) LHJ must identify a Quality Management/Improvement Program lead for both PLWH and PAHR. The LHJ's Quality Management/Improvement Program Lead must participate in Quality Management/Improvement training provided by DOH. The LHJ must identify at least one (1) PLWH consumer and one (1) PAHR consumer to participate in the Quality Improvement training provided by DOH.
 - ii) LHJ must develop and submit their Quality Management/Improvement Plan. DOH must approve all Quality Management/Improvement Plans. LHJ may use the Quality Management/Improvement plan template provided by DOH or submit a Quality Management/Improvement Plan of their own choosing that addresses all components listed in the Template.

- iii) LHJ must participate in DOH onsite visits that will include Quality Management/Improvement components including the review of progress in implementing their annual Quality Management/Improvement Plan.
- iv) LHJ may be required to participate in other DOH quality improvement activities.
- v) LHJ must collect medical visit dates and HIV viral load dates and test results for all clients.

4. HIV Statewide CAREWare Data System

- a. The LHJ shall directly enter client level and service data in the HIV Statewide CAREWare Data System.
- b. Legal Authorization to Collect Data:

DOH represents and warrants that it is legally authorized to collect and/or receive the Medical Case Management information described in this statement of work, including review of client charts and client level data, (“Data Elements”), in the conduct of its public health activities. Disclosure of the Data Elements by LHJ to DOH is required under the terms of this agreement. Transmittal of the Data Elements through DOH’s secure CAREWare system is appropriate under this agreement and will not be deemed to violate the confidentiality provisions of this agreement Pursuant to RCW 70.02.220(7), DOH requires the last name, first name, middle name, address, telephone, full date of birth, and such other medical case management data variables as are set forth herein, in order to protect the public health and to ensure ongoing quality management. DOH will use data obtained to further the ongoing reduction of HIV transmission rates and ensure HIV-positive individuals are engaged in healthcare.

- c. The LHJ shall have a valid data share agreement with DOH.

5. HIV and STD Testing Services

- a. HIV testing services must follow DOH and CDC guidance for HIV testing.
- b. Persons found to be sero-positive must be provided with partner services (PS) that follow current CDC guidelines for HIV PS and DOH HIV Partner Services Standards. LHJs must refer newly identified HIV infected persons to the local health jurisdiction for PS.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.
- e. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV testing must obtain all necessary and required Washington State certification.
- f. LHJ will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.
- g. LHJ must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- h. LHJ will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.

6. Reporting Requirements

- a. The LHJ shall provide the following reports by electronic mail (preferred), U. S. mail, or fax no later than the close of business on the dates indicated. LHJ shall submit reports to:

Abby Gilliland, Washington State Department of Health
PO Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3351/Fax: (360) 664-2216

Email: Abby.gilliland@doh.wa.gov

Receipt of timely program reports by DOH is imperative. Failure to comply with reporting requirements may result in the withholding of funds.

- b. LHJ may contact Abby Gilliland at abby.gilliland@doh.wa.gov for electronic forms or with reporting questions.
- c. Narrative Reports

| Reporting Time Period | Report due date |
|-------------------------------------|-------------------|
| January 1, 2018 – March 31, 2018 | April 15, 2018 |
| April 1, 2018 – June 30, 2018 | July 15, 2018 |
| July 1, 2018 – September 30, 2018 | October 15, 2018 |
| October 1, 2018 – December 31, 2018 | December 31, 2018 |

- d. Reports shall include the following components:

- i) Narrative –LHJ shall describe
 - (1) Changes to service delivery plan
 - (2) New access points for HIV Community Services funded direct services
 - (3) Participation in the Washington HIV planning process
 - (4) Program accomplishments, for example:
 - (a) Outreach
 - (b) Linkage to care
 - (c) Success in reaching underserved populations
 - (d) Success in meeting or exceeding planned outcome targets
 - (e) Effective strategies used to recruit, train, or use workers
 - (f) Enhanced linkages with HIV/AIDS prevention and counseling/testing programs
 - (g) Coordinating services with other health-care delivery systems
 - (h) Evaluating the impact of HCS funds and making needed improvements.
 - (i) Documenting clients served and outcomes achieved
 - (5) Challenges and lessons learned, for example:
 - (a) Tools and protocols
 - (b) Health disparities
 - (6) Technical Assistance needed

NOTE: DOH will run routine CAREWare data summaries in lieu of LHJ submitting quarterly demographic data. Aggregate population-based PAHR data must be submitted quarterly.

- ii) **Fiscal** – Using a DOH-approved Fiscal Reporting Form; LHJ shall indicate funds expended to date.
- iii) **Quality Management/Improvement Reporting** – LHJ must develop Quality Management/Improvement Programs to measure, monitor, and improve the quality of their services. The LHJ must complete and submit quarterly:
 - (1) Quality Management/Improvement Plan Template or Quality Management Plan Update (PLWH and PAHR)
 - (2) Statewide Case Management Performance Data (PLWH)

Templates are available from DOH.

e. **Additional Reporting Requirements:**

Within thirty (30) days of written notification, the LHJ shall comply with any additional reporting requirements mandated by state directive during the contract period.

7. **Training Requirements**

- a. LHJ shall ensure that all staff participating in direct client care receives a minimum of twenty (20) hours of applicable training annually. Recommended trainings include Culturally and Linguistically Appropriate Services (CLAS) Standards, ethics and boundaries, cultural humility, harm reduction, motivational interviewing, trauma informed practice, and safe de-escalation.
- b. LHJ shall remain current on best practices around case management, HIV related benefits and systems, resources outside of HIV Community Services, as well as maintaining awareness of advancements with HIV medications, prevention, treatment and practice.
- c. LHJ shall ensure new direct client care staff participate in the DOH New Case Management training(s) within six (6) months of hire or at first offering following staff initial start date.
- d. LHJ shall participate in any fiscal training put on by DOH related to the execution of this contract.
- e. LHJ shall participate in any Quality trainings put on by DOH related to the execution of this contract.
- f. LHJ shall participate in the DOH Community Programs Annual Update.
- g. LHJ shall participate in all DOH required trainings related to responsible and quality service delivery of HIV Case Management and related support services, including services for PAHR.

8. **Participation in Washington State’s HIV Planning Process**

The vision of the HIV Planning System is to end the HIV epidemic in Washington State. Collectively we will accomplish this by preventing new HIV infections and by keeping people with HIV healthy. The planning system looks at how HIV impacts populations across the state, the factors influencing people’s HIV risk and the structures that impact successful HIV efforts. The components of the planning system recommend the most successful HIV prevention, care and treatment strategies. Stakeholder Villages and Special Emphasis Workgroups are designed specifically to amplify the voices of individuals and communities experiencing HIV related disparities.

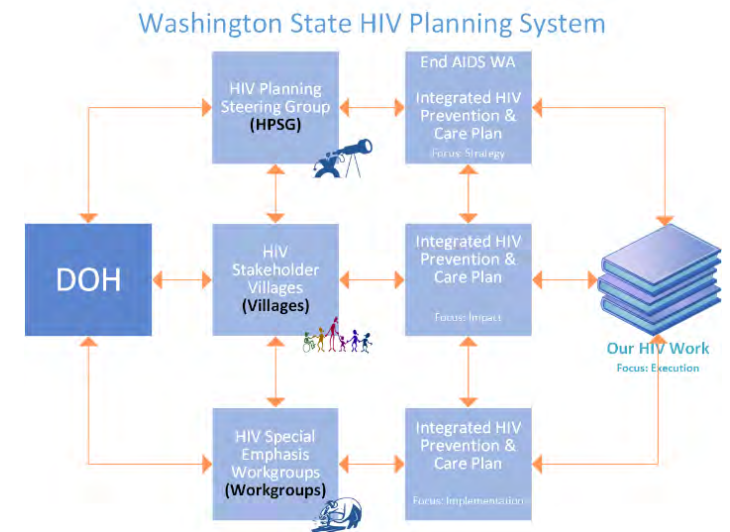
a. **Planning System components**

HIV Stakeholder Villages (Villages) have no formal membership and serve the dual purpose of educating a broad range of stakeholders on the current and proposed HIV interventions and strategies receiving input from stakeholders to enhance HIV service delivery. Village meet in person or via web interface in town hall style meetings held within various communities in Washington State in coordination with local service delivery providers.

HIV Special Emphasis Workgroups (SEW) are informal, ad-hoc, and advisory bodies that are convened by DOH to identify specific and effective implementation strategies that add operational value to prevention, care and treatment continuum activities.

The HIV Planning Steering Group is a 21 member, formal, standing, advisory committee.

- b. Contracted Agencies have unique connections to communities and connecting communities to the planning system is integral to a successful HIV service delivery system. DOH is responsible for implementation of the HIV Planning System. Contracted Agencies are responsible to work directly with DOH to implement and recruit participants for Villages and SEW that in their service provision area or target population.



9. Participation in End AIDS Washington Initiative

The End AIDS Washington Initiative is a collaboration of community-based organizations, government agencies and education and research institutions working together to reduce the rate of new HIV infections in Washington by 50% by 2020. The End AIDS Washington initiative and the forthcoming implementation plan are not owned by any one government agency or CBO. End AIDS Washington is a community-owned effort, and will only be successful if all stakeholders—communities, government, the health care system, and people most affected by HIV—are fully engaged in its implementation efforts and empowered to make decisions and set priorities.

10. Participation in End AIDS Washington Statewide Media Campaign

The End AIDS Washington Statewide Media Campaign effort aims to promote the priorities laid out in the EAW Initiative around the state through various ways. Funded agencies will ensure the participation of at least one staff member funded through PAHR Services in End AIDS Washington Campaign related activities including, but not limited to, the End AIDS Washington Champions program. Funded agencies will, whenever possible, utilize End AIDS Washington messaging and branding on educational and outreach materials.

11. Contract Management

a. Fiscal Guidance

- i) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2018 –December 31, 2018. The LHJ shall submit all claims for payment for costs due and payable under this statement of work by January 31, 2019. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to 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 Awards.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**

| Month of A19-1A Invoice | A19-1A Invoice Due Date |
|-------------------------|-------------------------|
| January 1-31, 2018 | February 25, 2018 |
| February 1-29, 2018 | March 25, 2018 |
| March 1-31, 2018 | April 25, 2018 |
| April 1-30, 2018 | May 25, 2018 |
| May 1-31, 2018 | June 25, 2018 |
| June 1-30, 2018 | July 25, 2018 |
| July 1-31, 2018 | August 25, 2018 |
| August 1-31, 2018 | September 25, 2018 |
| September 1-30, 2018 | October 25, 2018 |
| October 1-31, 2018 | November 25, 2018 |
| November 1-30, 2018 | December 25, 2018 |
| December 1-31, 2018 | January 31, 2019 |

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

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

- v) **Payer of Last Resort** – No funds shall be used to provide items or services for which payment has been made or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, the Early Intervention Program (EIP) and/or State or local entitlement programs, prepaid health plans or private insurance. Therefore, LHJ providing case management services shall expeditiously enroll eligible clients in Medicaid. LHJ **will not** use funds to pay for any Medicaid-covered services for Medicaid enrollees.
- vi) **Cost of Services** – The LHJ will not charge more for HIV services than allowed by Sec. 2617 (c) of Ryan White legislation (Public Law 101-381; 42 USC 300ff-27).
- vii) **Emergency Financial Assistance** –The LHJ shall not use contract funds to provide a parallel medication service to EIP. LHJ’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. LHJ shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – LHJ shall not expend contract funds to support needle exchange programs.
- x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

b. Contract Modifications

- i) **Notice of Change in Services** – The LHJ 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 LHJ 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 LHJ shall not begin providing the services authorized by a contract amendment until the LHJ has received a signed, fully executed copy of the contract amendment from DOH.

c. Subcontracting

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

d. Written Agreements

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

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

Technical assistance is available through DOH.

12. Material Review and Website Disclaimer Notice

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

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

Michael Barnes, Washington State Department of Health
PO Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3579/Fax: (360) 664-2216
Email: Michael.Barnes@doh.wa.gov

- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub-contractors). Such notice must consist of language similar to the following: "This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website."

13. Youth and Peer Outreach Workers

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

14. Confidentiality Requirements

The LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Please see below to identify the category your agency best fits. Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

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

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records. During site visits or audits, DOH may request proof that the LHJ meets confidentiality requirements. To meet the requirements the LHJ must have the following in place:

- a. Clearly written agency policies regarding confidentiality and security of records.
- b. Appropriate physical and electronic security measures to prevent unauthorized disclosures.
- c. Signed statements of confidentiality and security for all staff members who have access to sensitive information, either through access to files or through direct contact with clients.
- d. Signed confidentiality statements on file at the LHJ's office and updated yearly.
- e. Appropriate confidentiality training provided to employees with records of attendance.

Category Two: Agencies that have access to HIV/STD (Sexually Transmitted Disease) information (through contact with clients or target populations), but do not maintain client records.

If your agency fits this definition, you are required to have the following in place:

- (1) Signed confidentiality statements from each employee
- (2) Signed confidentiality statements are on file at the LHJ 's office and updated yearly
- (3) Appropriate confidentiality training provided to employees with records of attendance

Technical assistance is available through DOH.

15. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for LHJ, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a LHJ, 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) LHJ and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

16. Allowable Costs

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

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

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

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

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

DOH Program Contact, PLWH

Karen Robinson
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-3437/Fax: 360-664-2216
Karen.Robinson@doh.wa.gov

DOH Program Contact, PAHR

Michael Barnes
DOH, Infectious Disease Prevention
PO Box 47841, Olympia, WA 98504-7841
360-236-3579/Fax: 360-664-2216
Michae.Barnes@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Maternal & Child Health Block Grant-
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: January 1, 2018 through September 30, 2019

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2018 to September 30, 2019 for continuation of MCHBG related activities.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY18 MCHBG LHJ CONTRACTS | 93.994 | 333.93.99 | 78120281 | 01/01/18 | 09/30/18 | 119,891 | 0 | 119,891 |
| FFY19 MCHBG LHJ CONTRACTS | 93.994 | 333.93.99 | 78120291 | 10/01/18 | 09/30/19 | 0 | 159,854 | 159,854 |
| TOTALS | | | | | | 119,891 | 159,854 | 279,745 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|--------------------------------------|--|---|--|
| Maternal and Child Health Block Grant (MCHBG) Administration | | | | | |
| 1a | Participate in calls, at a minimum of every quarter, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ | | Designated LHJ staff will participate in contract management calls. | September 30, 2018 <i>September 30, 2019</i> | Reimbursement for actual costs, not to exceed total funding consideration. |
| 1b | Report actual expenditures for October 1, 2017 through March 31, 2018 | | Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager | May 26, 2018 | Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the |
| 1c | Develop 2018-2019 MCHBG Budget Workbook for October 1, 2018 through September 30, 2019 using DOH provided template. | | Submit MCHBG Budget Workbook to DOH contract manager | September 5, 2018 | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--|--|---|--|--|--|
| <i>1d</i> | <i>Report actual expenditures for October 1, 2018 through March 31, 2019</i> | | <i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i> | <i>May 24, 2019</i> | specified funding period. See Program Specific Requirements and Special Billing Requirements. |
| <i>1e</i> | <i>Develop 2019-2020 MCHBG Budget Workbook for October 1, 2019 through September 30, 2020 using DOH provided template.</i> | | <i>Submit MCHBG Budget Workbook to DOH contract manager</i> | <i>September 5, 2019</i> | |
| <i>1f</i> | <i>Report actual expenditures for October 1, 2017 through September 30, 2018</i> | | <i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i> | <i>November 30, 2018</i> | |
| MCHBG Assessment and Evaluation | | | | | |
| 2a | Participate in project evaluation activities developed and coordinated by DOH, as requested. | | Documentation using report template provided by DOH | September 30, 2018 <i>September 30, 2019</i> | Reimbursement for actual costs, not to exceed total funding consideration. |
| 2b | Report program level strategy measure data (CSHCN, UDS, ACEs). | | Documentation using report template provided by DOH | January 15, 2018 April 15, 2018 July 15, 2018 <i>October 15, 2018</i> <i>January 15, 2019</i> <i>April 15, 2019</i> <i>July 15, 2019</i> | See Program Specific Requirements and Special Billing Requirements. |
| <i>2c</i> | <i>Conduct a Maternal and Child Health (MCH) Needs Assessment.</i> | | <i>Submit Needs Assessment documentation to DOH contract manager using templates provided by DOH</i> | <i>May 24, 2019</i> | |
| MCHBG Implementation | | | | | |
| 3a | Develop 2018-2019 MCHBG Action Plan for October 1, 2018 through September 30, 2019 using DOH-provided template. | | Submit MCHBG Action Plan to DOH contract manager | Draft August 17, 2018 Final September 5, 2018 | Reimbursement for actual costs, not to exceed total funding consideration. |
| 3b | Report activities and outcomes of 2017-2018 MCHBG Action Plan using DOH- provided template. | | Submit Action Plan monthly reports to DOH contract manager | Monthly, on or before the 15 th of the following month | Action Plan and Progress Reports |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--|--|--------------------------------------|---|--|---|
| 3c | <i>Develop 2019-2020 MCHBG Action Plan for October 1, 2019 through September 30, 2020 using DOH-provided template.</i> | | <i>Submit MCHBG Action Plan to DOH contract manager</i> | <i>Draft August 17, 2019 Final- September 5, 2019</i> | 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. |
| 3d | <i>Report activities and outcomes of 2018-2019 MCHBG Action Plan using DOH- provided template.</i> | | <i>Submit Action Plan monthly reports to DOH contract manager</i> | <i>Monthly, on or before the 15th of the following month</i> | |
| Children with Special Health Care Needs (CSHCN) | | | | | |
| 4a | Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CSHCN Program as referenced in CSHCN Program Manual. Ensure client data is collected on all children served by CSHCN contractors, including neurodevelopmental centers, regional maxillofacial coordinators, and the DOH Newborn Screening Program. | | Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov | January 15, 2018 April 15, 2018 July 15, 2018 <i>October 15, 2018 January 15, 2019 April 15, 2019 July 15, 2019</i> | Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. |
| 4b | Administer requested DOH Diagnostic and Treatment funds for infants and children per CSHCN Program Manual when funds are used. | | Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CSHCN Program as needed. | 30 days after forms are completed. | |
| 4c | Participate in the CSHCN Regional System and quarterly meetings as described in the CSHCN Program Manual <i>Focus of Work</i> . | | Submit Action Plan monthly reports including number of regional meetings attended to the DOH contract manager. | Monthly, on or before the 15 th of the following month | See Program Specific Requirements and Special Billing Requirements. |
| 4d | <i>Develop and update CYSHCN County Resource List and share with partners as described in the CSHCN Focus of Work.</i> | | <i>Submit completed resource list electronically to the DOH contract manager.</i> | <i>September 30, 2019</i> | |

***For Information Only:**

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

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

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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 Manual, Handbook, Policy References

Children with Special Health Care Needs Manual - <http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

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

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

Monitoring Visits (frequency, type)

Telephone calls with contract manager at least one every quarter, and annual site visit.

Special Billing Requirements

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the “Total Consideration” for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted monthly 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.

DOH Program Contact

Kara Seaman, Community Consultant
Office of Family and Community Health Improvement
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
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Telephone: 360-236-3963/ Fax: 360-236-3646
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Emergency Preparedness & Response -
Effective July 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: July 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2018 grant period.

Revision Purpose: N/A

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY18 EPR PHEP BP1 SUPP LHJ FUNDING | 93.069 | 333.93.06 | 18101580 | 07/01/18 | 06/30/19 | 0 | 290,027 | 290,027 |
| TOTALS | | | | | | 0 | 290,027 | 290,027 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--|--|--------------------------------------|---|--|--|
| FFY18 EPR PHEP BP1 SUPP LHJ FUNDING | | | | | Reimbursement for actual costs not to exceed total funding consideration amount. |
| 1 | Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) as necessary to advance LHJ preparedness or complete the deliverables in this statement of work. | | Submit summary on the mid-year and end of year progress report. | December 31, 2018 and June 28, 2019 | |
| 2 | Complete reporting templates as requested by DOH to comply with program and federal grant requirements (e.g. performance measures, gap analysis, mid-year and end-of-year reporting templates, etc.) | | Submit completed templates to DOH | Upon request by DOH | |
| 3 | Training & Evaluation: 3.1) Provide training for appropriate staff who serve in the Emergency Operations Center (EOC) | | Submit mid-year and end-of-year progress reports | December 31, 2018 and June 28, 2019 June 28, 2019 | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|--|-----------------------------------|
| | <p>and the Emergency Support Function #8 (ESF#8) role on the Incident Command System, ESF#8 response plans and policies.</p> <p>3.2) Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by local emergency management in the county.</p> <p>3.3) Participate in an evaluation of response capabilities based on a standard evaluation tool created by DOH.</p> | | <p>Provide agenda and sign in sheets of trainings conducted, with attendee signatures and contact information, or registrations if training is not conducted by the LHJ.</p> <p>Document participation in evaluation on midyear and end of year progress report.</p> | <p>June 28, 2019</p> | |
| 4 | <p>Maintain Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES) program as the primary emergency notification system within the LHJ and include all critical LHJ positions as registered users.</p> <p>4.1) Conduct a notification drill using WASECURES.</p> <p>Notes: Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs, as needed, on utilizing WASECURES. LHJs may choose to utilize other notification systems in addition to WASECURES to alert staff during incidents.</p> | | <p>Submit mid-year and end-of-year progress reports</p> <p>Submit list of registered users to include their title and role in the emergency response plan.</p> <p>Submit results of notification drill.</p> | <p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> <p>June 28, 2019</p> | |
| 5 | <p>Update plan to request, receive and dispense medical countermeasures. Plans should include the addresses of all local distribution sites (Hub) identified by the LHJ.</p> <p>Note: Not all LHJs require a distribution site; LHJs may partner with others to create a centralized distribution location.</p> | | <p>Submit mid-year and end-of-year progress reports</p> <p>Submit updated plan to request, receive and dispense medical countermeasures including to DOH.</p> | <p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> | |
| 6 | <p>Provide notification to the DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving utilization of emergency response plans and structures.</p> | | <p>Submit mid-year and end-of-year progress reports</p> <p>Documentation that notification to DOH was provided; or statement that no incident response occurred.</p> | <p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|--|--------------------------------------|---|--|-----------------------------------|
| 7 | Provide LHJ situation reports to DOH during all incidents involving an emergency response by the LHJ. | | Submit mid-year and end-of-year progress reports Submit Situation Reports or statement that no incident response occurred. | December 31, 2018 and June 28, 2019 During all responses | |
| 8 | Submit essential elements of information (EEIs) during incident response upon request by DOH. | | Submit mid-year and end-of-year progress reports Provide information upon request or statement that information was not requested. | December 31, 2018 and June 28, 2019 Upon request by DOH | |
| 9 | Participate in the regional healthcare coalition (HCC) and attend coalition meetings as necessary and as LHJ resources allow. | | Submit mid-year and end-of-year progress reports Provide a summary of participation in coalition activities. | December 31, 2018 and June 28, 2019 June 28, 2019 | |
| 10 | For all LHJs that have identified a Hub for receipt of medical countermeasures from DOH during disasters: <ul style="list-style-type: none"> • Participate in the 2019 T-Rex medication distribution exercise by receiving a shipment of exercise medications from DOH at the designated local Hub. • LHJs are <u>not</u> required to test dispensing, transportation, or redistribution during the T-Rex exercise. | | Submit mid-year and end-of-year progress reports Documentation of participation in the exercise | December 31, 2018 and June 28, 2019 June 28, 2019 | |
| 11 | Conduct and/or participate in one or more exercises or real world incidents testing each of the following: <ul style="list-style-type: none"> • The process for requesting and receiving mutual aid resources • The process for gaining and maintaining situational awareness for, at a minimum: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) | | Submit mid-year and end-of-year progress reports Submit After Action Report (AAR) and Corrective Action Plan for each drill/exercise/incident conducted or participated in. Submit completed situation report(s) and a summary of how reports were disseminated. Submit completed Incident Action Plan(s). | December 31, 2018 and June 28, 2019 June 28, 2019 June 28, 2019 June 28, 2019 | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|--|--------------------------------------|---|---|-----------------------------------|
| | <ul style="list-style-type: none"> ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ EOC or Incident Command System (ICS) activation ○ Development of an Incident Action Plan ○ Meeting the needs of at-risk individuals or populations ○ Priority functions determined by LHJ <p>Note: The functions listed above may be tested in a single exercise or real-world incident or in multiple incidents and/or exercises.</p> | | | | |
| 12 | Develop plans that address the unique needs of individuals requiring special assistance during a response to be incorporated into existing emergency response plans. Develop exercises that include planning for the needs of individuals requiring special assistance. | | <p>Submit mid-year and end-of-year progress reports</p> <p>Plans developed and incorporated in to existing ERP and AAR(s) for Exercises that include planning for individuals requiring special assistance during response.</p> | <p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> | |
| 13 | Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS). | | <p>Submit mid-year and end-of-year progress reports</p> <p>Submit list of facilities and copies of current agreements.</p> | <p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> | |
| 14 | <p>Review and, if needed update, specific vendor lists for logistical support services for ACFs or FMS operations including at a minimum:</p> <ul style="list-style-type: none"> ● Biohazard/Waste Management ● Feeding ● Laundry ● Communications ● Sanitation | | <p>Submit mid-year and end-of-year progress reports</p> <p>Submit, if updated, vendor lists for the support services listed.</p> | <p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> | |
| 15 | Update and maintain public health preparedness training and exercise plan. | | Updated training and exercise plan. | December 31, 2018 | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--|--|--------------------------------------|--|--|-----------------------------------|
| 16 | Participate with DOH in a process to develop and deliver situational awareness training to all LHJs. | | Submit mid-year and end-of-year progress reports | December 31, 2018 and June 28, 2019 | |
| 17 | <p>Maintain county and regional public health emergency answering service and duty officer program.</p> <p>Costs will be pro-rated and shared equally with Kitsap Public Health District Emergency Preparedness, Community Health and Environmental Health programs and Clallam and Jefferson Counties.</p> | | Submit mid-year and end-of-year progress reports | December 31, 2018 and June 28, 2019 | |
| 18 | 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. | | <p>Submit mid-year and end-of-year progress reports</p> <p>Documentation of consultation and grant support provided.</p> | <p>December 31, 2018 and June 28, 2019</p> <p>June 28, 2019</p> | |
| Additional activities as determined by the LHJ: | | | | | |
| 19 | <p>Compile and update population estimates for individuals with functional and access needs for Kitsap, Clallam, and Jefferson Counties.</p> <p>Use population estimates to develop, update, and exercise emergency response plans.</p> | | <p>Submit mid-year and end-of-year progress reports</p> <p>Submit population estimates reports.</p> <p>Submit summary of how population estimates were used to develop, update, and exercise emergency response plans.</p> | <p>December 31, 2018 June 28, 2019</p> <p>June 28, 2019</p> <p>June 28, 2019</p> | |
| 20 | <p>Review various guidance documents and existing research to identify standards and best practices regarding addressing populations with access and functional needs in public health emergency plans and procedures. Write a summary of best practices and recommendations based on this review.</p> <p>Guidance documents include CDC PHEP Capabilities Guidance and "Receiving, Distributing, and Dispensing SMS Assets Version 11."</p> | | <p>Submit mid-year and end-of-year progress reports</p> <p>Submit summary of best practices and recommendations on addressing populations with functional and access needs in emergency response plans.</p> | <p>December 31, 2018 June 28, 2019</p> <p>June 28, 2019</p> | |

***For Information Only:**

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

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

Program Specific Requirements/Narrative

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

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

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

Please reference the Code of Federal Regulations:

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

DOH Program Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2018 through June 30, 2019

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

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

Revision Purpose: The purpose of this revision is to correct the Chart of Accounts Program Name/Title and the Master Index Code.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change None | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|-------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY18 PPHF Ops | 93.268 | 333.93.26 | 74310284 | 07/01/18 | 06/30/19 | 2,500 | -2,500 | 0 |
| FFY17 PPHF Ops | 93.268 | 333.93.26 | 74310274 | 07/01/18 | 06/30/19 | 0 | 2,500 | 2,500 |
| TOTALS | | | | | | 2,500 | 0 | 2,500 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|-------------------------------|--|
| 1 | <p>1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. | | Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System | By the last day of each month | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |

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

***For Information Only:**

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

Program Specific Requirements/Narrative

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Staffing Requirements

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

DOH Contract Manager

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DOH Fiscal Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: July 1, 2018 through June 30, 2019

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.

Revision Purpose: The purpose of this revision is to correct the Chart of Accounts Program Name/Title and the Master Index Code.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change None | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|-------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY18 Increasing Immzs Rates ConCon | 93.268 | 333.93.26 | 74310285 | 07/01/18 | 06/30/19 | 16,134 | -16,134 | 0 |
| FFY17 Increasing Immunization Rates | 93.268 | 333.93.26 | 74310276 | 07/01/18 | 06/30/19 | 0 | 16,134 | 16,134 |
| TOTALS | | | | | | 16,134 | 0 | 16,134 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | 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. The proposal must meet guidelines outlined in the <u>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</u> announcement. | | Written proposal and a report that shows starting immunization rates for the target population | August 1, 2018 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. See Restrictions on Funds below. |
| 2 | 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) | November 30, 2018 March 31, 2019 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. See Restrictions on Funds below |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|---------------------|---|
| 3 | Conduct an evaluation of the interventions implemented. | | Final written report, including a report showing ending immunization rates for the target population (template will be provided) | June 15, 2019 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. See Restrictions on Funds below |

***For Information Only:**

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

Program Specific Requirements/Narrative

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

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

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

Other

Deliverables may be sent electronically via email to oicontracts@doh.wa.gov, by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

DOH Program Contact

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DOH Fiscal Contact

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Office of Immunization and Child Profile
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: July 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to define required Vaccines for Children (VFC) activities for regional representatives and identify funding for the period July 1, 2018 through June 30, 2019.

Revision Purpose: The purpose of this revision is to correct the Chart of Accounts Program Name/Title and the Master Index Code.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY18 AFIX | 93.268 | 333.93.26 | 74310282 | 07/01/18 | 06/30/19 | 27,563 | -27,563 | 0 |
| FFY17 AFIX | 93.268 | 333.93.26 | 74310272 | 07/01/18 | 06/30/19 | 0 | 27,563 | 27,563 |
| TOTALS | | | | | | 27,563 | 0 | 27,563 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--|---|--------------------------------------|---|--|--|
| Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control and Prevention (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program. | | | | | |
| 1 | Enroll new health care providers into the Washington Childhood Vaccine Program. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment | | Provider Enrollment Agreement with original signature – DOH 348-002 (NOTE: A photocopy will not be accepted.) | Within ten (10) days after the date of the provider enrollment visit | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 2 | Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Washington State Childhood Program. | | Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Washington State Childhood Vaccine Program. | Within ten (10) days of provider dis-enrollment | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|---|-----------------------------------|
| 3 | <p>Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p> | | <p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions including date and action taken in PEAR.</p> | <p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p> | |
| 4 | <p>Conduct Compliance Site Visits at every enrolled health care provider site within the assigned region who has not received a Compliance Site Visit within the past 24 months</p> <p>Site visits should address all requirements outlined in the Provider Agreement, the CDC Vaccines for Children Operations Guide, and messages from the Childhood Vaccine Program.</p> <p>Complete Compliance Site 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 Site Visit follow-up action must be appropriately entered into PEAR.</p> | | <p>a) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions including date and action taken in PEAR.</p> | <p>a) 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.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p> | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|---|---|-----------------------------------|
| 5 | <p>Conduct AFIX (Assessment, Feedback, Incentive, and Exchange) visits at 25% of enrolled health care providers within the assigned region. Visits can be conducted in-person or by webinar.</p> <p>Conduct AFIX follow-up actions with all provider sites receiving an AFIX visit. Follow-up actions can be conducted in-person, by telephone, or by webinar. All AFIX follow-up must be completed six (6) months after the feedback visit.</p> <p>Continue following up with provider sites until they fully implement their selected quality improvement activities.</p> | | Enter all visit details into the AFIX Online Tool for each visit conducted. | Within five (5) business days of visit. | |

***For Information Only:**

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

Program Specific Requirements/Narrative

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC and AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new LHJ site visit reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every other year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

VFC Operations Guide - A copy will be provided by the Office of Immunization and Child Profile. (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

Staffing Requirements

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

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

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

DOH Program Contact

Tawney Harper, MPA
Budget and Operations Manager
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
tawney.harper@doh.wa.gov, 360-236-3525

Deliverables may be sent electronically via email at oiqpcontracts@doh.wa.gov,
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

DOH Fiscal Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

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

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 (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidance system.

Revision Purpose: The purpose of this revision is to add FFY18 CSS IAR SNAP ED funding to complete approved FFY18 activities and shorten the Period of Performance from 09/30/20 to 09/30/18.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY18 CSS IAR SNAP ED PROG MGNT | 10.561 | 333.10.56 | 76211981 | 01/01/18 | 09/30/18 | 61,131 | 8,150 | 69,281 |
| FFY17 CSS IAR SNAP ED PROG MGNT CF | 10.561 | 333.10.56 | 76211971 | 01/01/18 | 09/30/18 | 6,917 | 0 | 6,917 |
| TOTALS | | | | | | 68,048 | 8,150 | 76,198 |

| Statement of Work October 1, 2017 – September 30, 2018 | | | | | |
|---|--|--------------------------------------|---|--|--|
| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
| 1.0 | For SNAP-Ed, the LHJ will perform work as described in LHJ's approved FFY18 SNAP-Ed project description and work plans approved by Department of Health (DOH), Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email. | | <ul style="list-style-type: none"> Project qualified target audiences reached. Project activities completed (# direct education, PSE, etc.) noted in project plans and workbook. Required demographic data collected. Evaluation activities completed per the state | For the Period: 01/01/18-09/30/ 2018 Due: per the approved work plan and no later than 09/30/ 2018 . | Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$68,048 \$76,198 . Kitsap Public Health District will be paid the allowable costs incurred based |

| Statement of Work October 1, 2017 – September 30, 2018 | | | | | |
|---|--|--------------------------------------|--|---|--|
| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
| | | | evaluation team (pre and post surveys, PSE tracking, success stories etc.). | | on their approved budget and program allowability. See special billing requirements section. **NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing. |
| 2.0 | <p>Quarterly Progress Reports The following data is to be collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> 1. Project major achievements 2. Project major challenges 3. If projects are running on time with original timeline? If not, why, and how will LHJ correct the timeline? 4. Any policy, system, and environmental (PSE) progress 5. Any success stories to date | | Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system. | <p>Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> • 2nd quarter report for the work completed during 01/01/18 to 03/31/18. Final Due: COB 04/06/18. • 3rd quarter report for the work completed during 04/01/18 to 06/30/18. Final Due: COB 07/06/18. • Final report for all work not already reported. Final Due: COB 09/21/18. | See payment information as referenced in task number 1.0. |

| Statement of Work October 1, 2017 – September 30, 2018 | | | | | |
|---|---|--------------------------------------|--|---|--|
| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
| 2.1 | <p>Education and Administrative Reporting System (EARS) Data and Reports The following EARS data is required for each project and in order to count clients toward unduplicated direct reach. Required entry for the PEARS Database includes but is not limited to:</p> <ul style="list-style-type: none"> • Unduplicated number of clients served per project. • # unduplicated clients served per project based on the following: <ul style="list-style-type: none"> ○ Race/ethnicity ○ Gender ○ Age • % SNAP eligible per site • Setting type – school, church, etc. • Top Key Messages delivered per project <p>LHJs are required to submit data electronically or within the template provided by DOH.</p> | | <p>Submit EARS data for all project(s).</p> <p>LHJs are required to collect and submit EARS data electronically or within a template provided by DOH.</p> <p>This must be done in real time. Real time = As you provide services and no later than one week after data is collected.</p> | <p>Data should be collected in real time and submitted to the state office by the following dates:</p> <ul style="list-style-type: none"> • EARS data collected 01/01/18 to 09/13/18. <p>Due: In real time and no later than one week after services are provided.</p> | <p>See payment information as referenced in task number 1.0.</p> |
| 2.2 | <p>Evaluation Data and Reports The following evaluation activities* and information is required for all projects based on your approved project/plan</p> <ul style="list-style-type: none"> • Formative • Process • PSE • Outcome • Qualitative <p>*Please Note: the deliverables may change based on state evaluation team requirements.</p> | | <ol style="list-style-type: none"> 1. Collect and report any formative and process data completed based on approved project plan. 2. Submit PSE progress and outcomes based on approved project plan. 3. Conduct and submit/mail pretest surveys for each project class series. | <p>1. Due: Submit within Quarterly reporting listed above in task 2.0.</p> <p>2. Due: quarterly</p> <ul style="list-style-type: none"> • 2nd quarter due by 04/06/18 • 3rd quarter due by 07/06/18 • Final report for all other work due 09/21/18. <p>3. Due: Within 30 days after completed. Submit all pretests surveys/data when</p> | <p>See payment information as referenced in task number 1.0.</p> |

| Statement of Work October 1, 2017 – September 30, 2018 | | | | | |
|---|---|--------------------------------------|--|---|---|
| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
| | | | 4. Conduct and submit/mail posttest surveys for each project class series. 5. Capture and submit qualitative (success stories, pictures) information per your approved work plan. | they are completed for a specific project. 4. Due: Within 30 days after completed. Submit all posttest surveys/data when they are completed for a specific project. 5. Due: Submit within Quarterly reporting listed above in task 2.0 along with photo releases. | |
| 3.0 | Civil Rights Training All staff must be trained each fiscal year in civil rights. | | Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include: <ul style="list-style-type: none"> • Training and source • Who attended • Date completed | Due: 12/31/18 | See payment information as referenced in task number 1.0. |
| 3.1 | Other Agency Training The following trainings are required for <u>all agencies</u> : <ul style="list-style-type: none"> • Fiscal – fiscal lead and coordinator • Data collection and reporting – coordinator and program staff who are reporting data *It is required that all staff making any SNAP-Ed purchases or reporting data be trained. | | Fiscal and Data reporting training completed. | Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years. If the data collection system changes in FFY18 every staff member entering data into the electronic system will be required to take training on the new system. | See payment information as referenced in task number 1.0. |
| 4.0 | SNAP-Ed Inventory List Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly. | | SNAP-Ed inventory list. | Due: Yearly, at the time of a fiscal monitoring and/or site visit. | See payment information as referenced in task number 1.0. |

| Statement of Work October 1, 2017 – September 30, 2018 | | | | | |
|---|---|---|--|---|---|
| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
| 5.0 | SNAP-Ed A19 Invoices Use the A19-1A specific to SNAP-Ed program. This document was sent to all LHJ's prior to October 2017. | | Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program before approval of payment. Documentation of all costs incurred shall be accompanied by an agency financial system report. If LHJ does not have a financial reporting system, LHJ must check with the DOH SNAP-Ed program for further guidance. | Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...) Final invoice is due 10/30/18 | See payment information as referenced in task number 1.0. |

***For Information Only:**

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

Program Specific Requirements/Narrative

Special Requirements:

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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.

Travel

The LHJ 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>

Curriculum Requirements

Agencies are expected to communicate with, respond to, and comply with all state curriculum team requests, sites visits, approved curriculum list, and curriculum fidelity findings.

Program Manual, Handbook, Policy References:

Records - Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2

SNAP-Ed regulations require that all records be retained for six years from fiscal closure. This requirement applies to fiscal records, reports and client information. Supporting documentation may be kept at the sub-grantee level, but shall be available for review for six years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP.

Staffing Requirements:

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

Annual Civil Rights Training Requirement (see FNS 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. The local governmental agency, Indian Tribal Organization or non-Governmental Agency are responsible for training their subrecipients, 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."

Restrictions on Funds:

Amendments

Agencies must submit a request to DOH to amend a project plan and/or budget for prior approval whenever they wish to change the USDA-approved scope of activities and/or budget. All requests for amendments must be submitted no later than April 1, 2018.

***Please Note:**

- No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA.
- Any requests submitted after April 1, 2018 will NOT be approved.

Overtime

Overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed and preapproved by the state DOH SNAP-Ed program in advance and was approved in writing.

Budget Revisions

All changes to the budget must be pre-approved in writing by DOH SNAP-Ed.

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 LHJ within seven working days upon notice by the funding source of funding availability.

Indirect Rate

All indirect rates must be submitted and preapproved by DOH and the DOH SNAP-Ed program. The LHJ is responsible for ensuring that indirect costs included in the LHJ's SNAP-Ed plan are supported by an indirect cost agreement and/or cost allocation plan approved by the appropriate agency. The LHJ cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

Monitoring Visits (frequency, type):

Audits

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

Monitoring expectations

The LHJ's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing nutrition education activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

SNAP-Ed Assurances:

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

- The LHJ is fiscally responsible for nutrition education activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Efforts are made to target SNAP-Ed to the SNAP-Ed target audience.
- 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 circulars 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 or printed 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.

Special Billing Requirements:

1. All invoices, billing and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the FFY18 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.
 - a. Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher
 - b. A SNAP-Ed specific A19-1A must be submitted to the agency's designated DOH SNAP-Ed contract manager within 30 days of the last day of the month for which the work is being billed, OR
 - c. An agency may request pre-approval to bill every two months instead, in which case, that agency is required to adhere to the billing due dates listed in Task 5 (see above)
3. NOTE: In FFY18 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a LHJ is unable to submit the SNAP-Ed A-19-1A on the due date, the LHJ is required to submit a request for an exception to the DOH no later than seven 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.
 - a. At the very least this means a copy of an agency's financial expanded/detailed general ledger level report.
 - b. Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
5. PLEASE NOTE: If an agency is a new SNAP-Ed LHJ or has had a fiscal finding, or does not submit adequate and/or accurate backup documentation within the last year, all SNAP-Ed backup documentation must be submitted with each bill and this requirement will continue until further notice by DOH SNAP-Ed program.

| BUDGET | |
|---------------------------------|------------------------------|
| FFY18 CSS IAR SNAP ED PROG MGNT | |
| Source | Amount |
| USDA | \$68,048 \$76,198 |

~~**DOH Program Contact**~~

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DOH Program Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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 |
|---|--|---|

Period of Performance: October 1, 2018 through September 30, 2020

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 (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidance system.

Revision Purpose: N/A

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY18 CSS IAR SNAP ED PROG MGNT CF | 10.561 | 330.10.56 | 76211993 | 10/01/18 | 09/30/19 | 0 | 13,833 | 13,833 |
| FFY19 CSS IAR SNAP ED PROG MGNT | 10.561 | 330.10.56 | 76211991 | 10/01/18 | 09/30/19 | 0 | 69,167 | 69,167 |
| TOTALS | | | | | | 0 | 83,000 | 83,000 |

| Task # | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | FFY19 Due Date/Time Frame | FFY20 Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|--------------------------------------|--|---|---|---|
| 1.0 | For SNAP-Ed, the LHJ will perform work as described in their approved: <ul style="list-style-type: none"> FFY19 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email. | | <ul style="list-style-type: none"> Project qualified target audiences reached Project activities completed (# direct education, PSE, Etc.) noted in project plans and workbooks. Required demographic data collected. Evaluation activities completed per the implementing agency and state evaluation team (pre and post surveys, PSE | <p><u>For the Period:</u> 10/01/18 to 09/30/19</p> <p>Due: per the approved work plan and no later than 09/30/19</p> | <p><u>For the Period:</u> 10/01/19 to 09/30/20</p> <p>Due: per the approved work plan and no later than 09/30/20</p> | <p>Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$83,000.</p> <p>Kitsap Public Health District will be paid the allowable costs incurred based on their approved budget and program allowability. See special billing requirements section.</p> |

| Task # | Task/Activity/Description | *May Support PHAB Standards/ Measures | Deliverables/Outcomes | FFY19 Due Date/Time Frame | FFY20 Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|---------------------------------------|--|---|---|--|
| | <ul style="list-style-type: none"> FFY 20 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email. | | tracking, success stories etc.). | | | <p>**NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.</p> |
| 2.0 | <p>Quarterly Progress Reports The following data is collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> Project major achievements. Project major challenges. If projects are running on time with original timeline? If not why, and how will you correct the timeline? Any PSE progress. Any success stories to date. | | Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system. | <p>FFY19 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/18 to 12/31/18. Final Due: COB 01/10/19 2nd quarter report for the work completed during 01/01/19 to 03/31/19. Final Due: COB 04/11/19 3rd quarter report for the work completed during 04/01/19 to 06/30/19. Final Due: COB 07/11/19 Final report for all work not already reported. Final Due: COB 09/21/19 | <p>FFY20 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/19 to 12/31/19. Final Due: COB 01/10/20 2nd quarter report for the work completed during 01/01/20 to 03/31/20. Final Due: COB 04/11/20 3rd quarter report for the work completed during 04/01/20 to 06/30/20. Final Due: COB 07/11/20 Final report for all work not already reported. Final Due: COB 09/21/20 | See payment information as referenced in task number 1.0 |

| Task # | Task/Activity/Description | *May Support PHAB Standards/ Measures | Deliverables/Outcomes | FFY19 Due Date/Time Frame | FFY20 Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|---------------------------------------|--|---|---|---|
| 2.1 | <p>Education and Administrative Reporting System (EARS) Data and Reports</p> <p>EARS data is required for each project and in order to count clients toward unduplicated direct reach. Required entry for the PEARS database includes, but is not limited to:</p> <ul style="list-style-type: none"> • Unduplicated number of clients served per project. • # unduplicated clients served per project based on the following: <ul style="list-style-type: none"> ○ Race/ethnicity ○ Gender ○ Age • % SNAP eligible per site • Setting type – school, church etc. • Top key messages delivered per project. • # partners • Partnership sectors <p>This information is collected through the following modules in PEARS: Program Activity (direct education), Indirect Activity (indirect intervention channels), PSE, and Partnerships.</p> | | <p>Submit EARS data for all project(s).</p> <p>LHJs are required to collect and submit EARS data electronically or within a template provided by DOH.</p> <p>Direct education and completed activities should be reported in real time. Real time = As you provide services and no later than one week after data is collected.</p> <p>PSE and partnerships (new or updates) may be reported quarterly.</p> | <p>FFY19 data should be collected in real time and submitted to the state office by the following dates:</p> <ul style="list-style-type: none"> • EARS data collected 10/01/18 to 09/13/19. Due: In real time and no later than one (1) week after services are provided. | <p>FFY20 data should be collected in real time and submitted to the state office by the following dates:</p> <ul style="list-style-type: none"> • EARS data collected 10/01/19 to 09/13/20. Due: In real time and no later than one (1) week after services are provided. | <p>See payment information as referenced in task number 1.0</p> |
| 2.2 | <p>Evaluation Data and Reports</p> <p>The following evaluation activities and information is required for all projects based on your approved project/plan</p> <ul style="list-style-type: none"> • Formative • Process • PSE • Outcome | | <p>6. Collect and report any formative and process data completed based on approved project plan.</p> <p>7. Submit PSE progress and outcomes based on approved project plan.</p> | <p>1-4. Due: At minimum quarterly.</p> <ul style="list-style-type: none"> • 1st quarter report due by 01/10/19 • 2nd quarter due by 04/11/19 • 3rd quarter due by 07/11/19 | <p>1-4. Due: At minimum quarterly.</p> <ul style="list-style-type: none"> • 1st quarter report due by 01/10/20 • 2nd quarter due by 04/11/20 • 3rd quarter due by 07/11/20 | <p>See payment information as referenced in task number 1.0</p> |

| Task # | Task/Activity/Description | *May Support PHAB Standards/ Measures | Deliverables/Outcomes | FFY19 Due Date/Time Frame | FFY20 Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|---------------------------------------|--|---|---|--|
| | <ul style="list-style-type: none"> Qualitative <p>Please Note: the deliverables may change based on state evaluation team requirements.</p> | | <ol style="list-style-type: none"> Capture and submit qualitative (success stories, pictures, etc.) information in PEARS per your approved work plan. Submit a required release for all photos submitted. Conduct and submit/mail pretest surveys for each project class series. Conduct and submit/mail posttest surveys for each project class series. | <ul style="list-style-type: none"> Final report for all other work due 09/21/19 <p>5-6. Due: Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted no later than November 30 and so on...).</p> | <ul style="list-style-type: none"> Final report for all other work due 09/21/20 <p>5-6. Due: Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted no later than November 30 and so on...).</p> | |
| 3.0 | <p>Civil Rights All staff must be trained each fiscal year in civil rights.</p> <p>*See special requirements section- civil rights</p> | | <p>Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include:</p> <ul style="list-style-type: none"> Training and source Who attended Date completed | Due: 12/31/19 | Due: 12/31/20 | See payment information as referenced in task number 1.0 |
| 3.1 | <p>Other Agency Training The following trainings are required for <u>all agencies</u>:</p> <ul style="list-style-type: none"> Fiscal – fiscal lead, coordinator, and any staff who will purchase items for the SNAP-Ed program. Data collection and reporting – coordinator and program staff who are reporting data. | | Fiscal and Data reporting training completed. | <p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years.</p> <p>If the data collection system changes in FFY19 every staff member entering data into the electronic system will be required to take training on new expectations or system changes.</p> | <p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years.</p> <p>If the data collection system changes in FFY20 every staff member entering data into the electronic system will be required to take training on any new expectations or system changes.</p> | See payment information as referenced in task number 1.0 |

| Task # | Task/Activity/Description | *May Support PHAB Standards/ Measures | Deliverables/Outcomes | FFY19 Due Date/Time Frame | FFY20 Due Date/Time Frame | Payment Information and/or Amount |
|--------|--|---------------------------------------|---|---|---|--|
| 4.0 | <p>SNAP-Ed Inventory List Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly.</p> <p>*See special requirements section-monitoring.</p> | | SNAP-Ed inventory list | <p>Due: Yearly, at the time of a fiscal monitoring and/or site visit. It can also be requested when deemed necessary.</p> | <p>Due: Yearly, at the time of a fiscal monitoring and/or site visit. It can also be requested when deemed necessary.</p> | See payment information as referenced in task number 1.0 |
| 5.0 | <p>SNAP-Ed A19 Invoices Use the A19-1A specific to the DOH SNAP-Ed program. This document will be sent to all LHJs prior to October 16th based on the current fiscal year.</p> | | <p>Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program before approval of payment.</p> <p>Documentation of all costs incurred shall be accompanied by an agency financial system report. If your agency does not have a financial reporting system you must check with the SNAP-Ed program for further guidance.</p> | <p>Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...).</p> <p>Final invoice is due October 30, 2019</p> <p>Or</p> <p>*If pre-approved in writing by contract manager, LHJ can submit invoices every two (2) months. Invoices must be received by DOH no later than dates listed below:</p> <ul style="list-style-type: none"> ○ Oct and Nov due: 12/29/18 ○ Dec and Jan due: 02/28/19 ○ Feb and Mar due: 04/30/19 ○ Apr and May due: 06/29/19 ○ Jun and Jul | <p>Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...).</p> <p>Final invoice is due October 30, 2020</p> <p>Or</p> <p>*If pre-approved in writing by contract manager, LHJ can submit invoices every two (2) months. Invoices must be received by DOH no later than dates listed below:</p> <ul style="list-style-type: none"> ○ Oct and Nov due: 12/29/19 ○ Dec and Jan due: 02/28/20 ○ Feb and Mar due: 04/30/20 ○ Apr and May due: 06/29/20 ○ Jun and Jul | See payment information as referenced in task number 1.0 |

| Task # | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | FFY19 Due Date/Time Frame | FFY20 Due Date/Time Frame | Payment Information and/or Amount |
|--------|---------------------------|--------------------------------------|-----------------------|--|--|-----------------------------------|
| | | | | due: 08/31/19 o Aug and Sept due: 10/30/19 | due: 08/31/20 o Aug and Sept due: 10/30/20 | |

***For Information Only:**

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

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

Information about the contractor 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**

Staff Requirements

Upon request by DOH, contractor 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.

SNAP-Ed Assurances: The following assurances must be followed (see program Guidance

<https://snaped.fns.usda.gov/national-snap-ed/snap-ed-plan-guidance-and-templates>)

- The LHJ is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Efforts are made to target SNAP-Ed to the SNAP-Ed target audience.
- 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.

Audits

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

Monitoring Expectations

The LHJ's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing program activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

Curriculum Requirements

Agencies are expected to communicate with, respond to, and comply with all state curriculum team requests, sites visits, approved curriculum list, training and curriculum fidelity findings.

Any curriculum modifications should be developed and executed based on the most current curriculum modification guidance. Local Agencies must consult their DOH contract manager as directed. <https://s3.wp.wsu.edu/uploads/sites/2090/2017/01/Guidance-for-Curriculum-Modification-FY2018-Modified-10.9.17-PDF.pdf>

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 LHJ is responsible for ensuring that indirect costs included in the LHJ's SNAP-Ed plan are supported by an indirect rate and/or cost allocation plan approved by the appropriate agency. The LHJ cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

Annual Civil Rights Training Requirement (see FNS 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 subrecipients, 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 - Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2

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

Travel

The LHJ 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>

Amendments

Agencies should check with the DOH contract manager to know what kinds of changes they can make on their own and what changes require an amendment and pre-approval in writing. Agencies must submit a written amendment request to DOH, and receive written pre-approval from DOH, prior to making/implementing any changes within their project or budget. Any requests needing FNS approval must be submitted to DOH no later than April 1st of each fiscal year. If agencies are making smaller changes that do not require FNS approval, DOH can review those and make approvals on a case by case basis. All of these non FNS amendments 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 and preapproved by the state DOH SNAP-Ed program in advance and was 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 LHJ within seven (7) 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 agency’s designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
 - An agency may request pre-approval to bill every two (2) months instead, in which case, that agency is required to adhere to the billing due dates listed in Task 5 (see above)

3. In FFY19 and FFY20 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason the LHJ is unable to submit the SNAP-Ed A19-1A on the due date, the LHJ is required to submit a request for an exception to the DOH no later than seven (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 an agency’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 an agency 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 SNAP-Ed program.
 - All new SNAP-Ed contractors within their 1st fiscal year.
 - Contractors with current fiscal findings.
 - Contractors who have not submitted adequate or accurate backup documentation within the last year.

| BUDGET | |
|---------------|---------------|
| Source | Amount |
| USDA | \$83,000 |

DOH Program Contact

Megan Harlan, SNAP-Ed Contract Manager
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DOH Fiscal Contact

Kim Henderson, Fiscal Analyst
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: January 1, 2018 through September 30, 2019

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

Revision Purpose: The purpose of this revision is to add the FFY18 PHBG Tobacco PPHF funding for the period 10/01/18 to 09/30/19, extend the period of performance from June 30, 2019 to September 30, 2019, and revise deliverable due dates.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| Youth Tobacco Vapor Products | N/A | 334.04.93 | 77410880 | 01/01/18 | 06/30/18 | 21,144 | 0 | 21,144 |
| FFY17 PHBG Tobacco PPHF | 93.758 | 333.93.75 | 77410272 | 01/01/18 | 09/29/18 | 29,034 | 0 | 29,034 |
| FFY18 Tobacco Prevention | 93.305 | 333.93.30 | 77410270 | 03/29/18 | 03/28/19 | 11,012 | 0 | 11,012 |
| Youth Tobacco Vapor Products | N/A | 334.04.93 | 77410880 | 07/01/18 | 06/30/19 | 25,544 | 0 | 25,544 |
| SFY19 Marijauna Tobacco Edu | N/A | 334.04.93 | 77420890 | 07/01/18 | 06/30/19 | 7,501 | 0 | 7,501 |
| FFY18 PHBG Tobacco PPHF | 93.758 | 333.93.75 | 77410282 | 10/01/18 | 09/30/19 | 0 | 40,000 | 40,000 |
| TOTALS | | | | | | 94,235 | 40,000 | 134,235 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|--|---|
| 1 | <p>Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions</p> <ol style="list-style-type: none"> Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. Conduct outreach and provide technical assistance to local agencies and organizations that are interested in adopting voluntary smoke-free and vape-free campus and/or organizational policies. | | Monthly reports must be submitted to DOH on the 15 th of every month. | June 30, 2019 September 30, 2019 | Reimbursement for actual expenditures, not to exceed total funding consideration. |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|--|---|
| 2 | <p>Reduce Tobacco-Related Disparities In collaboration with priority population partners, educate stakeholders, community leaders, and decision-makers about tobacco-related disparities, evidence-based and promising interventions needed to address health equity, and local level policies and programs that can be designed to eliminate disparities.</p> | | Monthly reports must be submitted to DOH on the 15 th of every month. | June 30, 2019 September 30, 2019 | Reimbursement for actual expenditures, not to exceed total funding consideration |
| 3 | <p>Promote and Support Tobacco Cessation</p> <ol style="list-style-type: none"> 1. Share information about cessation resources, including the WA State Quitline and smartphone application as alternative or complementary interventions, with payers and providers. 2. In collaboration with the DOH Tobacco and Vapor Product Prevention and Control Program (TVPPCP), implement outreach and educational activities to increase the number of clinics and hospitals with tobacco dependence treatment embedded in the workflow/EHR, as well as the number of providers billing for cessation services and referring patients to the WA State Quitline and smartphone application. 3. In collaboration with TVPPCP, incorporate 2018-2019 Centers for Disease Control and Prevention (CDC) TIPS campaign materials into agency social media content, and report communications and media efforts in a template provided by the TVPPCP as part of the monthly reporting requirement. | | Monthly reports must be submitted to DOH on the 15 th of every month. | June 30, 2019 September 30, 2019 | Reimbursement for actual expenditures, not to exceed total funding consideration. |
| 4 | <p>Prevent Initiation Among Youth and Young Adults Educate and inform decision-makers, and stakeholders about evidence-based policies, systems and environmental changes to prevent the initiation of tobacco and vapor product use among youth and young adults.</p> | | Monthly reports must be submitted to DOH on the 15 th of every month. | June 30, 2019 September 30, 2019 | Reimbursement for actual expenditures, not to exceed total funding consideration. |
| 5 | <p>Decision-Maker Outreach and Education Educate decision-makers and stakeholders on the value of a comprehensive tobacco and vapor product prevention program and best practices.</p> | | Monthly reports must be submitted to DOH on the 15 th of every month. | June 30, 2019 September 30, 2019 | Reimbursement for actual expenditures, not to exceed total funding consideration. |
| 6 | <p>Health Communications Plan and implement one or more of the following interventions to prevent youth initiation and support cessation, as resources permit:</p> <ol style="list-style-type: none"> a) Paid television, radio, out-of-home (e.g., billboards, transit), print, and digital advertising at the state and local levels. | | Monthly reports must be submitted to DOH on the 15 th of every month. | June 30, 2019 September 30, 2019 | Reimbursement for actual expenditures, not to exceed total funding consideration. |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|--|---|
| 8 | <p>Planning and Coordination Revise and update 2017-2018 implementation plan using a template provided by TVPPCP, involving representatives from all counties within the respective ACH region. The 2018-2019 implementation plan will include the following strategies/activities:</p> <ol style="list-style-type: none"> 1. Provide technical assistance (TA) to schools and colleges/universities to implement or strengthen tobacco-free and vape-free campus policies. 2. Educate stakeholders and community leaders about the impact of flavors and menthol on tobacco-related disparities and youth initiation. 3. Communicate with multi-unit trade organizations, landlords and the public on smoke-free and/or vape-free policies. Plan and implement one or more of the following interventions, as resources permit: <ol style="list-style-type: none"> i. Provide technical assistance to multi-unit housing trade organizations and landlords interested in adopting voluntary smoke-free and/or vape-free policies. ii. Respond to and provide referrals to residents of multi-unit housing concerned about the implementation or enforcement of smoke-free and/or vape-free policies. iii. Provide technical assistance to public housing authorities and residents in the implementation and enforcement of required smoke-free policies per Housing and Urban Development (HUD)'s Smoke-Free Public Housing Rule. | | Monthly reports must be submitted to DOH on the 15 th of every month. | June 30, 2019 September 30, 2019 | Reimbursement for actual expenditures, not to exceed total funding consideration. |

***For Information Only:**

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

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

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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 Manual, Handbook, Policy References

Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, Budget Workbook

Federal Funding Restrictions and Limitations:

- Awardees may not use federal funds for lobbying.
- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may not use funds to supplant existing state funding or to supplant funds from federal or state sources.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and sources.
- Awardees are the direct and primary recipients in a cooperative agreement program and must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees are generally not allowed to use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Awardees may not be reimbursed for pre-award costs.
- Awardees may only use funds for evidence-based tobacco control interventions, strategies, and activities.
- Awardees may not use funds to provide direct cessation services or other direct services other than those through evidence-based quit line services.
- Awardees may not use funds to purchase nicotine replacement therapy or other products used for cessation.
- Awardees may not use funds to purchase K-12 school curricula.

Special References (RCWs, WACs, etc)

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

Monitoring Visits

Monthly telephone calls with DOH contract manager.

Special Billing Requirements

DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19-1A invoice voucher form (A19) and required deliverables, to be submitted by the LHJ within 30 days following the month in which costs were incurred. The A19 must be provided to DOH by the 30th of each month in order to receive reimbursement for the previous month. If DOH does not receive the A19 form by the 30th of the month with the required deliverables, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal of both the A19 form and required deliverables.

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19 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.

Quarterly billing and submission of deliverables may be allowed upon written request from the LHJ and written approval from the DOH Contract Manager.

General Funds State unexpended in each fiscal year may not be carried forward into the new budget period.

Special Instructions

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020

DOH Program Contact

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Youth Tobacco and Vapor Product Prevention Consultant
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Kitsap Public Health District

**EXHIBIT B-4
ALLOCATIONS**
Contract Term: 2018-2020

Contract Number: **CLH18248**
Date: **July 16, 2018**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|--|--------------------------------|--------------|---------------|---------------------|----------------------------------|----------|---|----------|------------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| FFY19 CSS USDA FINI Prog Mgnt | 20157001823357 | N/A | 10.331 | 333.10.33 | 10/01/18 | 09/30/19 | 10/01/18 | 09/30/19 | \$89,063 | \$89,063 | \$234,905 |
| FFY18 CSS USDA FINI Prog Mgnt | 20157001823357 | Amd 2 | 10.331 | 333.10.33 | 01/01/18 | 09/30/18 | 10/01/17 | 09/30/18 | \$55,060 | \$145,842 | |
| FFY18 CSS USDA FINI Prog Mgnt | 20157001823357 | N/A | 10.331 | 333.10.33 | 01/01/18 | 09/30/18 | 10/01/17 | 09/30/18 | \$90,782 | | |
| FFY19 CSS IAR SNAP Ed Program Mgnt | NGA Not Received | Amd 4 | 10.561 | 333.10.56 | 10/01/18 | 09/30/19 | 10/01/18 | 09/30/19 | \$69,167 | \$69,167 | \$159,198 |
| FFY18 CSS IAR SNAP Ed Program Mgnt CF | NGA Not Received | Amd 4 | 10.561 | 333.10.56 | 10/01/18 | 09/30/19 | 10/01/18 | 09/30/19 | \$13,833 | \$13,833 | |
| FFY18 CSS IAR SNAP Ed Program Mgnt | 187WAWA5Q3903 | Amd 4 | 10.561 | 333.10.56 | 01/01/18 | 09/30/18 | 10/01/17 | 09/30/18 | \$8,150 | \$69,281 | |
| FFY18 CSS IAR SNAP Ed Program Mgnt | 187WAWA5Q3903 | Amd 2 | 10.561 | 333.10.56 | 01/01/18 | 09/30/18 | 10/01/17 | 09/30/18 | \$26,548 | | |
| FFY18 CSS IAR SNAP Ed Program Mgnt | 187WAWA5Q3903 | N/A | 10.561 | 333.10.56 | 01/01/18 | 09/30/18 | 10/01/17 | 09/30/18 | \$34,583 | | |
| FFY17 CSS IAR SNAP Ed Program Mgnt CF | 1717WAWA5Q390 | N/A | 10.561 | 333.10.56 | 01/01/18 | 09/30/18 | 10/01/17 | 09/30/18 | \$6,917 | \$6,917 | |
| PS SSI 1-5 BEACH Task 4 | 01J18001 | Amd 1 | 66.123 | 333.66.12 | 03/01/18 | 10/31/18 | 07/01/17 | 06/30/19 | \$5,800 | \$5,800 | \$5,800 |
| PS SSI 1-5 PIC Task 4 | 01J18001 | Amd 2 | 66.123 | 333.66.12 | 01/01/18 | 03/31/19 | 07/01/17 | 06/30/19 | (\$50,000) | \$28,805 | \$28,805 |
| PS SSI 1-5 PIC Task 4 | 01J18001 | N/A | 66.123 | 333.66.12 | 01/01/18 | 03/31/19 | 07/01/17 | 06/30/19 | \$78,805 | | |
| FFY18 Swimming Beach Act Grant IAR (ECY) | 00J75501 | Amd 1 | 66.472 | 333.66.47 | 03/01/18 | 10/31/18 | 12/15/17 | 12/14/18 | \$14,000 | \$14,000 | \$14,000 |
| FFY17 EPR PHEP BP1 LHJ Funding | NU90TP921889-01 | Amd 2 | 93.069 | 333.93.06 | 01/01/18 | 06/30/18 | 07/01/17 | 07/02/18 | \$44,006 | \$163,223 | \$163,223 |
| FFY17 EPR PHEP BP1 LHJ Funding | NU90TP921889-01 | N/A | 93.069 | 333.93.06 | 01/01/18 | 06/30/18 | 07/01/17 | 07/02/18 | \$119,217 | | |
| FFY18 EPR PHEP BP1 Supp LHJ Funding | NU90TP921889-01 | Amd 4 | 93.069 | 333.93.06 | 07/01/18 | 06/30/19 | 07/01/18 | 06/30/19 | \$290,027 | \$290,027 | \$290,027 |
| FFY17 317 Ops | 5NH23IP000762-05-00 | N/A | 93.268 | 333.93.26 | 01/01/18 | 06/30/18 | 04/01/17 | 06/30/18 | \$4,837 | \$4,837 | \$4,837 |
| FFY17 AFIX | 5NH23IP000762-05-00 | Amd 2, 4 | 93.268 | 333.93.26 | 07/01/18 | 06/30/19 | 04/01/17 | 06/30/19 | \$27,563 | \$27,563 | \$41,821 |
| FFY17 AFIX | 5NH23IP000762-05-00 | N/A | 93.268 | 333.93.26 | 01/01/18 | 06/30/18 | 04/01/17 | 06/30/18 | \$14,258 | \$14,258 | |
| FFY17 Increasing Immunization Rates | NGA Not Received | Amd 3, 4 | 93.268 | 333.93.26 | 07/01/18 | 06/30/19 | 07/01/18 | 06/30/19 | \$16,134 | \$16,134 | \$16,134 |
| FFY17 PPHF Ops | NGA Not Received | Amd 3, 4 | 93.268 | 333.93.26 | 07/01/18 | 06/30/19 | 04/01/18 | 06/30/19 | \$2,500 | \$2,500 | \$2,500 |
| FFY17 VFC Ops | 5NH23IP000762-05-00 | N/A | 93.268 | 333.93.26 | 01/01/18 | 06/30/18 | 04/01/17 | 06/30/18 | \$7,054 | \$7,054 | \$7,054 |
| FFY18 Tobacco Prevention | U58DP006004 | Amd 2 | 93.305 | 333.93.30 | 03/29/18 | 03/28/19 | 03/29/18 | 03/28/19 | \$11,012 | \$11,012 | \$11,012 |
| FFY17 TCPI PTN Contracts | 1L1331455 | Amd 1, 3 | 93.638 | 333.93.63 | 01/01/18 | 09/28/18 | 09/29/17 | 09/28/18 | \$73,117 | \$73,117 | \$73,117 |

Kitsap Public Health District

**EXHIBIT B-4
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18248
Date: July 16, 2018**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|---|--------------------------------|--------------|---------------|---------------------|----------------------------------|----------|---|----------|------------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| FFY18 PHBG Tobacco PPHF | NGA Not Received | Amd 4 | 93.758 | 333.93.75 | 10/01/18 | 09/30/19 | 10/01/18 | 09/30/19 | \$40,000 | \$40,000 | \$69,034 |
| FFY17 PHBG Tobacco PPHF | NB01OT00918 | Amd 3 | 93.758 | 333.93.75 | 01/01/18 | 09/29/18 | 07/01/17 | 09/30/18 | \$3,235 | \$29,034 | |
| FFY17 PHBG Tobacco PPHF | NB01OT00918 | Amd 2, 3 | 93.758 | 333.93.75 | 01/01/18 | 09/29/18 | 07/01/17 | 09/30/18 | \$5,799 | | |
| FFY17 PHBG Tobacco PPHF | NB01OT00918 | N/A, Amd 3 | 93.758 | 333.93.75 | 01/01/18 | 09/29/18 | 07/01/17 | 09/30/18 | \$20,000 | | |
| FFY17 EPR HPP BP1 Healthcare System Prep | NU90TP921889-01 | Amd 2 | 93.889 | 333.93.88 | 01/01/18 | 06/30/18 | 07/01/17 | 07/02/18 | \$4,477 | \$18,420 | \$18,420 |
| FFY17 EPR HPP BP1 Healthcare System Prep | NU90TP921889-01 | N/A | 93.889 | 333.93.88 | 01/01/18 | 06/30/18 | 07/01/17 | 07/02/18 | \$13,943 | | |
| FFY18 RW HIV Peer Nav Proj-Proviso | 5X07HA000832800 | Amd 4 | 93.917 | 333.93.91 | 04/01/18 | 03/31/19 | 04/01/18 | 03/31/19 | \$22,871 | \$57,412 | \$57,412 |
| FFY18 RW HIV Peer Nav Proj-Proviso | 5X07HA000832800 | Amd 2, 4 | 93.917 | 333.93.91 | 04/01/18 | 03/31/19 | 04/01/18 | 03/31/19 | \$34,541 | | |
| FFY18 RW HIV Provider Capacity-Proviso | 5X07HA000832800 | Amd 2, 4 | 93.917 | 333.93.91 | 04/01/18 | 03/31/19 | 04/01/18 | 03/31/19 | \$30,695 | \$30,695 | \$30,695 |
| FFY19 MCHBG LHJ Contracts | NGA Not Received | Amd 4 | 93.994 | 333.93.99 | 10/01/18 | 09/30/19 | 10/01/18 | 09/30/19 | \$159,854 | \$159,854 | \$279,745 |
| FFY18 MCHBG LHJ Contracts | B04MC31524 | N/A | 93.994 | 333.93.99 | 01/01/18 | 09/30/18 | 10/01/17 | 09/30/18 | \$119,891 | \$119,891 | |
| GFS-Group B (FO-SW) | | Amd 3 | N/A | 334.04.90 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | (\$10,000) | \$0 | \$0 |
| GFS-Group B (FO-SW) | | N/A | N/A | 334.04.90 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$10,000 | | |
| FY2 Group B Programs for DW (FO-SW) | | Amd 3 | N/A | 334.04.90 | 07/01/18 | 06/30/19 | 07/01/18 | 06/30/19 | \$10,000 | \$10,000 | \$30,000 |
| FY1 Group B Programs for DW (FO-SW) | | Amd 3 | N/A | 334.04.90 | 01/01/18 | 06/30/18 | 01/01/18 | 06/30/18 | \$20,000 | \$20,000 | |
| State HIV CS/End AIDS WA | | Amd 2 | N/A | 334.04.91 | 07/01/18 | 12/31/18 | 07/01/17 | 06/30/19 | \$6,246 | \$6,246 | \$9,369 |
| State HIV CS/End AIDS WA | | Amd 2 | N/A | 334.04.91 | 03/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$3,123 | \$3,123 | |
| State HIV Prevention | | N/A | N/A | 334.04.91 | 07/01/18 | 12/31/18 | 07/01/17 | 06/30/19 | \$20,000 | \$20,000 | \$40,000 |
| State HIV Prevention | | N/A | N/A | 334.04.91 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$20,000 | \$20,000 | |
| State HIV Prevention PrEP | | Amd 3 | N/A | 334.04.91 | 07/01/18 | 06/30/19 | 07/01/17 | 06/30/17 | \$9,172 | \$9,172 | \$13,758 |
| State HIV Prevention PrEP | | Amd 2 | N/A | 334.04.91 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$4,586 | \$4,586 | |
| SFY2 Lead Environments of Children | | Amd 4 | N/A | 334.04.93 | 07/01/18 | 06/30/19 | 07/01/18 | 06/30/19 | \$5,000 | \$5,000 | \$8,000 |
| SFY1 Lead Environments of Children | | Amd 1 | N/A | 334.04.93 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/18 | \$3,000 | \$3,000 | |
| SFY19 Marijuana Tobacco Edu | | Amd 3 | N/A | 334.04.93 | 07/01/18 | 06/30/19 | 07/01/18 | 06/30/19 | \$247,509 | \$247,509 | \$403,323 |
| SFY19 Marijuana Tobacco Edu | | Amd 2 | N/A | 334.04.93 | 07/01/18 | 06/30/19 | 07/01/18 | 06/30/19 | \$7,501 | \$7,501 | |
| SFY18 Marijuana Tobacco Edu | | Amd 3 | N/A | 334.04.93 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/18 | \$49,558 | \$148,313 | |
| SFY18 Marijuana Tobacco Edu | | N/A | N/A | 334.04.93 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/18 | \$98,755 | | |

Kitsap Public Health District

**EXHIBIT B-4
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18248
Date: July 16, 2018**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|--------------------------------------|--------------------------------|------------|-------|---------------------|----------------------------------|----------|---|----------|--------------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| Rec Shellfish/Biotoxin | | N/A | N/A | 334.04.93 | 01/01/18 | 06/30/19 | 07/01/17 | 06/30/19 | \$22,500 | \$22,500 | \$22,500 |
| Small Onsite Management (ALEA) | | N/A | N/A | 334.04.93 | 01/01/18 | 06/30/19 | 07/01/17 | 06/30/19 | \$30,000 | \$30,000 | \$30,000 |
| Wastewater Management-GFS | | N/A | N/A | 334.04.93 | 07/01/18 | 06/30/19 | 07/01/17 | 06/30/19 | \$30,000 | \$30,000 | \$30,000 |
| Youth Tobacco Vapor Products | | Amd 2 | N/A | 334.04.93 | 07/01/18 | 06/30/19 | 07/01/17 | 06/30/19 | \$25,544 | \$25,544 | \$46,688 |
| Youth Tobacco Vapor Products | | Amd 2 | N/A | 334.04.93 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$4,655 | \$21,144 | |
| Youth Tobacco Vapor Products | | N/A | N/A | 334.04.93 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$16,489 | | |
| FFY17 ADAP Rebate (Local) 17-19 | | Amd 3 | N/A | 334.04.98 | 07/01/18 | 06/30/19 | 07/01/17 | 06/30/19 | \$82,556 | \$307,556 | \$573,834 |
| FFY17 ADAP Rebate (Local) 17-19 | | N/A, Amd 3 | N/A | 334.04.98 | 07/01/18 | 06/30/19 | 07/01/17 | 06/30/19 | \$225,000 | | |
| FFY17 ADAP Rebate (Local) 17-19 | | Amd 2 | N/A | 334.04.98 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$41,278 | \$266,278 | |
| FFY17 ADAP Rebate (Local) 17-19 | | N/A | N/A | 334.04.98 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/19 | \$225,000 | | |
| SFY17 Managed Care Org | | Amd 1 | N/A | 334.04.98 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/18 | (\$32,678) | \$6,536 | \$6,536 |
| SFY17 Managed Care Org | | N/A | N/A | 334.04.98 | 01/01/18 | 06/30/18 | 07/01/17 | 06/30/18 | \$39,214 | | |
| FPHS Funding for LHJs Dir | | Amd 3 | N/A | 336.04.25 | 07/01/18 | 06/30/19 | 07/01/17 | 06/30/19 | \$147,345 | \$147,345 | \$147,345 |
| YR 20 SRF - Local Asst (15%) (FS) SS | | Amd 3 | N/A | 346.26.64 | 01/01/18 | 12/31/18 | 07/01/15 | 12/31/18 | (\$14,750) | \$0 | \$0 |
| YR 20 SRF - Local Asst (15%) (FS) SS | | N/A, Amd 3 | N/A | 346.26.64 | 01/01/18 | 12/31/18 | 07/01/15 | 12/31/18 | \$14,750 | | |
| YR 21 SRF - Local Asst (15%) (FS) SS | | Amd 3 | N/A | 346.26.64 | 01/01/18 | 12/31/18 | 07/01/17 | 06/30/19 | \$14,750 | \$14,750 | \$14,750 |
| YR 20 SRF - Local Asst (15%) (FS) TA | | Amd 3 | N/A | 346.26.66 | 01/01/18 | 12/31/18 | 07/01/15 | 12/31/18 | (\$2,000) | \$0 | \$0 |
| Yr 20 SRF - Local Asst (15%) (FS) TA | | N/A, Amd 3 | N/A | 346.26.66 | 01/01/18 | 12/31/18 | 07/01/17 | 12/31/18 | \$2,000 | | |
| YR 20 SRF - Prog Mgmt (10%) (FS) TA | | Amd 3 | N/A | 346.26.66 | 01/01/18 | 12/31/18 | 07/01/15 | 12/31/18 | \$800 | \$800 | \$800 |
| YR 21 SRF - Local Asst (15%) (FS) TA | | Amd 3 | N/A | 346.26.66 | 01/01/18 | 12/31/18 | 07/01/17 | 06/30/19 | \$1,200 | \$1,200 | \$1,200 |
| TOTAL | | | | | | | | | \$2,885,842 | \$2,885,842 | |
| Total consideration: | | | | | | | | | | GRAND TOTAL | \$2,885,842 |
| | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | Total Fed | \$1,507,739 |
| | | | | | | | | | | Total State | \$1,378,103 |

Kitsap Public Health District

**EXHIBIT B-4
 ALLOCATIONS**
 Contract Term: 2018-2020

Contract Number: CLH18248
Date: July 16, 2018

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|---------------------------------|--------------------------------|---------|-------|---------------------|----------------------------------|----------|---|----------|--------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |

*Catalog of Federal Domestic Assistance

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

Exhibit C-4 Schedule of Federal Awards

AMENDMENT #4

Date: July 16, 2018

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
CONTRACT CLH18248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

| Chart of Accounts Program Title | BARS | DOH Federal Award Date | Total Amt Federal Award | Allocation Period Start Date End Date | | Contract Amt | CFDA | CFDA Program Title | Federal Agency Name | Federal Award Identification Number | Federal Grant Award Name |
|--|-----------|------------------------|-------------------------|---------------------------------------|----------|--------------|--------|---|--|-------------------------------------|--|
| FFY19 CSS USDA FINI PROGRAM MGMT | 333.10.33 | 08/26/15 | \$5,859,307 | 10/01/18 | 09/30/19 | \$89,063 | 10.331 | Food Insecurity Nutrition Incentive Grants | USDA-National Institute of Food and Agriculture | 20157001823357 | WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT |
| FFY18 CSS USDA FINI PROGRAM MGMT | 333.10.33 | 08/26/15 | \$5,859,307 | 01/01/18 | 09/30/18 | \$145,842 | 10.331 | Food Insecurity Nutrition Incentive Grants | USDA-National Institute of Food and Agriculture | 20157001823357 | WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT |
| FFY19 CSS IAR SNAP ED PROG MGMT | 333.10.56 | NGA Not Received | NGA Not Received | 10/01/18 | 09/30/19 | \$69,167 | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | NGA Not Received | NGA Not Received |
| FFY18 CSS IAR SNAP-ED PROGRAM MGMT CF | 333.10.56 | NGA Not Received | NGA Not Received | 10/01/18 | 09/30/19 | \$13,833 | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | NGA Not Received | NGA Not Received |
| FFY18 CSS IAR SNAP-ED PROGRAM MGMT | 333.10.56 | 09/28/17 | \$5,300,000 | 01/01/18 | 09/30/18 | \$69,281 | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | 187WAWA5Q3903 | 2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) |
| FFY17 CSS IAR SNAP-ED PROGRAM MGMT CF | 333.10.56 | 09/10/16 | \$5,739,856 | 01/01/18 | 09/30/18 | \$6,917 | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | 1717WAWA5Q390 | 2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) |
| PS SSI 1-5 PIC TASK 4 | 333.66.12 | 08/02/16 | \$9,200,000 | 01/01/18 | 03/31/19 | \$28,805 | 66.123 | Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program | Environmental Protection Agency Region 10 | 01J18001 | PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD |
| PS SSI 1-5 BEACH TASK 4 | 333.66.12 | 08/02/16 | \$9,200,000 | 03/01/18 | 10/31/18 | \$5,800 | 66.123 | Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program | Environmental Protection Agency Region 10 | 01J18001 | PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD |
| FFY18 SWIMMING BEACH ACT GRANT IAR (ECY) | 333.66.47 | 12/15/17 | \$91,990 | 03/01/18 | 10/31/18 | \$14,000 | 66.472 | Beach Monitoring and Notification Program Implementation Grants | Environmental Protection Agency Office of Water | 00J75501 | MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION |
| FFY18 EPR PHEP BP1 SUPP LHJ FUNDING | 333.93.06 | 08/01/18 | \$11,062,782 | 07/01/18 | 06/30/19 | \$290,027 | 93.069 | Public Health Emergency Preparedness | Department of Health and Human Services Centers for Disease Control and Prevention | NU90TP921889-01 | HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT |
| FFY17 EPR PHEP BP1 LHJ FUNDING | 333.93.06 | 07/18/17 | \$11,062,782 | 01/01/18 | 06/30/18 | \$163,223 | 93.069 | Public Health Emergency Preparedness | Department of Health and Human Services Centers for Disease Control and Prevention | NU90TP921889-01 | HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT |
| FFY17 VFC OPS | 333.93.26 | 03/03/17 | \$1,201,605 | 01/01/18 | 06/30/18 | \$7,054 | 93.268 | Immunization Cooperative Agreements | Department of Health and Human Services Centers for Disease Control and Prevention | 5NH23IP000762-05-00 | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM |
| FFY17 PPHF OPS | 333.93.26 | NGA Not Received | NGA Not Received | 07/01/18 | 06/30/19 | \$2,500 | 93.268 | Immunization Cooperative Agreements | Department of Health and Human Services Centers for Disease Control and Prevention | NGA Not Received | NGA Not Received |
| FFY17 INCREASING IMMUNIZATION RATES | 333.93.26 | NGA Not Received | NGA Not Received | 07/01/18 | 06/30/19 | \$16,134 | 93.268 | Immunization Cooperative Agreements | Department of Health and Human Services Centers for Disease Control and Prevention | NGA Not Received | NGA Not Received |
| FFY17 AFIX | 333.93.26 | 03/03/17 | \$1,672,289 | 01/01/18 | 06/30/19 | \$41,821 | 93.268 | Immunization Cooperative Agreements | Department of Health and Human Services Centers for Disease Control and Prevention | 5NH23IP000762-05-00 | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM |
| FFY17 317 OPS | 333.93.26 | 03/03/17 | \$575,969 | 01/01/18 | 06/30/18 | \$4,837 | 93.268 | Immunization Cooperative Agreements | Department of Health and Human Services Centers for Disease Control and Prevention | 5NH23IP000762-05-00 | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM |

Exhibit C-4 Schedule of Federal Awards

AMENDMENT #4

Date: July 16, 2018

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
CONTRACT CLH18248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

| Chart of Accounts Program Title | BARS | DOH Federal Award Date | Total Amt Federal Award | Allocation Period Start Date | Allocation Period End Date | Contract Amt | CFDA | CFDA Program Title | Federal Agency Name | Federal Award Identification Number | Federal Grant Award Name |
|--|-----------|------------------------|-------------------------|------------------------------|----------------------------|--------------------|--------|--|---|-------------------------------------|---|
| FFY18 TOBACCO PREVENTION | 333.93.30 | 03/22/18 | \$1,081,051 | 03/29/18 | 03/28/19 | \$11,012 | 93.305 | National State Based Tobacco Control Programs | Department of Health and Human Services Centers for Disease Control and Prevention | U58DP006004 | TOBACCO CONTROL PROGRAM |
| FFY17 TCPI PTN CONTRACTS | 333.93.63 | 09/24/15 | \$11,254,883 | 01/01/18 | 09/28/18 | \$73,117 | 93.638 | ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs) | Department of Health and Human Services Centers for Medicare and Medicaid Services | 1L1331455 | TRANSFORMING CLINICAL PRACTICES INITIATIVE |
| FFY18 PHBG TOBACCO PPHF | 333.93.75 | NGA Not Received | NGA Not Received | 10/01/18 | 09/30/19 | \$40,000 | 93.758 | Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF) | Department of Health and Human Services Health Centers for Disease Control and Prevention | NGA Not Received | NGA Not Received |
| FFY17 PHBG TOBACCO PPHF | 333.93.75 | 03/09/17 | \$1,557,831 | 01/01/18 | 09/29/18 | \$29,034 | 93.758 | Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF) | Department of Health and Human Services Health Centers for Disease Control and Prevention | NB01OT00918 | PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT |
| FFY17 EPR HPP BP1 HEALTHCARE SYS PREP | 333.93.88 | 07/18/17 | \$4,279,234 | 01/01/18 | 06/30/18 | \$18,420 | 93.889 | Public Health Emergency Preparedness | Department of Health and Human Services Centers for Disease Control and Prevention | NU90TP921889-01 | HPP AND PHEP COOPERATIVE AGREEMENT |
| FFY18 RW HIV PROVIDER CAPACITY-PROVISO | 333.93.91 | 04/02/18 | \$13,631,623 | 04/01/18 | 03/31/19 | \$30,695 | 93.917 | HIV Care Formula Grants | Department of Health and Human Services Health Resources and Services Administration | 5X07HA000832800 | RYAN WHITE CARE ACT TITLE II |
| FFY18 RW HIV PEER NAV PROJ-PROVISO | 333.93.91 | 04/02/18 | \$13,631,623 | 04/01/18 | 03/31/19 | \$57,412 | 93.917 | HIV Care Formula Grants | Department of Health and Human Services Health Resources and Services Administration | 5X07HA000832800 | RYAN WHITE CARE ACT TITLE II |
| FFY19 MCHBG LHJ CONTRACTS | 333.93.99 | NGA Not Received | NGA Not Received | 10/01/18 | 09/30/19 | \$159,854 | 93.994 | Maternal and Child Health Services Block Grant to the States | Department of Health and Human Services Health Resources and Services Administration | NGA Not Received | NGA Not Received |
| FFY18 MCHBG LHJ CONTRACTS | 333.93.99 | 10/20/17 | \$1,650,528 | 01/01/18 | 09/30/18 | \$119,891 | 93.994 | Maternal and Child Health Services Block Grant to the States | Department of Health and Human Services Health Resources and Services Administration | B04MC31524 | MATERNAL AND CHILD HEALTH SERVICES |
| TOTAL | | | | | | \$1,507,739 | | | | | |