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KITSAP PUBLIC HEALTH DISTRICT

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

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 6

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 "LHI", 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:
 - Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2019
- Amends Statements of Work for the following programs:
 - Food Insecurity Nutrition Incentive Program - Effective January 1, 2018
 - HIV Client Services-HOPWA - Effective July 1, 2018
 - Infectious Disease Prevention Section (IDPS) - Effective January 1, 2018
 - Marijuana Prevention & Education Program - Effective January 1, 2018
 - Maternal & Child Health Block Grant - Effective January 1, 2018
 - Office of Drinking Water Group A Program - Effective January 1, 2018
 - Office of Drinking Water Group B Program - Effective January 1, 2018
 - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2018
 - Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018
- Deletes Statements of Work for the following programs:

2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:

- Increase of \$285,691 for a revised maximum consideration of \$3,228,791.
- 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-6 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-5.

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 1/11/2019



Date 1/16/19

APPROVED AS TO FORM ONLY
Assistant Attorney General

2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Food Insecurity Nutrition Incentive Program - Effective January 1, 2018.....	3
DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2018	8
DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2019.....	12
DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) - Effective January 1, 2018.....	19
DOH Program Name or Title: Marijuana Prevention & Education Program - Effective January 1, 2018	23
DOH Program Name or Title: Maternal & Child Health Block Grant - Effective January 1, 2018	30
DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018	35
DOH Program Name or Title: Office of Drinking Water Group B Program - Effective January 1, 2018.....	40
DOH Program Name or Title: Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2018.....	42
DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018	46

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

DOH Program Name or Title: Food Insecurity Nutrition Incentive 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	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 March 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide Food Insecurity Nutrition Incentive program (FINI) funding to increase the purchase of fruits and vegetables by low-income consumers participating in Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase. This program will test strategies that could contribute to our understanding of how to best increase the purchase of fruits and vegetables by SNAP participants and develop effective and efficient benefit redemption technologies.

Revision Purpose: The purpose of this revision is to remove \$95,842 unspent funding from FFY18 and to add funding for FFY20 in the CSS USDA FINI Program Management category.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	Total Consideration
				Start Date	End Date			
FFY18 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211285	01/01/18	09/30/18	145,842	-95,842	50,000
FFY19 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211295	10/01/18	09/30/19	89,063	0	89,063
FFY20 CSS USDA FINI PROG MGNT	10.331	333.10.33	TBD	10/01/19	03/31/20	0	38,410	38,410
						0	0	0
						0	0	0
						0	0	0
TOTALS						234,905	-57,432	177,473

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	For Food Insecurity Nutrition Incentive (FINI), the LHJ will perform work as described in the DOH-approved Project Narrative and budget. Any changes to the Project Narrative and budget must be submitted to DOH in writing and pre-approved by DOH and		<ol style="list-style-type: none"> Supplemental Nutrition Assistance Program (SNAP) target audience reached Project activities completed Data and evaluation measures completed 	<u>For the Period:</u> January 1, 2018-March 31, 2020 Due: Based on approved Project Narrative	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$234,905 \$177,473 . LHJ will be reimbursed for

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	U.S. Department of Agriculture (USDA) before they can be implemented.				allowable costs incurred based on approved federal budget and match documented. LHJ must provide match up front to pull down federal funding. *See special billing requirements section.
1.1	<p>Report data to be collected:</p> <ol style="list-style-type: none"> Required data elements established by DOH, University of Washington’s Center for Public Health Nutrition (CPHN) and Westat, the national FINI evaluator. Status update on project deliverables. <p>If available, any success stories when appropriate.</p>		Use forms provided by DOH and CPHN to summarize the work aforementioned in the FINI Project Narrative for monthly, quarterly, and annual reporting.	<p>Reports due for the period January 1, 2018–March 31, 2020:</p> <p>Quarterly Data due Q1 (January 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020</p> <p>Annual Data Due (April 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020</p> <p>Quarterly Data Due Q2 (April 1- June 30) August 1, 2018 August 1, 2019</p> <p>Quarterly Data Due Q3 (July 1 – September 30) November 1, 2018 November 1, 2019</p> <p>Quarterly Data Due Q4 (October 1 – December 31) February 1, 2018 February 1, 2019 February 1, 2020</p>	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.2	Submit Timely Monthly Invoice Vouchers		Prepare and submit invoicing which includes: <ul style="list-style-type: none"> • FINI A19-1A Invoice Voucher • An agency fiscal ledger • Backup documentation supporting all reimbursable costs and local match Invoicing must be sent to the DOH fiscal lead for review before payment is made.	Monthly: Invoices due no later than 30 days after the end of the preceding month. For example, October A19 invoice submitted no later than November 30 and so on. Quarterly invoicing is allowable if approved by DOH contract manager.	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>

Program Manual, Handbook, Policy References:

Records

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

All records are to 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.

Staffing Requirements:

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 must be 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 an annual basis.” Documentation must be maintained in personnel files confirming the following:

1. Name(s) of staff completing the annual civil rights training,
2. Date of Training
3. Brief summary of training source(s)/materials

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

Amendments

LHJ 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. No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA.

Budget Revisions

The local governmental agency, Indian Tribal Organization or non-Governmental Agency, is allowed, in the Federal Fiscal year period, to request an adjustment be made to a funded line item listed in within the approved budget, with pre-approval from the DOH designated contract manager. Any anticipated changes to the budget must be pre-approved by DOH.

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 statement of work 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.

Monitoring Visits (frequency, type):

Audits

The local governmental agency, Indian Tribal Organization or non-Governmental Agency must make State financial and program audits or reviews conducted by other entities available to the DOH, USDA, or its designee.

Monitoring expectations

The local governmental agency, Indian Tribal Organization or non-Governmental Agency’s premises and records will be made available upon request to DOH 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.

Assurances – All agencies will comply with the following assurances:

- Programming and services provide focus on the SNAP audience.
- Program activities are reasonable and necessary to accomplish FINI objectives and goals.
- Program activities do not supplant existing programs, and where operating in conjunction with existing programs, enhance and supplement them.
- Any messages of nutrition education are consistent with the Dietary Guidelines for Americans and do not disparage any specific food, beverage or commodity.
- Activities or employee hours included as contributions for any other Federal award may not be used as match/cost sharing. The LHJ must maintain and make available for review and audit supporting documentation showing actual hours worked per Federal funding stream for each employee contributing time to both FINI and other Federal awards.
- Documentation of payments for approved FINI activities must be maintained by the LHJ and be available for review and audit.

- Program activities conducted in compliance with all applicable Federal laws, rules, regulations including Civil Rights and OMB circulars governing cost issues, as well as the General Provisions found in Title 2: 2 CFR Part 400; 2 CFR Part 415; 2 CFR Part 416; 2 CFR Part 418; 2 CFR Part 422; Title 7:7 CFR Part 3430 and Research Terms and Conditions (06/11) and National Institute of Food and Agriculture (NIFA) agency Specific Terms and Conditions (10/14) at <http://www.nifa.usda.gov/business/awards/awardterms.html>.
- All materials developed or printed with FINI funds include the appropriate credit to USDA as a funding source. When acknowledging USDA support in accordance with 2 CFR Part 415, grantees must use the following acknowledgment for all projects or initiatives supported by NIFA:
"This material is based upon work that is supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, under award number 2015-70018-23357."

DOH also expects LHJ will use NIFA’s official identifier in all of its publications, posters, websites and presentations resulting from this award. This identifier can be found at <http://nifa.usda.gov/resource/official-nifa-identifier>.

Special Billing Requirements:

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws and rules including OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the text box below.
 - a. Bills must be for only FINI specific activities, using a DOH A19-1A invoice voucher
 - b. A FINI specific A19-1A must be submitted to the agency’s designated DOH FINI contract manager within 30 days of the last day of the month for which the work is being billed.
3. Documentation must be submitted with each FINI A19-1A invoice voucher. Documentation should include the following;
 - a. A copy of the agency’s financial expanded/detailed general ledger.
 - b. Backup documentation for all costs which may include but are not limited to receipts, timesheets, volunteer hours, tracking incentive reimbursement, and must be available upon request.
4. Indirect Rate
All indirect rates must be submitted and preapproved by DOH and NIFA-USDA. The LHJ is responsible for ensuring that indirect costs included in the LHJ’s budget and invoicing is 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.

SOURCE	TOTAL BUDGET
USDA	\$234,905 \$177,473

DOH Program Contact

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

DOH Program Name or Title: HIV Client Services-HOPWA - 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 provide funding to help the housing needs of persons with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) or related diseases and their families.

Revision Purpose: N/A

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 HOUSING-PEOPLE WITH AIDS FORMULA	14.241	333.14.24	12660281	07/01/18	06/30/19	0	51,940	51,940
TOTALS						0	51,940	51,940

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons With AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</p>		<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p>Administrative: \$3,577 \$3,398</p> <p>Support Services: \$5,354</p> <p>STRMU: \$7,378</p> <p>Permanent Housing Placement: \$3,830</p> <p>Tenant Based Rental Assistance: \$31,795 \$31,895</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate. -Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10 th of the month. -Submission of Consolidated Annual Performance Report (CAPER) by August 10. -Submission of Monitor responses by the due date requested.		Housing Information Services: \$6 \$85 TOTAL: \$51,940

***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 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 Specific Requirements/Narrative

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA Program.

LHJ shall provide the following inputs:

- Staff who provide services described in this Statement of Work (SOW)

Compensation and Payment:

- i) Funds provided in the Budget are for services provided during the period July 1, 2018 – June 30, 2019. The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 25, 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 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 for amounts billable to DOH under this SOW.

Month of A19-1A Invoice	A19-1A Invoice Due Date
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
January 1-31, 2019	February 25, 2019
February 1-29, 2019	March 25, 2019
March 1-31, 2019	April 25, 2019
April 1-30, 2019	May 25, 2019
May 1-31, 2019	June 25, 2019
June 1-30, 2019	July 25, 2019

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

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

E-mail invoices to: ID.Operations@doh.wa.gov

Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

- (1) **Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.
- (2) **Transfer of Funds among Budget Categories** – The LHJ may transfer contracted funds identified in Task 1 among direct expense categories, EXCEPT equipment, as long as the amount of the **cumulative** transfer does not exceed ten percent of the total contracted funds for the fiscal year and does not change the Statement of Work.
- (3) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

Confidentiality Requirements:

LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

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

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

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

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

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

DOH Program Contact

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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: Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2019 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

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			
STATE HIV PREVENTION	N/A	334.04.91	12401100	01/01/19	06/30/19	0	43,333	43,333
FFY18 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261858C	01/01/19	03/31/19	0	112,230	112,230
FFY19 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261859C	04/01/19	06/30/19	0	112,230	112,230
STATE HIV CS/END AIDS WA	N/A	334.04.91	12630100	01/01/19	06/30/19	0	10,413	10,413
TOTALS						0	278,206	278,206

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Drug User Health				
Syringe Service Program (SSP)	To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will provide clean works / harm reduction supplies with syringes to prevent transmission of disease. SSP will provide referrals to address social determinants of health.	By the 15th of the month, enter previous month's deliverable data into Statewide HIV Activity Reporting and Evaluation (SHARE) system.	Agency must adhere to DOH Infectious Disease (ID) Reporting Requirements	\$20,000 – MI 12401100 - State HIV Prevention (\$20,000 for 01/01/19-06/30/19)

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Jefferson County Syringe Exchange	Establish working relationships with local health care providers, identify and reduce barriers for PWUD in accessing MAT, HIV/HCV screening, and HCV tx.	Conduct outreach to local healthcare providers	Agency must adhere to DOH ID Reporting Requirements	\$10,000 – MI 12401100 - State HIV Prevention (\$10,000 for 01/01/19-06/30/19)
HIV Community Engagement				
HIV Community Engagement	Address social isolation among older, long-term persons living with HIV (PLWH) by providing social opportunities within Kitsap and Clallam Counties	Develop Action Plan and hold at least one (1) community event	January 1, 2019–June 30, 2019	\$4,167 – MI 12630100 – State EAW (\$4,167 for 01/01/19-06/30/19)
End AIDS WA (EAW)	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 persons at high risk for HIV (PAHR) in Washington State.	Deliverables for this reporting period have been identified and can be referenced in LHJ’s Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$6,246 – MI 12630100 – State EAW (\$6,246 for 01/01/19-06/30/19)
HIV Community Services - Care				
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client’s needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake. Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client	Agency must adhere to DOH ID Reporting Requirements	\$103,580 – MI 1261858C– RW Local Rebates (\$103,850 for 01/01/19-03/31/19) \$103,580 – MI 1261859C– RW Local Rebates (\$103,850 for 04/01/19-06/30/19)

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>		
Medical Transportation	<p>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; 4) voucher or token systems.</p>	<p>Agency must track and report within the DOH-approved data system any and all activity related to this Service Category.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>\$1,375 – MI 1261858C– RW Local Rebates (\$1,375 for 01/01/19-03/31/19)</p> <p>\$1,375 – MI 1261859C– RW Local Rebates (\$1,375 for 04/01/19-06/30/19)</p>
Food Bank	<p>Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).</p>	<p>Agency must track and report within the DOH-approved data system any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>\$4,950 – MI 1261858C– RW Local Rebates (\$4,950 for 01/01/19-03/31/19)</p> <p>\$4,950 – MI 1261859C– RW Local Rebates (\$4,950 for 04/01/19-06/30/19)</p>
Housing	<p>Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or</p>	<p>Agency must track and report within the DOH approved data system any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>\$2,325 – MI 1261858C– RW Local Rebates (\$2,325 for 01/01/19-03/31/19)</p> <p>\$2,325 – MI 1261859C– RW Local Rebates</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.			(\$2,325 for 04/01/19-06/30/19)
HIV/STD Prevention				
Addressing Barriers to Hepatitis C Virus (HCV) Treatment Access	Investigate HCV treatment options and resources in the region, operationalize HCV screening and assessment	Implement HCV screening and assessment tool and referral process	January 1, 2019 – June 30, 2019	\$13,333 – MI 12401100 – State HIV Prevention (\$13,333 for 01/01/19-06/30/19)

***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

CONTRACTOR – 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 - Reference pages 15-17 in the HIV Community Services (HCS) Manual.

3. Title XIX HIV Medical Case Management – Reference pages 42-43 in the HCS Manual.

4. Quality Management/Improvement Activities – Reference pages 132-135 in the HCS Manual.

5. HIV Statewide Data System – Reference pages 136-144 in the HCS Manual.

6. HIV and STD Testing Services

- a. HIV testing services must follow DOH and Centers for Disease Control and Prevention (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. Contractors 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. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.
- g. Contractor must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- h. Contractor will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.

7. Reporting Requirements – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.

8. Training requirements – Reference pages 29-30 in the HCS Manual.

9. Participation in Washington State’s HIV Planning Process – Reference page 10-11 in the HCS Manual.

10. Participation in End AIDS Washington Initiative

The End AIDS Washington Initiative is a collaboration of community-based organizations (CBOs), 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.

11. 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.

12. Contract Management – Reference pages 32-48 in the HCS Manual.

a. Fiscal Guidance

- i) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2019 –June 30, 2019. The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, 2019. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
- iv) **Advance Payments Prohibited** – Reference page 32 in the HCS Manual.
- v) **Payer of Last Resort** – Reference page 44 in the HCS Manual.
- vi) **Cost of Services** – Reference page 32 in the HCS Manual.

- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs.
- 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 CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii) **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH.

c. Subcontracting

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

d. Written Agreements

- i) The CONTRACTOR should execute written agreements with the providers listed below to document how the providers’ services and activities will be coordinated with funded Medical HIV Case Management services and activities:
 - (1) Partner Counseling and Re-Linkage Services (PCRS)
 - (2) HIV Testing Services
 - (3) Medical Providers providing services to agency’s medical case management clients
 - (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR Technical assistance is available through DOH.

13. Material Review and Website Disclaimer Notice

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

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

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

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

14. Youth and Peer Outreach Workers

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

15. Confidentiality Requirements – Reference pages 18-19 in the HCS Manual.

16. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
- i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
 - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and;
 - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

17. Allowable Costs

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

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

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

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

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

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

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Sarah.Deutsch@doh.wa.gov

DOH Fiscal Contact

Abby Gilliland
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Abby.Gilliland@doh.wa.gov

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

DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) -
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 <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through December 31, 2018

Statement of Work Purpose: The purpose of this statement of work is to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

Revision Purpose: The purpose of this revision is to 1) Add \$5,000 to Task SSP-1 for Jefferson County Syringe Exchange; 2) Add \$6,667 for new Task Addressing Barriers to Hepatitis C (HCV) Treatment and Access; 3) Add \$2,083 for new Task HIV Community Engagement. All funding for these tasks is for the period of 10/01/18-12/31/18 only; and 4) Change DOH Program Contact for SSP and add DOH Program Contact for Community Engagement

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			
STATE HIV PREVENTION	N/A	334.04.91	12401100	01/01/18	06/30/18	20,000	0	20,000
STATE HIV PREVENTION	N/A	334.04.91	12401100	07/01/18	12/31/18	20,000	11,667	31,667
STATE HIV CS/END AIDS WA	N/A	334.04.91	12630100	10/01/18	12/31/18	0	2,083	2,083
TOTALS						40,000	13,750	53,750

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: SSP-1 Syringe Service Programs (SSP): People Who Use Drugs (PWUD)																														
Service Definition:	To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will provide clean works / harm reduction supplies with syringes to prevent transmission of disease. SSP will provide referrals to address social determinants of health.	Budget																												
		<table border="0"> <tr> <td>A</td> <td>Salaries</td> <td style="text-align: right;">\$23,540</td> </tr> <tr> <td>B</td> <td>Benefits</td> <td style="text-align: right;">\$6,271</td> </tr> <tr> <td>C</td> <td>Service Contracts</td> <td></td> </tr> <tr> <td>E</td> <td>Supplies/Goods</td> <td></td> </tr> <tr> <td>G</td> <td>Travel</td> <td></td> </tr> <tr> <td>J</td> <td>Equipment</td> <td></td> </tr> <tr> <td>N</td> <td>Sub-Contracts</td> <td></td> </tr> <tr> <td>O</td> <td>Other</td> <td style="text-align: right;"><i>\$5,000</i></td> </tr> <tr> <td>IDC</td> <td style="text-align: right;">%</td> <td style="text-align: right;">\$10,189</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total:</td> <td style="text-align: right;"><i>\$40,000</i> <i>\$45,000</i></td> </tr> </table>	A	Salaries	\$23,540	B	Benefits	\$6,271	C	Service Contracts		E	Supplies/Goods		G	Travel		J	Equipment		N	Sub-Contracts		O	Other	<i>\$5,000</i>	IDC	%	\$10,189	Total:
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O	Other	<i>\$5,000</i>																												
IDC	%	\$10,189																												
Total:		<i>\$40,000</i> <i>\$45,000</i>																												
Strategies:	<ul style="list-style-type: none"> • Provide fixed site and/or outreach to engage communities that use drugs. • Distribution of syringes will be on participant needs and/or one for one based on program policy • SSPs will provide referrals to address social determinants of health and provide follow-up within program capacity. • SSP programs will distribute needles, cottons, cookers, and wound care items while providing risk reduction counseling around human immunodeficiency virus (HIV) and hepatitis C virus (HCV) transmission. • When possible, SSPs will refer and provide testing for participants based on the programs supports. • <i>Jefferson County Syringe Exchange - Establish working relationships with local health care providers, identify and reduce barriers for PWUD in accessing MAT, HIV/HCV screening, and HCV tx.</i> 	<p>\$40,000 – MI 12401100 – State HIV Prev</p> <p style="text-align: center;">\$20,000 for 1/1/18-6/30/18 \$20,000 for 7/1/18-12/31/18</p> <p><i>\$5,000 – MI 12401100 – State HIV Prev</i></p> <p style="text-align: center;"><i>\$5,000 for 10/01/18-12/31/18</i></p>																												
Targeted Population:	People who use drugs																													
Deliverables/ Measures:	<table border="0"> <tr> <td>a.</td> <td>Number of PWUD served</td> <td style="text-align: right;">3,500 duplicated</td> </tr> <tr> <td>b.</td> <td>Number of Syringes Distributed</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>c.</td> <td>Number of Referrals to address social determinants of health</td> <td style="text-align: right;">250</td> </tr> <tr> <td>d.</td> <td>Number of Clean Works/Harm Reduction supplies distributed</td> <td style="text-align: right;">250,000</td> </tr> <tr> <td>e.</td> <td>Number of Participants referred to testing/care: HIV/HCV/STD</td> <td style="text-align: right;">100</td> </tr> <tr> <td>f.</td> <td>Number of Condoms Distributed</td> <td style="text-align: right;">5,000</td> </tr> <tr> <td>g.</td> <td colspan="2"><i>Conduct outreach to local healthcare providers</i></td> </tr> </table>	a.	Number of PWUD served	3,500 duplicated	b.	Number of Syringes Distributed	1,000,000	c.	Number of Referrals to address social determinants of health	250	d.	Number of Clean Works/Harm Reduction supplies distributed	250,000	e.	Number of Participants referred to testing/care: HIV/HCV/STD	100	f.	Number of Condoms Distributed	5,000	g.	<i>Conduct outreach to local healthcare providers</i>									
a.	Number of PWUD served	3,500 duplicated																												
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g.	<i>Conduct outreach to local healthcare providers</i>																													

Reporting:	By the 15th of the month, enter previous month's deliverable data into Statewide HIV Activity Reporting and Evaluation (SHARE) system.
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Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>Addressing Barriers to HCV treatment Access</i>	<i>Investigate HCV treatment options and resources in the region, operationalize HCV screening and assessment</i>	<i>Implement HCV screening and assessment tool and referral process</i>	<i>October 1, 2018 – December 31, 2018</i>	<i>\$6,667 – MI 12401100 – State HIV Prev \$6,667 for 10/01/18-12/31/18</i>
<i>HIV Community Engagement</i>	<i>Address social isolation among older, long-term PLWH by providing social opportunities within Kitsap and Clallam Counties</i>	<i>Develop Action Plan and hold at least one (1) community event</i>	<i>October 1, 2018 – December 31, 2018</i>	<i>\$2,083 – MI 12630100 – State EAW \$2,083 for 10/01/18-12/31/18</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

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	<i>August 25, 2018</i>
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.

DOH Program Contact, SSP

~~Tim Candela~~ Sarah Deutsch
DOH, Infectious Disease Prevention
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Sarah.Deutsch@doh.wa.gov

DOH Fiscal Contact

Abby Gilliland
DOH, Infectious Disease Operations Unit
PO Box 47840, Olympia, WA 98504-7841
360-236-3351/Fax: 360-664-2216
Abby.Gilliland@doh.wa.gov

DOH Program Contact, Community Engagement

Mike Barnes
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PO Box 47840, Olympia, WA 98504-7841
360-810-1880/Fax: 360-664-2216
Mike.Barnes@doh.wa.gov

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

DOH Program Name or Title: Marijuana Prevention & Education Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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


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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to fund the activities of a regional Youth Marijuana Prevention and Education Programs

Revision Purpose: The purpose of this revision is to modify language in the Program Specific Requirements/Narrative section.

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			
SFY18 MARIJUANA TOBACCO EDU	N/A	334.04.93	77420880	01/01/18	06/30/18	148,313	0	148,313
SFY19 MARIJUANA TOBACCO EDU	N/A	334.04.93	77420890	07/01/18	06/30/19	247,509	0	247,509
TOTALS						395,822	0	395,822

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ is required to complete the following tasks and deliverables and adhere to all requirements contained in the attached Youth Marijuana Prevention and Education Guide.  YMPEPRegGuide.pdf					
1. Groundwork – Build program and regional capacity to plan, coordinate, implement and evaluate regional Youth Marijuana Prevention and Education Program (YMPEP) activities based on the regionally developed strategic plan:					
A.	Hire YMPEP Regional Coordinator.		Report progress and submit invoices monthly	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Create and maintain Regional Network and partnerships with people throughout the region.		Report progress and submit invoices monthly	06/30/18 06/30/19	
C.	Provide needed education and skill enhancement opportunities for Regional Network.		Report progress and submit invoices monthly	06/30/18 06/30/19	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
D.	Identify organizational structure of the Regional Network		Report progress and submit invoices monthly	06/30/18 06/30/19	
E.	Form a subcommittee of the Regional Network; refer to them as the Planning Team		Report progress and submit invoices monthly	06/30/18 06/30/19	
2. Assessment – Conduct ongoing needs assessment data within the region to support planning activities					
A.	Form or identify an Epidemiological Workgroup		Report progress and submit invoices monthly	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Conduct/update a needs assessment to assess regional needs, assets, gaps, and readiness.		Report progress and submit invoices monthly	06/30/18 06/30/19	A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
C.	Determine which of the most pressing needs prevention efforts can influence.		Report progress and submit invoices monthly	06/30/18 06/30/19	
3. Capacity – Recruit and convene a regional network and raise awareness of its mission and purpose					
A.	Host regular meetings with Regional Network. (Planning team meets monthly during Strategic Planning Process; Full network meets quarterly at a minimum.)		Report progress and submit invoices monthly	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Use knowledge about the community’s level of readiness to publicize the issue and encourage participation on Regional Network		Report progress and submit invoices monthly	06/30/18 06/30/19	A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
C.	Expand the Regional Network to include sectors within the region and other members interested in preventing substance use disorder.		Report progress and submit invoices monthly	06/30/18 06/30/19	
D.	Develop a plan for attending health equity trainings, recruiting and developing partnerships with a diverse representation of the community, etc.		Report progress and submit invoices monthly	06/30/18 06/30/19	
4. Planning – Coordinate development of a mission, logic model and strategic and sustainability plans for the region.					
A.	Convene the planning team.		Report progress and submit invoices monthly.	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Train the planning team.		Report progress an submit invoices monthly	06/30/18 06/30/19	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
C.	Analyze risk and protective factors and local conditions		Report progress and submit invoices monthly	06/30/18 06/30/19	A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
D.	Choose the factors on which the region will concentrate		Choose the factors on which the region will concentrate	06/30/18 06/30/19	
E.	Establish Mission of YMPEP region		Report progress an submit invoices monthly	06/30/18 06/30/19	
F.	Develop logic model to guide effort		Report progress an submit invoices monthly	06/30/18 06/30/19	
G.	Create regional strategic plan to include policies, programs and practices. Include a minimum of 70 percent of time to Primary activities and up to 30 percent of time to implement approved Innovative activities		Report progress and submit invoices monthly	06/30/18 06/30/19	
H.	Choose policy, systems, and environmental (PSE) activities to address the risk and protective factors the Regional Network prioritized.		Report progress and submit invoices monthly.	06/30/18 06/30/19	
I.	Present the plan to the communities it will serve throughout the region and gather support		Report progress and submit invoices monthly	06/30/18 06/30/19	
J.	Create Sustainability Plan		Report progress and submit invoices monthly	06/30/18 06/30/19	
5. Implementation – Coordinate implementation of the strategic plan					
A.	Hire staff, subcontract and/or recruit volunteers to implement Regional Strategic Plan.		Report progress and submit invoices monthly.	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Follow the Regional Strategic Plan throughout the implementation process		Report progress and submit invoices monthly	06/30/18 06/30/19	A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
C.	Continue to track and monitor resources annually. Update and revise resource assessment as needed.		Report progress and submit invoices monthly	06/30/18 06/30/19	
D.	Meet regularly with Regional Network.		Report progress and submit invoices monthly	06/30/18 06/30/19	
E.	Keep regional partners informed using a newsletter, listserv, monthly meetings		Report progress and submit invoices monthly	06/30/18 06/30/19	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
F.	Write grant applications (as appropriate) to increase funding opportunities and ensure sustainability of YMPEP region		Report progress and submit invoices monthly	06/30/18 06/30/19	
6. Evaluation – Plan and participate in state and regional evaluation efforts					
A.	Create Regional Evaluation Plan		Report progress and submit invoices monthly	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
7. Work Plan – LHJ must prepare and submit a work plan and budget for the remainder of the biennium					
A.	Prepare and submit a work plan and budget for January 2018-June 2019		Completed work plan and budget	06/30/18 06/30/19	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.

***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

A. Local Health Jurisdiction (LHJ) will:

1. Fulfill program administration roles and responsibilities:
 - a) Ensure at least 1.0 FTE [divided among no more than three (3) people] is dedicated to coordination of regional network activities. *These staff are required to attend either the Substance Abuse Prevention Skills Training (SAPST) or DOH SAPST training within nine (9) months of being hired.*
 - b) Participate in required conference calls, trainings, webinars, and in-person meetings for YMPEP contractors hosted by DOH.
 - c) *Submit an Annual Plan and Budget according to the deadlines in Section E below.*
 - d) Submit accurate and complete progress reports, budgets, and A19 invoices, using the required guidance, reporting tool or system, and deadlines (see Section ~~H~~ E below) provided by DOH.
 - e) Act as the fiduciary agent if subcontracting. Notify the DOH when entering into a subcontract. DOH does not need to approve subcontractors. Subcontractor performance is the responsibility of each LHJ.
 - f) Meet requirements outlined in the YMPEP Regional Implementation guide provided by MPEP, which include (but not limited to) conducting a regional assessment of needs, coordinating and maintaining a regional network, preparing, annually updating and managing the implementation of the region’s strategic plan.
 - g) *Participate in the DOH-funded Marijuana Prevention Practice Collaborative by following the guidelines and expectations developed by the collaborative membership.*

2. Meet evaluation requirements:
 - a) *Submit at least one (1) Success Story using guidance and tools provided by DOH.*
 - b) Perform annual close out procedures if directed by the DOH.
 - c) Participate in performance measure data collection activities in collaboration with DOH.
 - d) Participate in project evaluation activities developed and coordinated by DOH.
 - e) *Consult with and submit an Exception Request to the Washington State Institutional Review Board (wsirb@dshs.wa.gov) when intending to conduct focus groups, key-informant interviews, surveys, or any other method used to gather data systematically.*
3. Written Policies and Procedures/Documents
 - a) Written policies and procedures, consistent with federal and state regulations, as applicable, shall be kept on file in the office of the LHJ and be available for review at the request of DOH staff. Such policies and procedures shall include, but not be limited to, as appropriate:
 - i. Position Descriptions
 - ii. Confidentiality Policy
 - iii. Regional Needs Assessment
 - iv. 5-Year Regional Strategic Plan (includes biennial work plan)
 - v. *Completed* Background Checks for those staff, subcontractors or volunteers working directly with youth (ages 0-17).
 - vi. Latest Agency Audit
 - vii. Subcontractor Agreements

B. DOH will support LHJ by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for 5-year regional strategic plan, annual work plan, needs assessment, project deliverables with reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Updating regional needs assessment by providing a template and supporting materials.
 - b) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - c) Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - d) Providing relevant resources and training.
 - e) Meeting performance measure, evaluation, and data collection requirements.
 - f) Developing 5-year regional strategic plans, annual work plans and logic models.
 - g) Interpreting DOH guidelines, requirements, and expectations and seeking approval from DOH staff, as needed, on grant-related activities and products.

C. Program Administration:

1. The LHJ shall perform the requirements and activities defined in this agreement and the YMPEP Regional Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each LHJ's Monthly Progress Report, and Monthly Expenditure Worksheet and A19 invoice. DOH staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per year].
2. The LHJ shall ensure the DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
3. The LHJ shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with YMPEP funds. Failure of the LHJ to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this statement of work.
4. DOH reserves the right to determine the amount of any reduction, based on LHJ's performance, and to unilaterally amend the contract to effect any reduction. Any reduction shall be based on a review of the LHJ's expenditure patterns and actual performance.

5. *Make a reasonable and ongoing effort, throughout the period of performance, to secure and/or leverage resources from private and public entities to supplement the administrative, operational, and implementation costs under this program. Documentation of any collaborative efforts and securing of resources that benefit this project shall be kept current and on file in the office of the YMPEP Regional Contractor and shall be available for review upon request by DOH staff*

D. Subcontractor Requirements:

1. *When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:*
 - a) *Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.*
2. *When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:*
 - a) *Provide verification that background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.*
3. *When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is encouraged to include language that reflects the following in these contracts:*
 - a) *Understand and adhere to the guidance and requirements in the YMPEP Regional Implementation Guide, including active participation in the completion of a regional needs assessment and strategic plan (during years when this is in the regional annual plan).*
 - b) *Serve as an active member of the regional YMPEP Network and follow agreements made by the network membership.*
 - c) *Actively participate in the completion of the regional needs assessment and strategic plan (during years when this is in the regional annual plan).*
 - d) *Participate in any regional meetings, conference calls, and trainings.*
 - e) *Notify their Regional Contractor before making contact with the state Marijuana Prevention and Education Program staff.*
 - f) *Participate in evaluation activities developed and coordinated by DOH and/or the Regional Contractor.*

E. Required Plans and Reports

The LHJ shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

<u>Report</u>	<u>Date Due</u>
<i>1. Submit an annual plan and budget</i>	<i>Annually, no later than April 30. DOH approval will occur no later than June 15.</i>
1.2. Expenditure Worksheet and A19	The 30th of the month following the month in which costs were incurred, except during closeout at the end of each state fiscal year (see below).
2.3. Final Expenditure Report and Request for Reimbursement (FY Closeout)	The year-end/final Expenditure Worksheet and A19 are due as follows: FY18: August 30, 2018 (See Special Instructions below) FY19: August 30, 2019 (See Special Instructions below)
4. Contractor Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report.
<i>5. Success Story</i>	<i>Annually, no later than June 30.</i>

The LHJ shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

F. Payment

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Billings for services on a monthly fraction of the budget will not be accepted or approved. 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.
2. DOH shall pay the LHJ all allowable costs incurred as evidenced by a proper invoice (A19) submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.

3. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: Year 3: July 1, 2017 to June 30, 2018 and Year 4: July 1, 2018- June 30, 2019.
4. The LHJ's proposed regional budget, using the Budget Workbook template provided by DOH, is incorporated herein.
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19 submitted to DOH Grants Management. Approval shall be granted given that the LHJ has submitted its Monthly Progress Report, and Monthly Expenditure Worksheet and A19 to MPEP within 30 days following the month in which costs were incurred.
6. *The Monthly Activity Reports are to be submitted to DOH by the 15th day of each month and the Expenditure Report and Request for Reimbursement must be provided to DOH by the 30th of each month in order to receive reimbursement for the previous month.*
7. If DOH does not receive the Monthly Expenditure Worksheet and A19 by the 30th of the month, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
8. *The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later 60 days following the end of the contract year (state fiscal year) in order to assure reimbursement of approved costs*
9. Back-up documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
10. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Evaluation of LHJ's Performance

LHJ's performance will be evaluated on the following:

1. Annual submittal and MPEP approval of an up-to-date Regional Needs Assessment.
2. Submittal and MPEP approval of 5-year Regional Strategic Plan by March 2017 for July 2018 – June 30, 2023.
3. Timely completion, submission and MPEP approval of proposed Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) and work plans on the YMPEP SharePoint.
4. Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YMPEP SharePoint by the due dates listed above.
5. Submission of 24 monthly Progress Reports by the due dates listed above on the YMPEP SharePoint.

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

1. Recipients may not use funds for research.
2. Recipients may not use funds for clinical care.
3. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
4. Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
5. Recipients may not use funding for construction.
6. The contractor must comply with DOH MPEP guidance on food, incentives and use of DOH logo outlined in the YMPEP Regional Implementation Guide, and should not exceed federal per diem rates.
7. Reimbursement of pre-award costs is not allowed.

DOH - Primary Point of Contact:

Cristal Connelly, YMPEP Contract Manager

Office Phone: 360-236- 3757

Email Address: cristal.connelly@doh.wa.gov

Mailing Address: PO Box 47855, Olympia, WA 98504-7855

**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)** 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, 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 revise deliverable requirements for 2018-19 and add language related to allowable expenses in the Special Instructions section.

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 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	159,854	0	159,854
TOTALS						279,745	0	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 September 30, 2019	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
1d	Report actual expenditures for October 1, 2018 through March 31, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 24, 2019	specified funding period. See Program Specific Requirements and Special Billing Requirements.
1e	Develop 2019-2020 MCHBG Budget Workbook for October 1, 2019 through September 30, 2020 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2019	
1f	Report actual expenditures for October 1, 2017 through September 30, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2018	
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 September 30, 2019	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements and Special Billing Requirements.
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 October 15, 2018 January 15, 2019 April 15, 2019 July 15, 2019	
2c	Conduct a Maternal and Child Health (MCH) Needs Assessment.		Submit Needs Assessment documentation to DOH contract manager using templates provided by DOH	May 24, 2019	
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. Action Plan and Progress Reports
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	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3c	Develop 2019-2020 MCHBG Action Plan for October 1, 2019 through September 30, 2020 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2019 Final- September 5, 2019	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	Report activities and outcomes of 2018-2019 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	
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 October 15, 2018 January 15, 2019 April 15, 2019 July 15, 2019	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. See Program Specific Requirements and Special Billing Requirements.
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.	
4e	<i>Participate in the CSHCN Regional System and quarterly meetings as described in the CSHCN Focus of Work.</i>		<i>Submit Action Plan monthly reports including number of regional meetings attended to the DOH contract manager.</i>	<i>Monthly, on or before the 15th of the following month</i>	
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.

Special Instructions

Contact DOH contract manager below for approval of expenses not reflected in approved budget workbook.

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
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-3963/ Fax: 360-236-3646
Email: kara.seaman@doh.wa.gov

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

DOH Program Name or Title: Office of Drinking Water Group A 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	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Contractor	<input type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2018 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: The purpose of this revision is to change end date in Funding Period from 12/31/18 to 12/31/19, increase Total Consideration, and revise Special Billing Requirements and Special Instructions.

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			
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18	12/31/18	0	0	0
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18	12/31/18	0	0	0
Yr 20 SRF - Prog Mgmt (10%) (FS) TA	N/A	346.26.66	24137220	01/01/18	12/31/18	800	468	1,268
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18	12/31/19	14,750	12,750	27,500
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18	12/31/19	1,200	1,949	3,149
TOTALS						16,750	15,167	31,917

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.</p>		<p>2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents.</p> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.</p>		<p>or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		<p>Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.</p>	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		<p>Provide completed TA Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.</p>	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
4	<p>LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training.</p> <p>See Special Instructions for task activity.</p>		<p>Prior to attending the training, submit an “Authorization for Travel (Non-Employee)” DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).</p>	<p>Annually</p>	<p>LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp</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

Special References (RCWs, WACs, etc)

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$14,750~~ **\$27,500** for **Task 1**, and ~~\$2,000~~ **\$4,417** for **Task 2, Task 3 and Task 4 combined** during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

- No more than **3** surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than **28** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.
- *No more than **1** surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.*
- *No more than **25** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.*

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

Task 2

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

Task 3

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

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

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

Program Manual, Handbook, Policy References

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

DOH Program Contact

Denise Miles
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Denise.Miles@doh.wa.gov
(360) 236-3028

DOH Fiscal Contact

Karena McGovern
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.McGovern@doh.wa.gov
(360) 236-3094

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

DOH Program Name or Title: Office of Drinking Water Group B 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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to provide financial support to LHJs implementing local Group B water system programs.

Revision Purpose: The purpose of this revision is to revise MOA agreement number and change DOH Program Contact.

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			
GFS - Group B (FO-SW)	N/A	334.04.90	24230103	01/01/18	06/30/18	0	0	0
FY1 Group B Programs for DW (FO-SW)	N/A	334.04.90	24230104	01/01/18	06/30/18	10,000	0	10,000
FY2 Group B Programs for DW (FO-SW)	N/A	334.04.90	24230105	07/01/18	06/30/19	20,000	0	20,000
TOTALS						30,000	0	30,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Memorandum of Agreement Number	Payment Information and/or Amount
1	Implement a Group B water system program through a local ordinance.		An executed memorandum of agreement (MOA) identifying responsibilities of a full Group B program through a local ordinance.	Reference DOH MOA # N20493-CLH23660	Lump sum payment (See Special Billing Requirements)

***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 Billing Requirements

The LHJ shall submit three semi-annual invoices as follows: \$10,000 in the first half of each calendar year (no later than May 15) and \$10,000 in the second half of each calendar year (no later than November 15). Payment cannot exceed a maximum cumulative fee of \$20,000 per year.

DOH Program Contact

~~Bonnie Waybright, P.E.~~ Denise Miles
Southwest Regional ~~Manager~~ Office
DOH Office of Drinking Water
~~243 111~~ Israel Rd SE
Tumwater, WA 98501
~~Bonnie.Waybright-Denise.Miles@doh.wa.gov~~
(360) 236-~~3025~~ 3028

DOH Fiscal Contact

Karena McGovern
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.Mcgovern@doh.wa.gov
(360) 236-3094

**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)** 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: 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 modify Task 5 and remove the DOH Fiscal Contact.

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			
FFY17 AFIX	93.268	333.93.26	74310272	07/01/18	06/30/19	27,563	0	27,563
						0	0	0
						0	0	0
						0	0	0
						0	0	0
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		Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll	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
	discontinue participating in the Washington State Childhood Program.		from the Washington State Childhood Vaccine Program.		
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><i>By June 30, 2019, conduct initial AFIX (Assessment, Feedback, Incentive, and Exchange) visits at 25% of enrolled health care providers within the assigned region. Visits should be conducted on childhood or adolescent cohorts (reports may be run on both cohorts, but both are not required). Visits can be conducted in-person or by webinar.</i></p> <p>Conduct AFIX follow-up actions with all provider sites receiving an <i>initial</i> 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 <i>initial</i> visit <i>per the following schedule*</i>:</p> <table border="1" data-bbox="231 690 766 933"> <thead> <tr> <th><i>If the Initial visit is conducted in:</i></th> <th><i>Final follow-up visit must be completed no later than:</i></th> </tr> </thead> <tbody> <tr> <td><i>July 2018</i></td> <td><i>February 28, 2019</i></td> </tr> <tr> <td><i>August 2018</i></td> <td><i>March 31, 2019</i></td> </tr> <tr> <td><i>September 2018</i></td> <td><i>April 30, 2019</i></td> </tr> <tr> <td><i>October 2018</i></td> <td><i>May 31, 2019</i></td> </tr> <tr> <td><i>November 2018</i></td> <td><i>June 30, 2019</i></td> </tr> </tbody> </table> <p><i>*Final follow-up visits for all initial visits conducted after November 2018 will be added to the next year's contract requirements. Reviewers may choose to conduct additional quality improvement visits (at 2 months and 4 months) but these additional visits are not required in this contract period.</i></p> <p>Continue following up with provider sites until they fully implement their selected quality improvement activities.</p>	<i>If the Initial visit is conducted in:</i>	<i>Final follow-up visit must be completed no later than:</i>	<i>July 2018</i>	<i>February 28, 2019</i>	<i>August 2018</i>	<i>March 31, 2019</i>	<i>September 2018</i>	<i>April 30, 2019</i>	<i>October 2018</i>	<i>May 31, 2019</i>	<i>November 2018</i>	<i>June 30, 2019</i>		Enter all visit details into the AFIX Online Tool for each visit conducted.	Within five (5) business days of visit.	
<i>If the Initial visit is conducted in:</i>	<i>Final follow-up visit must be completed no later than:</i>																
<i>July 2018</i>	<i>February 28, 2019</i>																
<i>August 2018</i>	<i>March 31, 2019</i>																
<i>September 2018</i>	<i>April 30, 2019</i>																
<i>October 2018</i>	<i>May 31, 2019</i>																
<i>November 2018</i>	<i>June 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

- 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 oicontracts@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
Deputy Director | 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 oicontracts@doh.wa.gov,
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

DOH Fiscal Contact

*Vanessa Mojica
Special Projects Coordinator
Office of Immunization and Child Profile
PO Box 47843, Olympia WA 98504-7843
~~Vanessa.mojica@doh.wa.gov, 360-236-3802~~*

**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)** 5

Period of Performance: January 1, 2018 through September 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 type="checkbox"/> Other		

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 \$36,000 in state Youth Tobacco Vapor Products funds and combine both Youth Tobacco Vapor Product funding allocations for the period of 01/01/18 to 06/30/19.

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	06/30/19	46,688	36,000	82,688
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
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	40,000	0	40,000
TOTALS						134,235	36,000	170,235

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions 1. Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. 2. 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.	September 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
2	Reduce Tobacco-Related Disparities In collaboration with priority population partners, educate stakeholders, community leaders, and decision-makers		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.				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.	March 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
4	<p>Prevent Initiation Among Youth and Young Adults</p> <p>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	Reimbursement for actual expenditures, not to exceed total funding consideration.
5	<p>Decision-Maker Outreach and Education</p> <p>Educate decision-makers and stakeholders on the evidence for 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	Reimbursement for actual expenditures, not to exceed total funding consideration.
6	<p>Health Communications</p> <p>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. b) Media advocacy through public relations/earned media efforts (e.g., press releases/conferences, social media, and local events), 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 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
	<p>which are often timed to coincide with holidays, heritage months, and health observances.</p> <p>c) Health promotion activities, such as working with health care professionals and other partners and promoting quit lines.</p>				
7	<p>Administration and Management</p> <p>1. Meetings and Conference Calls:</p> <p>a) Participate in contract management conference calls/webinars with TVPPCP every other month, beginning in July 2018. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.</p> <p>b) Attend at least one (1) full day in-person meeting with all regional and priority population contractors.</p> <p>2. Reporting: Submit monthly reports of work including a narrative on overall progress using the reporting template located on SharePoint provided by TVPPCP. All documents related to task activities will be attached.</p> <p>3. Budget*: Submit an annual budget to TVPPCP to reflect planned activities, using a template provided by TVPPCP. Update as needed on SharePoint.</p> <p>4. Billing: Submit A19 invoice voucher form monthly. An updated budget workbook is due the 30th of the month following the month in which costs are incurred.</p> <p>5. Assessment and Evaluation: Using a template provided by TVPPCP, complete project evaluation activity developed and coordinated by TVPPCP as requested.</p>		<p>Monthly reports must be submitted to DOH on the 15th of every month.</p> <p>*Annual budget due by July 30, 2018</p>	September 30, 2019	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19 forms due the 30th of the month following the month in which costs were incurred.</p>
8	<p>Planning and Coordination</p> <p>Revise and update 2017-2018 implementation plan using a template provided by TVPPCP, involving representatives</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	September 30, 2019	Reimbursement for actual expenditures, not to

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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. 				<p>exceed total funding consideration.</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

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

Stacia Wasmundt, Contract Manager
Youth Tobacco and Vapor Product Prevention Consultant
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Tobacco and Vapor Product Prevention and Control Program
Washington State Department of Health
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DOH Fiscal Contact

Sharon Shields
Fiscal Consultant
Prevention and Community Health
Washington State Department of Health
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Email: sharon.shields@doh.wa.gov

Kitsap Public Health District

**EXHIBIT B-6
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18248
Date: November 15, 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			
FFY20 CSS USDA FINI Prog Mgnt	NGA Not Received	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410	\$38,410	\$177,473
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	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)	\$50,000	
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		
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	197WAWA5Q3903	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	187WAWA5Q3903	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	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940	\$51,940	\$51,940
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 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$5,318	\$295,345	\$295,345
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		
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	NH23IP000762	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	NH23IP000762	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

Kitsap Public Health District

**EXHIBIT B-6
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18248
Date: November 15, 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			
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
FFY18 PHBG Tobacco PPHF	NB01OT009234	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	B04MC32578	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 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$10,413	\$10,413	\$21,865
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$2,083	\$2,083	
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	
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		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333	\$43,333	\$95,000
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000		
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	

Kitsap Public Health District

**EXHIBIT B-6
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18248
Date: November 15, 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			
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		
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)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	\$30,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$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 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	\$82,688
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
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		
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		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	06/30/19	\$112,230	\$112,230	\$449,460
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000	

Kitsap Public Health District

**EXHIBIT B-6
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18248
Date: November 15, 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			
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 6	N/A	346.26.64	01/01/18	12/31/19	07/01/17	12/31/19	\$12,750	\$27,500	\$27,500
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6	N/A	346.26.64	01/01/18	12/31/19	07/01/17	12/31/19	\$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 6	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$468	\$1,268	\$1,268
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		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/19	07/01/17	12/31/19	\$1,949	\$3,149	\$3,149
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6	N/A	346.26.66	01/01/18	12/31/19	07/01/17	12/31/19	\$1,200		
TOTAL									\$3,228,791	\$3,228,791	
Total consideration:				\$2,943,100						GRAND TOTAL	\$3,228,791
				\$285,691							
GRAND TOTAL				\$3,228,791						Total Fed	\$1,507,565
										Total State	\$1,721,226

*Catalog of Federal Domestic Assistance

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

Exhibit C-6 Schedule of Federal Awards

AMENDMENT #6

Date: November 15, 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
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	NGA Not Received	NGA Not Received	10/01/19	03/31/20	\$38,410	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	NGA Not Received	NGA Not Received
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	\$50,000	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	09/28/18	\$5,386,268	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	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	09/28/17	\$5,300,000	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	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
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)
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$51,940	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
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	\$295,345	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	06/29/18	\$3,634,512	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	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	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	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM

Exhibit C-6 Schedule of Federal Awards

AMENDMENT #6

Date: November 15, 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
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
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	08/31/18	\$1,675,032	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	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018
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	11/14/18	\$2,225,977	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	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
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						\$1,507,565					