

**Kitsap Public Health District  
Consent Agenda  
January 2, 2024**

<b>KPHD Contract Number</b>	<b>Their Contract Number</b>	<b>Contractor and Agreement Name</b>	<b>Type of Agreement</b>	<b>Term of Agreement</b>	<b>Amount to District</b>	<b>Amount to Other Agency</b>
<b>2203 Amendment 16 (2379)</b>	<b>CLH31014 Amendment 15</b>	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	<b>Amendment</b>	<b>01/01/2022- 12/31/2024</b>	<b>\$961,500</b>	<b>\$0</b>
<b>Description:</b> Adds statements of work for Infectious Disease Prevention Services-Ryan White Part B and Office of People Services-HR-Public Health Infrastructure Grant and amends statements of work for DCHS – ELC COVID-19 Response, Foundational Public Health Services (FPHS), HIV Client Services-HOPWA, Office of Immunization COVID-19 Vaccine, Office of Immunization-Perinatal Hepatitis B, Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates and Office of Immunization-Regional Representatives and adds \$961,500 for a revised maximum consideration of \$18,695,351.						
<b>2306 Amendment 1 (2384)</b>	<b>N-22-058-A1</b>	<b>Jefferson County Public Health</b> <i>Nurse Family Partnership Supervisor</i>	<b>Amendment</b>	<b>01/01/2023- 12/31/2024</b>	<b>\$75,000</b>	<b>\$0</b>
<b>Description:</b> Amendment to extend the provisions of the original agreement beginning January 1, 2024, through December 31, 2024.						
<b>2327 Amendment 1 (2380)</b>	NA	<b>Johns Hopkins University</b> <i>Healthcare Assessment Project</i>	<b>Amendment</b>	<b>03/15/2023- 03/31/2024</b>	<b>\$0</b>	<b>\$0</b>
<b>Description:</b> Amendment to extend the period of performance to March 31, 2024. All other provisions of the Agreement, remain unchanged.						

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

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 16**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and KITSAP PUBLIC HEALTH DISTRICT, a Local Health Jurisdiction, hereinafter referred to as “LHJ”, pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- Adds Statements of Work for the following programs:  
 Infectious Disease Prevention Services-Ryan White Part B - Effective January 1, 2024  
 Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2024

- Amends Statements of Work for the following programs:  
 DCHS - ELC COVID-19 Response - Effective January 1, 2022  
 Foundational Public Health Services (FPHS) - Effective July 1, 2023  
 HIV Client Services-HOPWA - Effective September 1, 2023  
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022  
 Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2023  
 Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023  
 Office of Immunization-Regional Representatives - Effective July 1, 2023

- Deletes Statements of Work for the following programs:

2. Exhibit B-16 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-15 Allocations as follows:

- Increase of **\$961,500** for a revised maximum consideration of **\$18,695,351**.
- Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)  
 Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community Hlth Pgms (inc. Admin) & 36% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
FFY23 IAR SNAP Ed Prog Mgmt-Region 5	NGA Not Received	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$98,016	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497	
FFY24 SNAP Ed Prog Mgmt Admin IAR	NGA Not Received	Amd 15	10.561	333.10.56	10/01/23	09/30/24	10/01/23	09/30/24	\$127,434	\$127,434
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418
<b>FFY23 Housing People with AIDS Formula HUD</b>	<b>NGA Not Received</b>	<b>Amd 16</b>	<b>14.241</b>	<b>333.14.24</b>	<b>09/01/23</b>	<b>06/30/24</b>	<b>08/10/23</b>	<b>08/09/26</b>	<b>\$300</b>	<b>\$350,432</b>
FFY23 Housing People with AIDS Formula HUD	NGA Not Received	Amd 15	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$112,764	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$23,000	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$103,989	
<b>FFY21 Housing People with AIDS Formula</b>	<b>WAH21-F999</b>	<b>Amd 16</b>	<b>14.241</b>	<b>333.14.24</b>	<b>09/01/23</b>	<b>06/30/24</b>	<b>07/01/20</b>	<b>08/24/24</b>	<b>\$3,200</b>	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	(\$103,989)	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690	
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$50,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	
FFY23 PHEP BP5 LHHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$295,345	\$790,580
FFY22 PHEP BP4 LHHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	
FFY21 PHEP BP3 LHHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	
FFY21 PHEP BP3 LHHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000	
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214	

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FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,750	\$2,750
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,500	\$2,500
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,613	\$17,747
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$16,134	\$17,747
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,800	\$30,800
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$28,000	\$30,800
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824
FFY19 ELC COVID Ed LHI Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$155,419	\$155,419
FFY19 ELC COVID Ed LHI Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035	\$1,145,035
FFY20 ELC EDE LHI Allocation	NU50CK000515	Amd 7, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHI Allocation	NU50CK000515	Amd 2, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	\$2,919,838	\$2,919,838
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/23	04/28/24	\$24,482	\$24,482
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$82,000	\$82,000
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000	\$80,000
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000	\$67,000
<b>FFY22 PH Infrastructure Comp A1-LHJ</b>	<b>NE110E0000053</b>	<b>Amd 16</b>	<b>93.967</b>	<b>333.93.96</b>	<b>01/01/24</b>	<b>12/31/24</b>	<b>12/01/22</b>	<b>06/30/25</b>	<b>\$200,000</b>	<b>\$200,000</b>

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
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FFY24 HRSA MCHBG LHI Contracts	NGA Not Received	Amd 14	93,994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$159,854	\$292,145
FFY23 HRSA MCHBG LHI Contracts	B04MC47453	Amd 14	93,994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$27,563)	\$132,291	
FFY23 HRSA MCHBG LHI Contracts	B04MC47453	Amd 7	93,994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93,994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563	\$37,563
FFY22 MCHBG LHI Contracts	B04MC45251	Amd 4	93,994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHI Contracts	B04MC45251	Amd 1	93,994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	\$51,755
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$20,000
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$20,000	\$20,000	\$40,000
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,333	\$33,333	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	(\$8,334)	\$0	\$0
Small Onsite Management (GFS)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334		
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$247,509	\$247,509	\$495,018
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$100,530	\$100,530	\$294,530
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$38,402	\$38,402	\$104,106
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	

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SFY25 Wastewater Management-GFS		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$38,334
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$185,184
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$21,174	(\$19,580)
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880	\$19,880
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874	\$20,874
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$19,880
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874	\$20,874
<b>FFY24 RW Grant Year Rebate</b>		<b>Amd 16</b>	<b>N/A</b>	<b>334.04.98</b>	<b>04/01/24</b>	<b>12/31/24</b>	<b>04/01/24</b>	<b>03/31/25</b>	<b>\$568,500</b>	<b>\$1,876,585</b>
<b>FFY23 RW Grant Year Rebate</b>		<b>Amd 16</b>	<b>N/A</b>	<b>334.04.98</b>	<b>01/01/24</b>	<b>03/31/24</b>	<b>07/01/23</b>	<b>03/31/24</b>	<b>\$189,500</b>	<b>\$189,500</b>
RW FFY23 Grant Year Rebate		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/24	\$313,800	\$313,800
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146	\$116,146
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438	\$348,438
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,580	\$19,580
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146	\$116,146
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146	\$116,146
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600
FPHS-LHI-Proviso (YR2)		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,719,000	\$4,064,000
FPHS-LHI-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000	\$2,469,000
FPHS-LHI-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$0	\$0
FPHS-LHI-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000	\$1,345,000
FPHS-LHI-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000
<b>SFY24 FPHS-LHI-Funds-GFS</b>		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$3,649,000	\$3,649,000
<b>SFY24 FPHS-LHI-Funds-GFS</b>		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,469,000	\$2,469,000
YR 25 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$10,750	\$10,750
YR 25 SRF - Local Asst (15%) SS		Amd 14	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$500	\$13,750
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250	\$13,250
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500	\$17,500

EXHIBIT B-16  
 ALLOCATIONS  
 Contract Term: 2022-2024

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)  
 Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community Hlth Pgms (inc. Admin) & 36% Environmental Hlth Pgms (inc. Admin)

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

YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000	\$3,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	

**TOTAL** \$18,695,351

**Total consideration:** \$17,733,851

**GRAND TOTAL** \$961,500

**GRAND TOTAL** \$18,695,351

\*Assistance Listing Number fka Catalog of Federal Domestic Assistance  
 \*\*Federal revenue codes begin with "333". State revenue codes begin with "334".

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

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response - Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through June 30, 2024

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** Extend Period of Performance and ELC EDE LHJ Funding End Date from 12/31/23 to 06/30/24.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY19 ELC COVID ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	155,419	0	155,419
FFY20 ELC EDE LHJ ALLOCATION	1897140E	93.323	333.93.32	01/01/22	06/30/24	2,720,344	0	2,720,344
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>2,875,763</b>	<b>0</b>	<b>2,875,763</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include: <ul style="list-style-type: none"> <li>Incident management for the response</li> <li>Testing</li> <li>Case Investigation/Contact Tracing</li> <li>Sustainable isolation and quarantine</li> <li>Care coordination</li> <li>Surge management</li> <li>Data reporting</li> </ul>			



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p><b>NOTE:</b> The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>				
<p><b>DCHS COVID-19 Response</b></p>				
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.</p>	<p>Submit the budget plan and narrative using the template provided.</p>	<p>Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.</p>	<p>Reimbursement of actual costs incurred, not to exceed: \$155,419 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</li> <li>2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> <li>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</li> <li>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.)</li> </ol>	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$2,720,344 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date <del>6/30/2024</del> <del>12/31/2023</del></p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <ul style="list-style-type: none"> <li>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</li> <li>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.</li> <li>iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</li> </ul> <p>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <ul style="list-style-type: none"> <li>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</li> <li>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</li> <li>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19</li> </ul>	<p>on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&amp;Q) measures in accordance with <b>WAC 246-100-045</b> (Conditions and principles for isolation or quarantine).                     <ul style="list-style-type: none"> <li>i. Have at least one (1) location for conducting I&amp;Q operations identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal</li> </ul> </p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <ul style="list-style-type: none"> <li>ii. Maintain ongoing census data for isolation and quarantine for your population.</li> <li>iii. Planning must incorporate transfer or receipt of people requiring I&amp;Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</li> <li>iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&amp;Q support, either through mobile teams or the state facility.</li> </ul>	<p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

**All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.**

**Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)**  
 CDC Funding Regulations and Policies  
<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

**Monitoring Visits (frequency, type)**

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

**Special Billing Requirements**

**Payment:** Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

**Submission of Invoice Vouchers:** The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

**Other:** Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021, were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

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

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective July 1, 2023

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2023 through June 30, 2024

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

**Revision Purpose:** Correcting BARS expenditure code typo and updating Master Index Code Chart of Accounts Title to match the title in the new 2025 biennium chart of accounts.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
SFY24 FPHS-LHJ FUNDS-GFS	99210840	N/A	336.04.25	07/01/23	06/30/24	3,649,000	0	3,649,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>3,649,000</b>	<b>0</b>	<b>3,649,000</b>

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

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

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



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

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

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

**BARS Revenue Code: 336.04.25**

**BARS Expenditure Coding** – provided for your reference.

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

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

[FPHS Intent – RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

**Activity Special Instructions:**

**Investments to Each LHH:**

**1. FPHS Funds to Each LHH**

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

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

**Targeted Investments to Each LHHJ:**

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

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

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

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

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

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

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

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

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

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

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

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: ~~526.16~~-562.16

**8. FC – NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**

Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: ~~526.13-562.13~~

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

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

11. **CD – Hepatitis C (FPHS definitions C.4.0-p)**  
Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH's Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.
12. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**  
Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
13. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**  
Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.
14. **MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**  
This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.
15. **EPH – Radiation Emergency Preparedness (FPHS definitions B.2, B.3, B.5, B.6, B.7)**  
The goal of this investment is to sustainably fund planning, training, and response for radiological emergencies. This will include training with agency Incident Management Team members and other Environmental Public Health Division staff outside of the Office of Radiation Protection (ORP) to allow for smoothly coordinated response actions and public messaging. This will allow agencies to respond, investigate, remove and dispose of unwanted and abandoned radioactive materials, and address responsibilities for protection of public health and reducing the inappropriate burden placed on licensees to fund activities outside of their permit/license or registration. Anticipated spending includes, but are not limited to staffing, materials and supplies to support training exercises. Use BARS expenditure code: 562.52

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

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

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

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

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

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

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

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

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

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

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

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

- Use BARS expenditure code: 562.43 or 53.

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

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

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to provide 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:** The purpose of this revision is to add \$3,500 to new task Permanent Housing Placement. There were no further changes to this agreement.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 HSNP-PPL W/AIDS FORMULA HUD	12660231	14.241	333.14.24	09/01/23	06/30/24	112,764	300	113,064
FFY21 HSNP-PPL W/AIDS FORMULA HUD	12660221	14.241	333.14.24	09/01/23	06/30/24	0	3,200	3,200
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>112,764</b>	<b>3,500</b>	<b>116,264</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.  The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.  Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).	-Perform prompt housing inspections.  -Make prompt rent and deposit payments to landlords and make utility payments to utility companies.  -Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.	Required reports are to be submitted in a timely manner.  DOH may delay payment until the reports are received or recapture unclaimed funds.	<b>MI 12660231</b>  <b>Administrative:</b> \$6,723  <b>Support Services:</b> \$4,166  <b>STRMU:</b> \$21,875

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services.</p> <p>-Submission of Consolidated Annual Performance Report (CAPER) by requested due date.</p> <p>-Submission of Monitor responses by the due date requested.</p>		<p>Tenant Based Rental Assistance: \$80,000</p> <p><b>Permanent Housing Placement: \$300</b></p> <p><b>TOTAL: \$113,064</b> <del>\$112,764</del></p> <p><b>MI 12660221</b></p> <p><b>Permanent Housing Placement: \$3,200</b></p> <p><b>TOTAL: \$3,500</b></p>

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

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

**Program Specific Requirements**

The outcome of this performance-based grant is safe, affordable, and stable housing for the clients of the HOPWA Program. LHJ shall provide the following inputs:

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

**Compensation and Payment:**

- i) The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 31, 2024**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25<sup>th</sup> of the following month.**
- (1) The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.
- iv) **Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.

E-mail invoices to: [ID.Operations@doh.wa.gov](mailto:ID.Operations@doh.wa.gov)

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

**Contract Modifications:**

- (1) **Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.
- (2) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

**Confidentiality Requirements:**

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

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

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

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

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



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

**DOH Program Name or Title:** Infectious Disease Prevention Services-Ryan White      **Local Health Jurisdiction Name:** Kitsap Public Health District  
Part B - Effective January 1, 2024      **Contract Number:** CLH31014

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

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

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 RW GRANT YEAR REBATE	12618530	N/A	334.04.98	01/01/24	03/31/24	0	189,500	189,500
FFY24 RW GRANT YEAR REBATE	12618540	N/A	334.04.98	04/01/24	12/31/24	0	568,500	568,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>758,000</b>	<b>758,000</b>

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

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<b>Core Services</b>				
<b>Case Management</b> Anticipated number of clients to be served.	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication).	Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the DOH HIV Community Services Program Manager.	Client level data and any interaction must be entered into Provide within 5 business days as a progress log.  <ul style="list-style-type: none"> <li>Agency must complete eligibility assessment annually.</li> <li>Comprehensive assessment must be completed within the first 30 days of</li> </ul>	<b>Total reimbursement not to exceed \$583,532.</b>  <b>See split out below by code.</b>  <b>\$145,883 – MI</b> <b>12618530 – FFY23 RW</b>
<b>170 Clients</b>				

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>Activities may include:</p> <ol style="list-style-type: none"> <li>1) initial assessment of need.</li> <li>2) development of individualized care plans.</li> <li>3) coordinated access to health and support services.</li> <li>4) client monitoring to assess the care plan.</li> <li>5) re-evaluation of the care plan.</li> <li>6) ongoing assessment of client's needs.</li> <li>7) treatment adherence counseling.</li> <li>8) client specific advocacy or review of utilization of services.</li> <li>9) benefits counseling.</li> </ol> <p><b>ROIs must be obtained for DOH, HCA, and HIV medical provider.</b></p> <p><b>Contractor must bill Title XIX monthly and report to DOH on the expense summary form.</b></p> <p><b>Any exceptions require prior approval from DOH HIV Community Services Program Manager.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b></p>	<p>Agency must track and report data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<p>completing intake and updated every five years unless significant changes have occurred with the client.</p> <ul style="list-style-type: none"> <li>• ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months.</li> <li>• Medical appointments must be reported at minimum annually.</li> </ul>	<p><b>Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$437,649 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>
<b>Supportive Services</b>				
<p><b>Outreach Services – Peer Navigation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>75 Clients</b></p>	<p>Outreach Services provide the following Peer Navigation activities:</p> <ol style="list-style-type: none"> <li>1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care,</li> <li>2) referral to appropriate supportive services.</li> <li>3) Peer Navigators must be added to the client's Care Team in the Provide database.</li> <li>4) Peer Navigators will conduct Quality-of-Life survey with their peer clients every six months, aligning with ISP review.</li> </ol>	<p>Agency must track and report client level data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Anticipated number of clients to be served.</b></p> <p>One-on-one Caseload: Peer group participants: Community facing peer support: Short-term peer navigation:</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log.</p> <p>ISP and ISP goal developments must be completed before outreach services are delivered and reviewed a minimum of every six months.</p>	<p><b>Total reimbursement not to exceed \$106,256.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$26,564 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$79,692 – MI 12618540 – FFY24 RW Grant Year Rebate for</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p>5) Peer Navigators will participate in ISP development and review based on Quality-of-Life survey.</p> <p><b>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously as some information is needed to facilitate any necessary follow-up and care.</b></p> <p><b>Funds cannot be used to pay for event materials such as promotional and/or personal items.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b></p>	<p>Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist). ***See terms and conditions section 11, bullet A, sub-section XIII***</p> <p><b>HRSA RWHAP funds cannot be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup> vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</b></p> <p><sup>1</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Client meals for activities such as focus groups, support groups, etc. must follow per diem guidelines identified in the terms and condition section below.</p> <p><b>Client must have current Ryan White Eligibility.</b></p> <p>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to a small and attractive items policy.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>4/1/24-12/31/24</b></p>
<p><b>Food Bank</b></p> <p>Anticipated number of clients to be served.</p> <p><b>50 Clients</b></p>	<p>Total reimbursement not to exceed \$12,000.</p> <p>See split out below by code.</p> <p><b>\$3,000 – MI 12618530 – FFY23 RW Grant Year</b></p> <p><b>Rebate for 1/24-3/31/24</b></p> <p><b>\$9,000 – MI 12618540 – FFY24 RW Grant Year</b></p> <p><b>Rebate for 4/1/24-12/31/24</b></p>			

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p><b>Housing</b></p> <p>Anticipated number of clients to be served.</p> <p><b>12 Clients</b></p>	<p>services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</p> <p>Housing is limited to short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services.</p> <p>Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.</p> <p>Housing funds cannot be in the form of direct cash payments to clients, used for mortgage payments, rental deposits, last month’s rent, or other fees associated with move in costs.</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Agency must:</p> <ul style="list-style-type: none"> <li>• <b>Ensure clients meet all Ryan White eligibility requirements prior to providing any assistance.</b></li> <li>• Complete a housing assessment and develop an individualized housing plan<sup>1</sup> for each client receiving housing services. (Housing plans are not required for background checks/housing applications)</li> <li>• Reassess clients for housing assistance if they have been closed for more than 90 days and complete a new individualized housing plan.</li> <li>• Have mechanisms in place to ensure newly identified clients have access to housing services.</li> <li>• Not duplicate the Housing services or benefits provided by HOPWA.</li> </ul>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and service provided.<sup>1</sup></p> <p><b>Services provided must include the dollar amount of the service provided.</b></p> <p>Housing staff must assess clients within 3 business days of staff identifying a client’s housing need.</p> <p>There must be at least one documented contact with active housing clients every 30 days.</p> <p>Document closure of housing clients from services within 30 business days.</p> <p>Housing plans must be completed annually and updated, at minimum, quarterly.</p>	<p><b>Total reimbursement not to exceed \$9,365.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$2,341 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$7,024 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p><b>Ryan White housing funds must be payor of last resort.</b></p> <p><b>One-time payments for rent or utilities are unallowable and must be reported under emergency financial assistance.</b></p> <p>Allowable Costs:</p> <ul style="list-style-type: none"> <li>• Rent</li> <li>• Past due rent (to include late fees)</li> <li>• Lot rent</li> <li>• Essential utilities (gas, electric, water, propane)</li> <li>• Past due essential utilities (to include late fees)</li> <li>• Background check/housing application</li> <li>• Hotel/Motels</li> </ul> <p><b>Any payment greater than \$3,000 must be pre-approved by DOH.</b></p> <p><b>Refundable and non-refundable deposits are unallowable costs.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b></p>	<ul style="list-style-type: none"> <li>• Have housing need(s) documented in ISP.</li> <li>• Ensure client file includes evidence of tenancy and/or appropriate documentation to support payment.</li> <li>• Document client closure from housing services with clear rationale. Documentation must include:               <ul style="list-style-type: none"> <li>○ Services needed/actions taken, if applicable</li> <li>○ Date of discharge</li> <li>○ Reason(s) for discharge</li> <li>○ Referrals made at time of discharge, if applicable</li> </ul> </li> </ul> <p><b><sup>1</sup> Individualized Housing Plan should document short- and long-term measurable goals and objectives for housing and healthcare, timeframes to achieve goals, client attainment of goals, solutions to address barriers, and resources and services that are needed to help maintain housing stability and gain/maintain healthcare, the assistance to be provided by the Housing Case Manager.</b></p>		
<p><b>Linguistic Services (Required Activity)</b></p>	<p>Provision of interpretation (oral) and translation (written) services to eligible clients. Services are provided as a part of HIV service delivery between the healthcare provider and the client when necessary to:</p> <ul style="list-style-type: none"> <li>• Facilitate communication between the provider and client.</li> <li>• Support delivery of HIV Community Services.</li> </ul>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	<p><b>Total reimbursement not to exceed \$0.00.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$0.00 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>Translation and interpretation services are only allowable in the Linguistic Services task.</p> <p>Services must be provided by a qualified linguistic service professional.</p> <p>See terms and conditions Section 10 for CLAS standards.</p>			<p>\$0.00 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>
<p><b>Medical Transportation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>15 Clients</b></p>	<p>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by:</p> <ol style="list-style-type: none"> <li>1) providers of transportation services.</li> <li>2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs.</li> <li>3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed.</li> <li>4) voucher or token systems.</li> </ol> <p><b>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup> vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</b></p> <p><sup>1</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p><b>Client must have current Ryan White Eligibility.</b></p> <p><b>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to small and attractive items policy.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement not to exceed \$7,051.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$1,763 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$5,288 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p><b>Psychosocial Support Services</b></p> <p>Anticipated number of clients to be served.</p> <p><b>75 Clients</b></p>	<p>objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</p> <p>Provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include bereavement counseling, child abuse and neglect counseling, HIV support groups, nutrition counseling by a non-registered dietitian, pastoral care/counseling services.</p> <p><b>Any food provided for support groups must be billed under the food bank/ hot meals task.</b></p>	<p>Agency must track and report client level data within the Provide database any and all activity related to this Service Category.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	<p><b>Total reimbursement not to exceed \$14,248.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$3,562 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$10,686 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>
<p><b>Ryan White Part B HIV Clinical Quality Management (CQM)/ Improvement</b></p> <p>Required Activity</p>	<p>CQM activities should be continuous, fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines</p>	<p>Agency must track and report within the Provide database all Performance Measures related to this service category as directed by DOH Quality Management Coordinator.</p> <p>Agency must submit an Annual CQM Plan by April 1st to the DOH Quality Management Coordinator. <b>CQM plan</b></p>	<p>Agency must submit quarterly reports to <a href="mailto:QualityImprovement@doh.wa.gov">HIV.QualityImprovement@doh.wa.gov</a></p> <p><b>1<sup>st</sup> Quarter</b> 1/1 - 3/31 Due 4/30</p> <p>Annual CQM Plan (Apr 1)</p>	<p><b>Total reimbursement not to exceed \$15,548.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$3,887 – MI 12618530 – FFY23 RW Grant Year Rebate for</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>(otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p> <p><b>Any food provided to clients for CQM activities must be billed under the food bank/ hot meals task.</b></p>	<p><b>must include Ryan White Part B specific activities.</b></p> <p><b>HRSA/HAB Clinical Performance Measures – Core</b></p> <ol style="list-style-type: none"> <li><a href="#">HIV Viral Load Suppression 95%</a></li> <li><a href="#">Prescription of HIV antiretroviral therapy 90%</a></li> <li><a href="#">Medical visit frequency 90%</a></li> <li><a href="#">Gap visits 20% or less * Reverse measure</a></li> <li><a href="#">Annual retention care 80%</a></li> </ol> <p><b><a href="#">HRSA/HAB Case Management Performance Measure</a></b></p> <ol style="list-style-type: none"> <li>Care plan 90%</li> <li>Gap in HIV medical visits 20% or less * Reverse measure</li> <li>HIV medical visit frequency 90%</li> </ol> <p>By October 1st agency must promote community engagement for Ryan White Part B eligible clients/patients to provide feedback by establishing or implementing</p> <ol style="list-style-type: none"> <li>Annual Client Satisfaction Survey’s And/or</li> <li>Quarterly Consumer/Client Advisory Board</li> </ol> <p>Deliverables for this reporting period have been identified and can be referenced in the <a href="#">Ryan White Part B Statewide Quality Management Plan</a>.</p>	<p><b>2<sup>nd</sup> Quarter</b> 4/1 – 6/30 Due 7/30</p> <p><b>3<sup>rd</sup> Quarter</b> 7/1 – 9/30 Due 10/30</p> <p><b>4<sup>th</sup> Quarter</b> 10/1 – 12/31 Due 1/30</p>	<p><b>1/1/24-3/31/24</b></p> <p><b>\$11,661 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>
<p><b>Emergency Financial Assistance</b></p> <p>Anticipated number of clients to be served.</p>	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing<sup>1</sup>, food (including groceries and food vouchers),</p>	<p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement not to exceed \$10,000.</b></p> <p><b>See split out below by code.</b></p>



Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
15 Clients	<p>transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p> <p><b>Any service(s) costing greater than \$1,000 must be pre-approved by DOH.</b></p> <p><sup>1</sup> Emergency Housing assistance is limited to financial assistance to support a one-time payment to enable the individual or family, currently in housing, to gain and/or maintain medical care. Use of Ryan White Program funds for emergency housing must be linked to medical and/or healthcare or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.</p> <p><b>Allowable housing costs:</b>                      Rent                      Utilities</p> <p><b>Housing assistance is limited to one month of rental/utility assistance in a calendar year.</b></p> <p><b>Refundable and non-refundable deposits are unallowable costs.</b></p>			<p><b>\$2,500 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$7,500 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

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

**Program Specific Requirements**

**SPECIAL PROGRAM REQUIREMENTS**

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

**GENERAL PROGRAM REQUIREMENTS**

**1. Definitions**

- a. **CONTRACTOR** – For the purposes of this Statement of Work Only, the Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
  - b. **Medical Case Manager** – Individual who provides direct services to clients living with HIV. These services help clients gain and maintain access to primary medical care and treatment.
    - i. **Program Supervisor** – Individual who provides supervision to case management and other HCS staff.
    - ii. **Program Lead** – Individual who oversees specialized or enhanced programming to clients living with HIV.
    - iii. **Case Manager Assistant/Intake Specialist** – Individual who provides assistance to case management staff to enroll clients into case management and/or supportive services.
  - c. **Non-Medical Case Manager** – Individual who provides direct services to clients living with HIV. These services provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services to improve or retain access to core medical and supportive services.
  - d. **Housing Coordinator** – Individual who provides housing and/or housing related services to people living with HIV.
  - e. **Peer Navigator** – Individual who has either direct lived or shared lived experience with HIV and navigating the healthcare system and/or barriers related to HIV stigma.
    - i. **Stewards** – Individual who provides supervision to Peer Navigators.
    - ii. **One-on-One Caseload** – Caseload of 15-20 Peer Clients referred by their care team to receive Peer Navigation support for 6-24 months or longer depending on client needs. Case managers and clients work in partnership to determine the length of time.
    - iii. **Peer Group Participants** – Clients who may or may not be utilizing Peer Navigation services but can access peer support in a peer group setting.
    - iv. **Community Facing Peer Support** – Broader activity-based client engagement such as community event programming, home visits, food access/delivery, or part of office culture when new or established clients come in for services.
    - v. **Short-Term Peer Navigation** – Support for clients with a temporary need due to unexpected life challenges or crises. Examples include but are not limited to a new HIV diagnosis, loss of housing or partner, mental/behavioral health/medical emergency, or reengagement for clients who have been justice involved and returning to community.
  - f. **Administrative Support** – Individual who provides support by greeting clients, directing phone calls, scheduling appointments, etc.
2. **Ryan White Rebate Funding** – For the purposes of this contract, all Ryan White Rebate funds received by the contractor shall be treated in the same fashion as federal funds and must follow the requirements of [2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits](#).
  3. **Program Organization** – CONTRACTOR must
    - a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information (if applicable), and staffing plan referencing positions described in the budget narrative.
    - b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
      - i. Any positions funded through Ryan White Part B, must have prior DOH approval.
    - c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.
      - i. Any funded Ryan White Care or Housing staff new to the agency must attend New Case Management training.
      - ii. Any new fiscal staff responsible for Ryan White Care invoicing will need to meet with the OID Ryan White Contract Manager within 60 days for DOH Ryan White invoice overview and training.

4. **Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information
  - a. Clients must apply for Ryan White eligibility within 30 days of intake.
  - b. Client eligibility must be recertified annually.
5. **Participation in Program Monitoring Activities** –
  - a. DOH will conduct on-site annual programmatic monitoring in the following areas:
    - i. Ryan White Part B case management and supportive services
    - ii. Title XIX case management
    - iii. Housing
    - iv. Clinical quality management
    - v. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
  - b. **Corrective Action Plans** – [§ 200.339 Remedies for noncompliance.](#)  
 If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in [§ 200.208](#). If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:
    - (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
    - (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
    - (c) Wholly or partly suspend or terminate the Federal award.
    - (d) Initiate suspension or debarment proceedings as authorized under [2 CFR part 180](#) and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
    - (e) Withhold further Federal awards for the project or program.
    - (f) Take other remedies that may be legally available
6. **Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities. Ryan White is a payer of *Last Resort* and Title XIX must be billed monthly unless prior approval for a different frequency of billing is granted by DOH – Reference the [HCS Manual](#)
7. **Participation in Quality Management/Improvement activities** – Reference the task description for CQM or the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with the CQM Coordinator or your OID Contract Manager.
8. **HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data **entered into** the Provide™ Database System. **See task descriptions for timeframe requirements.**
9. **Data Sharing Agreement (DSA)** – The CONTRACTOR must enter into written data sharing agreements when sharing category 3 or category 4 data outside the agency unless otherwise prescribed by law. The CONTRACTOR must identify and evaluate the risks of sharing their data and must enter into a data sharing agreement that documents the relationship and includes appropriate terms to mitigate identified risks.
  - a. **Category 3 Data – Confidential Information** is information that is specifically protected from either release or disclosure by law. This includes but is not limited to:
    - i. Personal information as defined in [RCW 42.56.590](#) and [RCW 19.255.010](#).
    - ii. Information about public employees as defined in [RCW 42.56.250](#).
    - iii. Lists of individuals for commercial purposes as defined in [RCW 42.56.070\(8\)](#).

- iv. Information about the infrastructure and security of computer and telecommunication networks as defined in [RCW 42.56.420](#).
  - b. **Category 4 Data – Confidential Information Requiring Special Handling** is information that is specifically protected from disclosure by law and for which:
    - i. Especially strict handling requirements are dictated, such as by statutes, regulations, agreements, or other external compliance mandates.
    - ii. Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.
10. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](#)
11. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**  
Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
12. **Participation in Data-to-Care/Lost-to-Care activities** – WA residents that are reported to have an HIV infection and be living with HIV  $\geq$  12 months that have had:
  - a. No CD4 count or viral load (VL) result reported in past 15 months but who had a VL or CD4 in the last 5 years.
  - OR
  - b. CD4 count  $<$ 200 cells/mm<sup>3</sup> AND VL  $>$ 200 copies/mL at the time of last report within the past 15 months.
    - i. DOH will provide the CONTRACTOR with a list of clients who meet the above criteria quarterly to assist in outreach and engagement.
13. **Training and Orientation Requirements** – Reference the [HCS Manual](#) for more information.
14. **Contract Management** – Reference the [HCS Manual](#) for more information.
- a. **Fiscal Guidance** – Reference the OID Fiscal Manual for more detailed information.
    - i. **Funding** – The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
    - ii. **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and OID Expense Summary form. A19 invoice vouchers are due by the 30<sup>th</sup> of the following month unless prior arrangements have been made with the DOH Contract Manager. Prior approval is required for a different frequency of billing.
      - 1) The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or identified by DOH program staff to determine allowability of Ryan White related expenses. Risk assessments are completed at the beginning of a new contract. Contact your contract manager if you are unaware of your assigned risk level.
      - 2) DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
  - iii. **Allocating Costs and Indirect** –
    - 1) **Cost Allocation Plan** - If allocating costs, the CONTRACTOR must have a documented allocation methodology that is reviewed and approved by DOH Staff. DOH is not able to reimburse allocated costs without an approved plan on file.
    - 2) **Federally Negotiated Indirect Rate** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or
    - 3) **10% De Minimus Certification** of file with DOH. DOH is not able to reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
  - iv. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
  - v. **Payer of Last Resort** – Ryan White Part B Funds is considered the payor of last resort, and as such, funds may not be used for any item or service “to the extent that payment has been made, or can reasonably be expected to be made under...any State compensation program, under an insurance policy, or under any Federal or State health benefits program..., or by an entity that provides health services on a pre-paid basis.”
  - vi. **Cost of Services** – Costs must be necessary and reasonable to carry out approved contract activities.
  - vii. **Allowable Costs** – All expenditures incurred, and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars: 2 CFR 200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uni-form-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

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

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

- viii. **Duplication of EIP Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP, Medicaid, or other Insurance Provider.
- ix. **Ryan White Part B** may not be used for prevention activities.
- x. **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- xi. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer store gift cards or voucher programs to assure that recipients cannot readily convert vouchers into cash.
  - 1) **Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.**
  - 2) **General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.**
  - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- xii. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA guidelines](#). *Reference the OIG Fiscal Manual for more information.*
- xiii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

**Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

The agency shall implement specific measures to control small and attractive assets to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Agency must include, at a minimum, the following assets with unit costs of \$300 or more:

1. Laptops and notebook computers
2. Tablets and smart phones

Agencies must also include the following assets with unit costs of \$1,000 or more:

- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
- 2) Cameras and Photographic Projection Equipment
- 3) Desktop Computers (PCs)
- 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

xv. **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval is required** when food and refreshments are purchased for meetings outside of the Psychosocial Support or CQM tasks. A sign in sheet with the clients' ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.

- 1) **Food or hot meals purchased for the Psychosocial Support or CQM tasks must bill under the Food Bank/Hot Meals task to be considered an allowable cost.**
  - 2) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
  - 3) Food for staff meetings/trainings is unallowable.
- PLEASE NOTE:** If meals/refreshments are purchased for allowable meetings, food can only be purchased for **clients** at the per diem rate. Any expenses over per diem will be denied. [U.S. General Services Administration Per Diem Look Up](#)

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

**b. Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH. Any exceptions require pre-approval from DOH.
  - 1) **Local Health Jurisdiction (LHJ) Contractors** – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
  - 2) **Non- LHJ Contractors** – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and State Fiscal Year (SFY) end dates. Amendments must be signed prior to the end of the FFY and/or SFY end date.
 

EX. FFY end date is 6/30, contract amendment request due to contract manager by 4/31
- c. **Subcontracting** – This statement of work does not allow a CONTRACTOR to subcontract for services.
- d. **Written Agreements**

The CONTRACTOR should execute written agreements with partners to document how services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- i. HIV service providers providing case management, outreach services, or other support services.
- ii. Medical Providers providing services to agency's medical case management clients.

iii. Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR Technical assistance is available through DOH.

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

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

17. **Whistleblower**

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

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

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

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

**SOW Type:** Revision      **Revision # (for this SOW)** 7

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through June 30, 2024

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

**Revision Purpose:** The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs and update Master Index Codes.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
COVID19 Vaccines R4	74310259	93.268	333.93.26	01/01/22	06/30/24	1,032,214	0	1,032,214
COVID19 CDC Vaccines	74310236	93.268	333.93.26	01/01/22	06/30/24	283,424	0	283,424
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,315,638</b>	<b>0</b>	<b>1,315,638</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.B	<p><b>Example 2:</b> Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p> <p>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.</p>	Written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31 and June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

**Federal Funding Accountability and Transparency Act (FFATA)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

**Restrictions on Funds:**

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

***Unallowable Costs:***

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

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

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

**DOH Program Name or Title:** Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2023      **Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2023 through June 30, 2024

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding

**Revision Purpose:** The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY24 CDC PPHF Ops	74310246	93.268	333.93.26	07/01/23	06/30/24	2,750	0	2,750
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>2,750</b>	<b>0</b>	<b>2,750</b>

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

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

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

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

**Unallowable Costs:**

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

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

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

**DOH Program Name or Title:** Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** July 1, 2023 through June 30, 2024

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

**Revision Purpose:** The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	17,747	0	17,747
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>17,747</b>	<b>0</b>	<b>17,747</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods <u>Examples of qualitative &amp; quantitative methods/measures:</u> <ul style="list-style-type: none"> <li>▪ Surveys, Questionnaires, Interviews</li> <li>▪ Immunization coverage rates expressed in percentages</li> <li>▪ Observations (i.e., feedback from surveys/interviews, social media posts comments)</li> <li>▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.)</li> </ul>	Written proposal summarizing project plan and method of assessing/observing change in target population.  (Template will be provided)	August 1, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> <li>▪ Increased partner knowledge on immunization guidelines</li> <li>▪ Change in attitudes about childhood vaccines</li> <li>▪ Increase in school district immunization coverage rates</li> </ul>	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].  (Template will be provided)	June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

**Program Specific Requirements**

**Unallowable Costs:**

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

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition

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

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

**DOH Program Name or Title:** Office of Immunization-Regional Representatives - Effective July 1, 2023

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2023 through June 30, 2024

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 define required Childhood Vaccine Program (CVP) activities for regional representatives.

**Revision Purpose:** The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY24 CDC IQIP Regional Rep	74310244	93.268	333.93.26	07/01/23	06/30/24	30,800	0	30,800
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>30,800</b>	<b>0</b>	<b>30,800</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	a) Provider Agreement New Enrollment Packet with original or electronic signature – DOH 348-022 b) New Enrollment Training Guide (CVP SharePoint Site) c) Information Sharing Agreement with original signature - DOH 348-576. This document must be mailed to DOH.	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.</p>	<p>Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.</p>	<p>Within ten (10) days of vaccine transfer or removal</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3	<p>Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	<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 and upload applicable documentation into 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 even with equipment intended for access.</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>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
4	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p>	<p>a) Submit completed CVP Compliance Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p>	<p>a) By July 31</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>All CVP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee annually.</p> <p><b><u>IQIP (Immunization Quality Improvement for Providers)</u></b></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 30% of total visits assigned per region must be initiated within the first half Project year and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur within four (4) months of the annual/ initial training.</p>	<p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p> <p>e) Respond to requests from DOH to schedule observation visit.</p> <p>a) Copy of project management plan (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up.</p> <p>Complete and submit IQIP visit evaluation survey</p>	<p>d) Within five (5) business days of receiving the document(s) follow-up action was completed.</p> <p>e) Within 5 business days of DOH request.</p> <p>a) Within five (5) business days of the IQIP Annual Training</p> <p>b) Within five (5) business days of visit</p> <p>c) Within five (5) business days of contact</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

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

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

**Program Specific Requirements**

**Unallowable Costs:**

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

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

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

**DOH Program Name or Title:** Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2024

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

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

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHH public health workforce in accordance with the CDC Public Health Infrastructure Grant (PHIG).

**NOTE:** The funding allocation in this SOW is for the period of January 1, 2024 through June 30, 2025. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. DOH intends to include any unspent funding in a new SOW in the next consolidated contract term beginning January 1, 2025 for continuation of this project through June 30, 2025.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 PH Infrastructure Comp A1-LHJ	92321223	93.967	333.93.96	01/01/24 12/31/24	0	200,000	200,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>0</b>	<b>200,000</b>	<b>200,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHH staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by March 15, 2024, and any changes within 30 days of the change.	March 15, 2024 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	June 30, 2024, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.</p> <p>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased hiring of diverse public health staff, increased retention of existing public health staff, and improved workforce systems and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> <li>• Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.</li> <li>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.</li> <li>• Training and education (and related travel) for new and existing staff on topics such as incident management trainings, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ.</li> <li>• Costs of contractors and contracted staff.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Preapproval from DOH is required to contract with these funds.</li> <li>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)</li> </ul>	<p>Requests for approval of contracts and/or equipment.</p>	<p>As needed</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Data collection, as applicable, based on activities LHJ has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> <li>• Total new hires</li> <li>• Describe challenges or experiences that have impacted progress toward achieving set hiring goals.</li> <li>• Describe promising practices or activities that should be considered for sustained funding.</li> <li>• Explain your approach and mitigation plans to address challenges in meeting these hiring goals.</li> <li>• Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring.</li> <li>• Existing Staff budget for this funding.</li> </ul> <p>Note: Reporting periods are - January 1, 2024–June 30, 2024, July 1, 2024–December 31, 2024, and January 1, 2025–June 30, 2025.</p>	Data on form provided by DOH.	July 10, 2024 January 10, 2025 July 10, 2025	

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

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

**Program Specific Requirements**

**Follow all Federal requirements for use of Federal funds:**

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards  
[eCFR: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

**The following expenses are not allowable with these funds:**

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).

- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

**Preapproval from DOH is required to use these funds for:**

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

Note: Preapproval is no longer required for paying overtime.  
See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

**BILLING**

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

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

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

**CONTRACT AGREEMENT AMENDMENT #1**  
**By and Between**  
**Kitsap Public Health District and Jefferson County Public Health**  
**Nurse Family Partnership Supervisor**

**WHEREAS**, Kitsap Public Health District (KPHD) (CONTRACTOR) and Jefferson County Public Health (JCPH) (JEFFERSON COUNTY) entered into an agreement on January 1, 2023 for Professional Services to provide services as Nurse Family Partnership (NFP) Supervisor; and

**WHEREAS**, the parties desire to amend this agreement; therefore

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

- 1.) This amendment shall extend the provisions of the Agreement beginning January 1, 2024 and will continue through December 31, 2024 unless terminated as provided by the Agreement.
- 2.) All other terms and conditions of the agreement will remain the same.


Dated this 18<sup>th</sup> day of December, 2023

**(SIGNATURES TO FOLLOW ON THE NEXT PAGE)**



**JEFFERSON COUNTY WASHINGTON**

Board of County Commissioners  
Jefferson County, Washington

By:  12/18/23  
Greg Brotherton, Chair Date


By:  12/18/23  
Kate Dean, Commissioner Date

By:  12/18/23  
Heidi Eisenhour, Commissioner Date



ATTEST  
 12/18/23  
Carolyn Gallaway Date  
Clerk of the Board

Approved as to form only:

 December 7, 2023  
Philip C. Hunsucker, Date  
Chief Civil Deputy Prosecuting Attorney

**Kitsap Public Health District**

Keith Gellner, RS Administrator  
Kitsap County, WA

By: \_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**AMENDMENT TO AGREEMENT FOR PROFESSIONAL SERVICES**

This Amendment to the Agreement for Professional Services is made and entered into between Kitsap Public Health District, at 345 6<sup>th</sup> Street, Suite 300, Bremerton, Washington 98337 (“District”), and the Johns Hopkins University on behalf of Health Security, hereinafter referred to as “Contractor.” The District and Contractor are hereinafter collectively referred to as the “Parties.”


In consideration of the mutual benefits and covenants contained herein, the parties agree that their Agreement for Professional Services, numbered as KPHD 2327, executed on March 29, 2023, shall be amended as follows:

1. Section 1. **Period of Performance.** The period of performance of this Agreement shall be extended to terminate on March 31, 2024.
2. All other provisions of the Agreement, except as previously amended, remain unchanged and in full force and effect.

**KITSAP PUBLIC HEALTH DISTRICT**

**THE JOHNS HOPKINS UNIVERSITY**

\_\_\_\_\_  
YOLANDA FONG, Administrator

  
\_\_\_\_\_  
CHRISTINA BOFFEN, JD  
Assistant Director, Research Administration

Date: \_\_\_\_\_

Date: November 28, 2023

New or Renewed Contracts for the Period of 11/01/2023 through 11/30/2023

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
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Active (3 contracts)

DOH, Washington State

ID: 2370 Administration, Keith Grellner Amendment Closed 11/07/23 \$450,948.00 11/08/23 01/01/22 12/31/24 CLH31014

Description: Defines the joint and cooperative relationship and planning efforts between KPHD and DOH. The contract and all statements of work contained are intended to implement applicable objectives under the Public Health Improvement Plan and facilitate the delivery of public health services to the people of Washington.

Amendment 15

Kitsap Public Health Board

ID: 2371 Administration, Karen Holt Employment Closed 11/07/23 \$514,798.00 11/08/23 11/08/23 12/31/26

Description: KPHD Administrator employment agreement re: Yolanda Fong

Quist-Therson, Nii Nortey

ID: 2366 Information Technology, Ed North Contract for Services Closed \$9,999.00 11/30/23 12/01/23 06/30/24

Description: To provide Network and Systems Security Services to District.

**Kitsap Public Health Board Meeting**  
**Date: January 2, 2024**

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

**Approvals:**

	Signature	Date
Administrator	<i>Yolanda Fong</i>	12/27/2023
Finance Manager	<i>Melissa Laird</i>	12/27/2023

**Recommended Motion:** Approval

**Items:**

Type	Warrant/EFT Date	Total Amount
Accounts Payable	11/2/2023	\$ 51,104.74
Accounts Payable	11/9/2023	33,448.71
Accounts Payable	11/16/2023	61,310.61
Accounts Payable	11/30/2023	248,736.05
NDGC Mortgage	11/1/2023	25,246.00
Vital Stats Transfer	11/20/2023	23,332.00
Accounts Payable Total		\$ 443,178.11
Payroll	11/30/2023	546,528.91
Payroll Taxes	11/1/2023	210,088.17
Payroll Taxes	11/30/2023	206,308.43
Payroll PERS Payment	11/9/2023	125,764.27
Payroll Total		\$ 1,088,689.78
<b>Grand Total</b>		<b>\$ 1,531,867.89</b>

**Kitsap Public Health Board Action:**

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information

<b>Settlement Run</b>	STL-00002748
<b>Name</b>	Kitsap Public Health District HH
<b>Number</b>	STL-00002748
<b>Status</b>	Complete
<b>Date</b>	11/02/2023
<b>Include Payments On Behalf Of</b>	No
<b>Exclude Negative Payments</b>	Yes
<b>Express Settlement</b>	No

Additional Information

<b>Organization</b>	Kitsap Public Health District
<b>Currency</b>	USD
<b>Filters Used</b>	

Payment Information

<b>Display Currency</b>	USD
<b>Outbound Total</b>	51,104.74
<b>Inbound Total</b>	0.00
<b>Expense Report Count</b>	11
<b>Miscellaneous Payment Request Count</b>	1
<b>Supplier Invoice Count</b>	17

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	11/02/2023	1	58.30	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/02/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	11/02/2023	10	4,369.13	USD	Payment Message: ID 2186 for Kitsap Public Health District on 11/02/2023	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	11/02/2023	1	350.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/02/2023	Successfully Completed



## View Settlement Run

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11/02/2023

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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	11/02/2023	10	29,753.64	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/02/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	11/02/2023	5	16,573.67	USD	Payment Message: ID 2185 for Kitsap Public Health District on 11/02/2023	Successfully Completed

## Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0006973	Kitsap Public Health District	Karen Boysen-Knapp (2058)	Employee	EXP-0006973	10/24/2023	CPH Certification 2023	95.00	USD
Expense Report: EXP-0006975	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0006975	10/24/2023	Mileage 0920-101923	355.93	USD
Expense Report: EXP-0006977	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0006977	10/24/2023	Mileage 1012-101823	58.30	USD
Expense Report: EXP-0006978	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0006978	10/24/2023	Mileage 1017-102423	33.99	USD
Expense Report: EXP-0006979	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0006979	10/24/2023	Mileage 1010-102023	88.43	USD
Expense Report: EXP-0006980	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0006980	10/24/2023	Travel- Air, Conf Registration SC 2023	2,987.90	USD
Expense Report: EXP-0006981	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0006981	10/24/2023	Mileage 1004-11923	288.99	USD
Expense Report: EXP-0006982	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0006982	10/24/2023	Mileage1013-102323	196.57	USD
Expense Report: EXP-0006983	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0006983	10/24/2023	Mileage 1010-102023	110.04	USD
Expense Report: EXP-0006994	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0006994	10/25/2023	Mileage 1009-101723	136.90	USD
Expense Report: EXP-0006995	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0006995	10/25/2023	Mileage 0930-101823, Parking 101723	75.38	USD

## Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-12506	Kitsap Public Health District	Greg Duvall (Inactive)	MPR-12506	Check	One-Time Payment	10/25/2023	350.00	USD

## Supplier Invoices



## View Settlement Run

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11/02/2023

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-88269	Kitsap Public Health District	Anish Adhikari	Invoice #6 -2023	Anish Adhikari	Net 30	SINV-2023-88269	10/01/2023		10/31/2023	0.00	0.00	1,900.00	USD
Supplier Invoice: SINV-2023-88270	Kitsap Public Health District	Fusion Creative Works	Invoice # 4691	Fusion Creative Works	Net 30	SINV-2023-88270	10/24/2023		11/23/2023	0.00	0.00	500.00	USD
Supplier Invoice: SINV-2023-88276	Kitsap Public Health District	Johns Hopkins University	Inv# 1800356672	Johns Hopkins University	Net 30	SINV-2023-88276	10/10/2023		11/09/2023	0.00	0.00	19,881.32	USD
Supplier Invoice: SINV-2023-88279	Kitsap Public Health District	Nicholson Drilling Inc	Refund 2023	Nicholson Drilling Inc	Net 30	SINV-2023-88279	10/24/2023		11/23/2023	0.00	0.00	200.00	USD
Supplier Invoice: SINV-2023-88280	Kitsap Public Health District	ODP Business Solutions, LLC	Inv# 334703524001	ODP Business Solutions, LLC	Net 30	SINV-2023-88280	10/13/2023		11/12/2023	0.00	0.00	212.63	USD
Supplier Invoice: SINV-2023-88283	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	Invoice # 23-07528	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2023-88283	10/01/2023		10/31/2023	0.00	0.00	1,089.60	USD
Supplier Invoice: SINV-2023-88287	Kitsap Public Health District	Staples	Inv# 3549960689	Staples - Remit-To: Staples	Net 30	SINV-2023-88287	10/13/2023		11/12/2023	0.00	0.00	316.89	USD
Supplier Invoice: SINV-2023-88289	Kitsap Public Health District	Stericycle Inc	Inv# 8004845429	Stericycle Inc - Remit-To: Shred-It C/O Stericycle Inc	Net 30	SINV-2023-88289	10/01/2023		10/31/2023	0.00	0.00	265.76	USD
Supplier Invoice: SINV-2023-88290	Kitsap Public Health District	Summit Law Group, PLLC	Invoice # 149246	Summit Law Group, PLLC	Net 30	SINV-2023-88290	10/17/2023		11/16/2023	0.00	0.00	160.00	USD
Supplier Invoice: SINV-2023-88291	Kitsap Public Health District	UPS	Shipper# 997856/ Invoice # 0000997856413	UPS	Net 30	SINV-2023-88291	10/14/2023		11/13/2023	0.00	0.00	300.00	USD



## View Settlement Run

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-88292	Kitsap Public Health District	WA State Employment Security	ESD# 000-930252-10-4/ UBI# 601-139-034	WA State Employment Security - Remit-To: PO Box 84242	Net 30	SINV-2023-88292	10/24/2023		11/23/2023	0.00	0.00	3,698.80	USD
Supplier Invoice: SINV-2023-88393	Kitsap Public Health District	Alliant Insurance Services, Inc	INVOICE # 2455387-BERGER	Alliant Insurance Services, Inc - Remit-To: PO Box 8473 Pasadena	Net 30	SINV-2023-88393	10/25/2023		11/24/2023	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2023-88394	Kitsap Public Health District	Canon Financial Services, Inc.	INVOICE# 31411412	Canon Financial Services, Inc.	Net 30	SINV-2023-88394	10/12/2023		11/11/2023	0.00	0.00	1,043.07	USD
Supplier Invoice: SINV-2023-88420	Kitsap Public Health District	Xiologix, Llc	Invoice # 10511	Xiologix, Llc	Net 30	SINV-2023-88420	10/25/2023		11/24/2023	0.00	0.00	2,050.09	USD
Supplier Invoice: SINV-2023-88592	Kitsap Public Health District	ODP Business Solutions, LLC	Invoice # 337068724001	ODP Business Solutions, LLC	Net 30	SINV-2023-88592	10/21/2023		11/20/2023	0.00	0.00	440.64	USD
Supplier Invoice: SINV-2023-88593	Kitsap Public Health District	Staples	Invoice # 3550611823/ Acct# 1036668	Staples - Remit-To: Staples	Net 30	SINV-2023-88593	10/21/2023		11/20/2023	0.00	0.00	237.51	USD
Supplier Invoice: SINV-2023-88727	Kitsap Public Health District	Tetra Tech Inc.	Invoice # 52078072 (A)	Tetra Tech Inc.	Net 30	SINV-2023-88727	10/27/2023		11/26/2023	0.00	0.00	13,981.00	USD

## Process History

## Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	11/02/2023 03:26:01 PM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

## Related Business Processes History





### View Settlement Run

Business Process	Status
Payment Message: ID 2185 for Kitsap Public Health District on 11/02/2023	Successfully Completed
Payment Message: ID 2186 for Kitsap Public Health District on 11/02/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/02/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/02/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/02/2023	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 11/02/2023	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 11/02/2023	Successfully Completed
Remittance File: For UPS on 11/02/2023	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 11/02/2023	Successfully Completed
Remittance File: For Tetra Tech Inc. on 11/02/2023	Successfully Completed

#### Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
11/02/2023 03:26 PM	11/02/2023 03:26 PM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002748	Completed	00:00:14	Heather Hunsaker	



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## Settlement Run Information

**Settlement Run** STL-00002771  
**Name** Kitsap Public Health District HH  
**Number** STL-00002771  
**Status** Complete  
**Date** 11/09/2023  
**Include Payments On Behalf Of** No  
**Exclude Negative Payments** Yes  
**Express Settlement** No

## Additional Information

**Organization** Kitsap Public Health District  
**Currency** USD  
**Filters Used**

## Payment Information

**Display Currency** USD  
**Outbound Total** 33,448.71  
**Inbound Total** 0.00  
**Expense Report Count** 24  
**Miscellaneous Payment Request Count** 1  
**Supplier Invoice Count** 11

## Payment Groups

## Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	11/09/2023	1	1,035.92	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/09/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	11/09/2023	22	5,212.85	USD	Payment Message: ID 2204 for Kitsap Public Health District on 11/09/2023	Successfully Completed



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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	11/09/2023	1	150.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/09/2023	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	11/09/2023	6	22,718.55	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/09/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	11/09/2023	4	4,331.39	USD	Payment Message: ID 2203 for Kitsap Public Health District on 11/09/2023	Successfully Completed

## Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007062	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0007062	11/01/2023	Mileage 1020-102723	181.44	USD
Expense Report: EXP-0007063	Kitsap Public Health District	Dana Bierman (404611)	Employee	EXP-0007063	11/01/2023	Conference 1010-102423, Supplies102623	566.74	USD
Expense Report: EXP-0007065	Kitsap Public Health District	Dana Bierman (404611)	Employee	EXP-0007065	11/01/2023	Supplies 101823	53.30	USD
Expense Report: EXP-0007066	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0007066	11/01/2023	Conference 1009-101223	652.64	USD
Expense Report: EXP-0007067	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0007067	11/01/2023	Conference 1009-101223, Mileage 0830-091323	483.71	USD
Expense Report: EXP-0007068	Kitsap Public Health District	Adrienne Hampton (434838)	Employee	EXP-0007068	11/01/2023	Conference 1009-101223	177.00	USD
Expense Report: EXP-0007069	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0007069	11/01/2023	Mileage 1025-102623	19.06	USD
Expense Report: EXP-0007070	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0007070	11/01/2023	Mileage 1002-100423	348.20	USD
Expense Report: EXP-0007071	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0007071	11/01/2023	Canva, Supplies 0818-101823	50.17	USD
Expense Report: EXP-0007072	Kitsap Public Health District	Sarah Kinnear (434099)	Employee	EXP-0007072	11/01/2023	Conference 1010-101223	94.40	USD
Expense Report: EXP-0007073	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0007073	11/01/2023	Mileage 0911-102523	152.88	USD
Expense Report: EXP-0007074	Kitsap Public Health District	Brian Nielson (434638)	Employee	EXP-0007074	11/01/2023	Mileage 1010-101223, Conference	1,035.92	USD
Expense Report: EXP-0007075	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0007075	11/01/2023	Mileage 0801-081723	115.28	USD



## View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007076	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0007076	11/01/2023	Mileage 1024-103023	65.30	USD
Expense Report: EXP-0007077	Kitsap Public Health District	Justin Shoriz (434893)	Employee	EXP-0007077	11/01/2023	Mileage 1009-101223, Conference	914.50	USD
Expense Report: EXP-0007078	Kitsap Public Health District	Kelsey Stedman (347366)	Employee	EXP-0007078	11/01/2023	Conference 1009-101223, Supplies 102323	284.31	USD
Expense Report: EXP-0007079	Kitsap Public Health District	Erica White (434641)	Employee	EXP-0007079	11/01/2023	Conference 1010-101223	99.90	USD
Expense Report: EXP-0007080	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0007080	11/01/2023	Mileage 1023-102723	82.07	USD
Expense Report: EXP-0007094	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0007094	11/03/2023	Mileage 0912-103023	301.96	USD
Expense Report: EXP-0007095	Kitsap Public Health District	Laura Ciulla (400655)	Employee	EXP-0007095	11/03/2023	Mileage 1003-102423	56.99	USD
Expense Report: EXP-0007096	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0007096	11/03/2023	Mileage 0928-102623	291.67	USD
Expense Report: EXP-0007097	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0007097	11/03/2023	Mileage 1002-101223	143.45	USD
Expense Report: EXP-0007098	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0007098	11/03/2023	Mileage 1012-102523	39.23	USD
Expense Report: EXP-0007105	Kitsap Public Health District	Tameka Phelps (434295)	Employee	EXP-0007105	11/03/2023	MILEAGE 1006-102523	38.65	USD

## Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-12755	Kitsap Public Health District	Nancy Wolf (Inactive)	MPR-12755	Check	One-Time Payment	11/01/2023	150.00	USD

## Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-89332	Kitsap Public Health District	FedEx	INVOICE # 8-299-19823/ ACCT## 1888-3436-1	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2023-89332	11/01/2023		12/01/2023	0.00	0.00	80.03	USD
Supplier Invoice: SINV-2023-89333	Kitsap Public Health District	Kitsap Public Health District	REPLENISH PETTY CASH NOV 2023	Kitsap Public Health District - Remit-To: Petty Cash Fund	Net 30	SINV-2023-89333	11/01/2023		12/01/2023	0.00	0.00	206.44	USD
Supplier Invoice: SINV-2023-89334	Kitsap Public Health District	Ozark Underground Laboratory	INVOICE # 2023130WA46	Ozark Underground Laboratory	Net 30	SINV-2023-89334	11/01/2023		12/01/2023	0.00	0.00	2,273.25	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-89336	Kitsap Public Health District	Staples	INVOICE # 3550244789	Staples - Remit-To: Staples	Net 30	SINV-2023-89336	11/01/2023		12/01/2023	0.00	0.00	169.27	USD
Supplier Invoice: SINV-2023-89338	Kitsap Public Health District	United Business Machines Of Wa	INV# 505469	United Business Machines Of Wa	Net 30	SINV-2023-89338	11/01/2023		12/01/2023	0.00	0.00	1,316.12	USD
Supplier Invoice: SINV-2023-89340	Kitsap Public Health District	US Bank National Association	ACCT#	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2023-89340	11/01/2023		12/01/2023	0.00	0.00	20,281.09	USD
Supplier Invoice: SINV-2023-89342	Kitsap Public Health District	Washington State Public Health Assoc	INVOICE 6893/ AGENCY MEMBERSHIP	Washington State Public Health Assoc	Net 30	SINV-2023-89342	11/01/2023		12/01/2023	0.00	0.00	1,000.00	USD
Supplier Invoice: SINV-2023-89346	Kitsap Public Health District	Race Forward	Invoice # 04329/ Agency Membership	Race Forward	Net 30	SINV-2023-89346	11/01/2023		12/01/2023	0.00	0.00	1,000.00	USD
Supplier Invoice: SINV-2023-89394	Kitsap Public Health District	A.W. Rehn & Associates, Inc	Invoice # 13878	A.W. Rehn & Associates, Inc	Net 30	SINV-2023-89394	11/01/2023		12/01/2023	0.00	0.00	61.75	USD
Supplier Invoice: SINV-2023-89395	Kitsap Public Health District	Acranet Cbs Branch	Invoice # 24581	Acranet Cbs Branch	Net 30	SINV-2023-89395	11/01/2023		12/01/2023	0.00	0.00	101.00	USD
Supplier Invoice: SINV-2023-89397	Kitsap Public Health District	United Business Machines Of Wa	Invoice # 505603	United Business Machines Of Wa	Net 30	SINV-2023-89397	11/01/2023		12/01/2023	0.00	0.00	560.99	USD

Process History  
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	11/09/2023 08:55:58 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	



## View Settlement Run

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

### Related Business Processes History

Business Process	Status
Payment Message: ID 2203 for Kitsap Public Health District on 11/09/2023	Successfully Completed
Payment Message: ID 2204 for Kitsap Public Health District on 11/09/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/09/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/09/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/09/2023	Successfully Completed
Remittance File: For Acranet Cbs Branch on 11/09/2023	Successfully Completed
Remittance File: For United Business Machines Of Wa on 11/09/2023	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 11/09/2023	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 11/09/2023	Successfully Completed

### Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
11/09/2023 08:55 AM	11/09/2023 08:55 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002771	Completed	00:00:12	Heather Hunsaker	



## View Settlement Run

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## Settlement Run Information

**Settlement Run** STL-00002881  
**Name** Kitsap Public Health District HH  
**Number** STL-00002881  
**Status** Complete  
**Date** 11/16/2023  
**Include Payments On Behalf Of** No  
**Exclude Negative Payments** Yes  
**Express Settlement** No

## Additional Information

**Organization** Kitsap Public Health District  
**Currency** USD  
**Filters Used**

## Payment Information

**Display Currency** USD  
**Outbound Total** 61,310.61  
**Inbound Total** 0.00  
**Expense Report Count** 14  
**Supplier Invoice Count** 15

## Payment Groups

## Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	11/16/2023	1	56.99	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/16/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	11/16/2023	13	2,012.46	USD	Payment Message: ID 2222 for Kitsap Public Health District on 11/16/2023	Successfully Completed



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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	11/16/2023	13	55,839.46	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/16/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	11/16/2023	1	3,401.70	USD	Payment Message: ID 2223 for Kitsap Public Health District on 11/16/2023	Successfully Completed

## Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007122	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0007122	11/07/2023	Mileage 0929-100823	80.04	USD
Expense Report: EXP-0007123	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0007123	11/07/2023	Mileage 0901-103023	475.55	USD
Expense Report: EXP-0007124	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0007124	11/07/2023	Conference 1019-110223-Tolls	16.50	USD
Expense Report: EXP-0007125	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0007125	11/07/2023	Mileage 828-103123, Rubber boots	629.02	USD
Expense Report: EXP-0007126	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0007126	11/07/2023	Mileage 0914-103123	34.58	USD
Expense Report: EXP-0007127	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0007127	11/07/2023	Mileage 1023-102723	27.12	USD
Expense Report: EXP-0007128	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0007128	11/07/2023	Mileage 1031-110223	38.84	USD
Expense Report: EXP-0007129	Kitsap Public Health District	Laura Westervelt (434382)	Employee	EXP-0007129	11/07/2023	Mileage 0921- 102623	49.13	USD
Expense Report: EXP-0007144	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0007144	11/08/2023	Mileage 1025-110223	56.99	USD
Expense Report: EXP-0007145	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0007145	11/08/2023	Mileage 1027-110323	126.15	USD
Expense Report: EXP-0007146	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0007146	11/08/2023	Mileage 0901-103123	162.70	USD
Expense Report: EXP-0007147	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0007147	11/08/2023	Mileage 1004-103123, Supplies	185.57	USD
Expense Report: EXP-0007149	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0007149	11/08/2023	Mileage 1017-110223	127.07	USD
Expense Report: EXP-0007150	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0007150	11/08/2023	Mileage 1030-110223	60.19	USD

## Supplier Invoices





## View Settlement Run

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-89855	Kitsap Public Health District	Comcast	8498 36 002 1644737 ( NOV '23)	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2023-89855	11/01/2023		12/01/2023	0.00	0.00	900.33	USD
Supplier Invoice: SINV-2023-89857	Kitsap Public Health District	Comcast	INVOICE # 186431758	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2023-89857	11/01/2023		12/01/2023	0.00	0.00	519.58	USD
Supplier Invoice: SINV-2023-89858	Kitsap Public Health District	Microsoft Corporation	INV# E0600PMKAZ	Microsoft Corporation - Remit-To: Microsoft Services Po Box 842103	Net 30	SINV-2023-89858	11/01/2023		12/01/2023	0.00	0.00	11.36	USD
Supplier Invoice: SINV-2023-89860	Kitsap Public Health District	ODP Business Solutions, LLC	INV# 339401519001	ODP Business Solutions, LLC	Net 30	SINV-2023-89860	11/07/2023		12/07/2023	0.00	0.00	93.47	USD
Supplier Invoice: SINV-2023-89865	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	1001-10312023	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2023-89865	11/01/2023		12/01/2023	0.00	0.00	2,200.70	USD
Supplier Invoice: SINV-2023-89867	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	INVOICE # 23-08433	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2023-89867	11/02/2023		12/02/2023	0.00	0.00	1,201.00	USD
Supplier Invoice: SINV-2023-89871	Kitsap Public Health District	Staples	INV# 3551605664	Staples - Remit-To: Staples	Net 30	SINV-2023-89871	11/01/2023		12/01/2023	0.00	0.00	403.08	USD
Supplier Invoice: SINV-2023-89873	Kitsap Public Health District	Telelanguage LLC	Invoice # 0310071023	Telelanguage LLC	Net 30	SINV-2023-89873	11/01/2023		12/01/2023	0.00	0.00	25.65	USD
Supplier Invoice: SINV-2023-89876	Kitsap Public Health District	Wex Bank	Invoice # 93016064	Wex Bank	Net 30	SINV-2023-89876	11/07/2023		12/07/2023	0.00	0.00	608.27	USD
Supplier Invoice: SINV-2023-90154	Kitsap Public Health District	Blue Dot Investments, Llc	SPACE #45 NOV-DEC 23	Blue Dot Investments, Llc	Net 30	SINV-2023-90154	11/08/2023		12/08/2023	0.00	0.00	160.00	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-90172	Kitsap Public Health District	Iron Mountain	Invoice # 202789633	Iron Mountain - Remit-To: PO Box 601002	Net 30	SINV-2023-90172	11/08/2023		12/08/2023	0.00	0.00	194.40	USD
Supplier Invoice: SINV-2023-90308	Kitsap Public Health District	Bremerton Government Center Association	Invoice 1097- November 2023	Bremerton Government Center Association	Net 30	SINV-2023-90308	11/09/2023		12/09/2023	0.00	0.00	34,195.58	USD
Supplier Invoice: SINV-2023-90309	Kitsap Public Health District	City of Bremerton	Invoice # BKAT000796- NOV 2023	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2023-90309	11/09/2023		12/09/2023	0.00	0.00	487.83	USD
Supplier Invoice: SINV-2023-90311	Kitsap Public Health District	VectorUSA	INVOICE # 98268/98657	VectorUSA	Net 30	SINV-2023-90311	11/09/2023		12/09/2023	0.00	0.00	10,105.50	USD
Supplier Invoice: SINV-2023-90312	Kitsap Public Health District	Xiologix, Llc	INVOICE # 10553	Xiologix, Llc	Net 30	SINV-2023-90312	11/09/2023		12/09/2023	0.00	0.00	8,134.41	USD

Process History  
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	11/16/2023 09:19:02 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 2222 for Kitsap Public Health District on 11/16/2023	Successfully Completed
Payment Message: ID 2223 for Kitsap Public Health District on 11/16/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/16/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/16/2023	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 11/16/2023	Successfully Completed

Background Processes



### View Settlement Run

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
11/16/2023 09:19 AM	11/16/2023 09:19 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002881	Completed	00:00:10	Heather Hunsaker	



View Settlement Run

Settlement Run Information

<b>Settlement Run</b>	STL-00002910
<b>Name</b>	Kitsap Public Health District HH
<b>Number</b>	STL-00002910
<b>Status</b>	Complete
<b>Date</b>	11/30/2023
<b>Include Payments On Behalf Of</b>	No
<b>Exclude Negative Payments</b>	Yes
<b>Express Settlement</b>	No

Additional Information

<b>Organization</b>	Kitsap Public Health District
<b>Currency</b>	USD
<b>Filters Used</b>	

Payment Information

<b>Display Currency</b>	USD
<b>Outbound Total</b>	248,736.05
<b>Inbound Total</b>	0.00
<b>Expense Report Count</b>	28
<b>Miscellaneous Payment Request Count</b>	2
<b>Supplier Invoice Count</b>	40

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	11/30/2023	1	81.23	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/30/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	11/30/2023	22	3,595.35	USD	Payment Message: ID 2248 for Kitsap Public Health District on 11/30/2023	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	11/30/2023	2	840.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/30/2023	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	11/30/2023	35	234,756.71	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/30/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	11/30/2023	2	9,462.76	USD	Payment Message: ID 2247 for Kitsap Public Health District on 11/30/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007220	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0007220	11/16/2023	Training 1005-101023, PerDiems	523.33	USD
Expense Report: EXP-0007221	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0007221	11/16/2023	Mileage 0927-092523	176.06	USD
Expense Report: EXP-0007222	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0007222	11/16/2023	Mileage 1030-110723	94.32	USD
Expense Report: EXP-0007223	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0007223	11/16/2023	Mileage 1031-111123 (Adj 1009-101223)	354.42	USD
Expense Report: EXP-0007225	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0007225	11/16/2023	Mileage 1103-110823	45.20	USD
Expense Report: EXP-0007226	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0007226	11/16/2023	Mileage 1106-110823, Parking 110323	50.48	USD
Expense Report: EXP-0007227	Kitsap Public Health District	Jessica Guidry (355732)	Employee	EXP-0007227	11/16/2023	Mileage 10116-103123, Supplies 102423	104.81	USD
Expense Report: EXP-0007228	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0007228	11/16/2023	Training111023	85.00	USD
Expense Report: EXP-0007229	Kitsap Public Health District	Kayla Petersen (434695)	Employee	EXP-0007229	11/16/2023	Mileage 1004-102623	58.62	USD
Expense Report: EXP-0007230	Kitsap Public Health District	Kari Hunter (409213)	Employee	EXP-0007230	11/16/2023	MILEAGE 1007-110823	26.46	USD
Expense Report: EXP-0007231	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0007231	11/16/2023	MILEAGE 1024-110823	127.07	USD
Expense Report: EXP-0007233	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0007233	11/16/2023	MILEAGE 1113-110923	106.96	USD
Expense Report: EXP-0007234	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0007234	11/16/2023	MILEAGE 1003-102323	43.89	USD
Expense Report: EXP-0007235	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0007235	11/16/2023	MILEAGE 1103-110823	56.20	USD
Expense Report: EXP-0007251	Kitsap Public Health District	Nancy Acosta (278956)	Employee	EXP-0007251	11/20/2023	SUPPLIES 111523	13.10	USD
Expense Report: EXP-0007252	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0007252	11/20/2023	SUPPLIES, WORK BOOTS, RUBBER BOOTS	258.08	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0007253	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0007253	11/20/2023	MILEAGE 1109-111523	36.03	USD
Expense Report: EXP-0007254	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0007254	11/20/2023	MILEAGE 111123-111323	100.46	USD
Expense Report: EXP-0007255	Kitsap Public Health District	Melina Knoop (16125)	Employee	EXP-0007255	11/20/2023	MILEAGE 0602-111523, NEHA R/S RENEWAL	462.09	USD
Expense Report: EXP-0007256	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0007256	11/20/2023	MILEAGE 0928-100923	106.11	USD
Expense Report: EXP-0007257	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0007257	11/20/2023	TRAVEL 1023-102723, SUPPLIES 0922-092923	331.34	USD
Expense Report: EXP-0007258	Kitsap Public Health District	Gabriel Outlaw-Spencer (434984)	Employee	EXP-0007258	11/20/2023	MILEAGE 0922-110323, CONFERENCE	142.72	USD
Expense Report: EXP-0007259	Kitsap Public Health District	Lisa Warren (434273)	Employee	EXP-0007259	11/20/2023	MILEAGE 1005-101223	35.37	USD
Expense Report: EXP-0007260	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0007260	11/20/2023	MILEAGE 1109-111523	84.56	USD
Expense Report: EXP-0007261	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0007261	11/20/2023	MILEAGE 1002-110923	83.77	USD
Expense Report: EXP-0007265	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0007265	11/20/2023	MILEAGE 1114-111723	57.25	USD
Expense Report: EXP-0007268	Kitsap Public Health District	Yana Shuhler (425553)	Employee	EXP-0007268	11/20/2023	KPHD LOGOWEAR 2023	50.00	USD
Expense Report: EXP-0007270	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0007270	11/21/2023	Mileage 1108-111523	62.88	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-13321	Kitsap Public Health District	Thomas Burrows (Inactive)	MPR-13321	Check	One-Time Payment	11/16/2023	265.00	USD
MPR-13322	Kitsap Public Health District	LANCER FITZHUGH (Inactive)	MPR-13322	Check	POS Customer Refund	11/16/2023	575.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-91167	Kitsap Public Health District	Dell Marketing L.P.	INV# 10710935359	Dell Marketing L.P.	Net 30	SINV-2023-91167	11/14/2023		12/14/2023	0.00	0.00	13,337.85	USD
Supplier Invoice: SINV-2023-91172	Kitsap Public Health District	Jefferson County	0901-09302023 iNVOICE	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2023-91172	11/08/2023		12/08/2023	0.00	0.00	4,133.34	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-91177	Kitsap Public Health District	Lingo	INV# 33648981	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2023-91177	11/02/2023		12/02/2023	0.00	0.00	12.01	USD
Supplier Invoice: SINV-2023-91179	Kitsap Public Health District	Loomis	INV# 13349078	Loomis - Remit-To: Palatine, IL	Net 30	SINV-2023-91179	11/01/2023		12/01/2023	0.00	0.00	582.00	USD
Supplier Invoice: SINV-2023-91180	Kitsap Public Health District	Mckesson Medical Surgical	INV# 21311656	Mckesson Medical Surgical	Net 30	SINV-2023-91180	11/16/2023		12/16/2023	0.00	0.00	4,715.66	USD
Supplier Invoice: SINV-2023-91182	Kitsap Public Health District	Paul Simmons	SEPT 2023 HOUSING - FISHER	Paul Simmons	Net 30	SINV-2023-91182	11/16/2023		12/16/2023	0.00	0.00	1,025.00	USD
Supplier Invoice: SINV-2023-91188	Kitsap Public Health District	Staples	Invoice # 3552458170	Staples - Remit-To: Staples	Net 30	SINV-2023-91188	11/16/2023		12/16/2023	0.00	0.00	447.77	USD
Supplier Invoice: SINV-2023-91190	Kitsap Public Health District	Staples	Inv# 3552111524	Staples - Remit-To: Staples	Net 30	SINV-2023-91190	11/07/2023		12/07/2023	0.00	0.00	40.28	USD
Supplier Invoice: SINV-2023-91191	Kitsap Public Health District	Toyota Financial Services	ACCT# 03 0322 CU922-NOVEMBER 2023	Toyota Financial Services	Net 30	SINV-2023-91191	11/09/2023		12/09/2023	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2023-91192	Kitsap Public Health District	Vasion	INVOICE # US5249029	Vasion	Net 30	SINV-2023-91192	11/16/2023		12/16/2023	0.00	0.00	6,053.51	USD
Supplier Invoice: SINV-2023-91194	Kitsap Public Health District	Waxie Sanitary Supply	INV# 82098538	Waxie Sanitary Supply	Net 30	SINV-2023-91194	11/09/2023		12/09/2023	0.00	0.00	5,329.42	USD
Supplier Invoice: SINV-2023-91196	Kitsap Public Health District	Verizon Wireless	INVOICE # 9949066619	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2023-91196	11/10/2023		12/10/2023	0.00	0.00	6,216.53	USD
Supplier Invoice: SINV-2023-91471	Kitsap Public Health District	Griffin Glen Apartments LLC	DECEMBER 2023- WALDRON	Griffin Glen Apartments LLC	Net 30	SINV-2023-91471	11/20/2023		12/20/2023	0.00	0.00	1,360.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-91472	Kitsap Public Health District	The Heights at Sheridan Road	DECEMBER 2023-HOWE	The Heights at Sheridan Road	Net 30	SINV-2023-91472	11/20/2023		12/20/2023	0.00	0.00	585.00	USD
Supplier Invoice: SINV-2023-91473	Kitsap Public Health District	Indigo Apartments	DECEMBER 2023-KORNEGAY	Indigo Apartments	Net 30	SINV-2023-91473	11/20/2023		12/20/2023	0.00	0.00	660.00	USD
Supplier Invoice: SINV-2023-91475	Kitsap Public Health District	Kania, Sharon Faye	DECEMBER 2023	Kania, Sharon Faye	Net 30	SINV-2023-91475	11/20/2023		12/20/2023	0.00	0.00	635.00	USD
Supplier Invoice: SINV-2023-91476	Kitsap Public Health District	Daniel R. Niblock	DECEMBER 2023- HERRICK	Daniel R. Niblock	Net 30	SINV-2023-91476	11/20/2023		12/20/2023	0.00	0.00	1,080.00	USD
Supplier Invoice: SINV-2023-91477	Kitsap Public Health District	ODP Business Solutions, LLC	INV# 341042808001	ODP Business Solutions, LLC	Net 30	SINV-2023-91477	11/20/2023		12/20/2023	0.00	0.00	479.33	USD
Supplier Invoice: SINV-2023-91480	Kitsap Public Health District	Silverdale Home Associates	DECEMBER 2023 - PHILLIPS	Silverdale Home Associates	Net 30	SINV-2023-91480	11/20/2023		12/20/2023	0.00	0.00	1,214.00	USD
Supplier Invoice: SINV-2023-91481	Kitsap Public Health District	Paul Simmons	OCT-DEC 2023- FISHER	Paul Simmons	Net 30	SINV-2023-91481	11/20/2023		12/20/2023	0.00	0.00	3,000.00	USD
Supplier Invoice: SINV-2023-91482	Kitsap Public Health District	Washington Home Solutions	DECEMBER 2023- INOCENTE	Washington Home Solutions	Net 30	SINV-2023-91482	11/20/2023		12/20/2023	0.00	0.00	705.00	USD
Supplier Invoice: SINV-2023-91550	Kitsap Public Health District	Comcast	Acct# 8498-36-002-0701975 (Nov 2023)	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2023-91550	11/09/2023		12/09/2023	0.00	0.00	261.11	USD
Supplier Invoice: SINV-2023-91551	Kitsap Public Health District	Staples	Inv# 3552768013/3552916841	Staples - Remit-To: Staples	Net 30	SINV-2023-91551	11/17/2023		12/17/2023	0.00	0.00	338.46	USD
Supplier Invoice: SINV-2023-91552	Kitsap Public Health District	American Family Life Assurance Company	PR BENEFITS NOVEMBER 2023	American Family Life Assurance Company	Net 30	SINV-2023-91552	11/21/2023		12/21/2023	0.00	0.00	2,100.75	USD





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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-91553	Kitsap Public Health District	WA State Employment Security	PR BENEFITS NOVEMBER 2023 PFML	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	Net 30	SINV-2023-91553	11/21/2023		12/21/2023	0.00	0.00	6,267.42	USD
Supplier Invoice: SINV-2023-91554	Kitsap Public Health District	WA State Employment Security	PR BENEFITS NOVEMBER 2023	WA State Employment Security - Remit-To: WA Cares Fund PO Box 3537	Net 30	SINV-2023-91554	11/21/2023		12/21/2023	0.00	0.00	3,179.74	USD
Supplier Invoice: SINV-2023-91555	Kitsap Public Health District	Health Equity	PR BENEFITS NOVEMBER 2023	Health Equity	Net 30	SINV-2023-91555	11/21/2023		12/21/2023	0.00	0.00	660.00	USD
Supplier Invoice: SINV-2023-91556	Kitsap Public Health District	Hra Veba Trust	PR BENEFITS NOVEMBER 2023	Hra Veba Trust	Net 30	SINV-2023-91556	11/21/2023		12/21/2023	0.00	0.00	10,066.92	USD
Supplier Invoice: SINV-2023-91557	Kitsap Public Health District	Nationwide Retirement Solutions	PR BENEFITS NOVEMBER 2023	Nationwide Retirement Solutions	Net 30	SINV-2023-91557	11/21/2023		12/21/2023	0.00	0.00	7,195.00	USD
Supplier Invoice: SINV-2023-91558	Kitsap Public Health District	A.W. Rehn & Associates, Inc	PR BENEFITS NOVEMBER 2023	A.W. Rehn & Associates, Inc	Net 30	SINV-2023-91558	11/21/2023		12/21/2023	0.00	0.00	582.00	USD
Supplier Invoice: SINV-2023-91559	Kitsap Public Health District	A.W. Rehn & Associates, Inc	PR BENEFITS NOVEMBER (DCFSA) 2023	A.W. Rehn & Associates, Inc	Net 30	SINV-2023-91559	11/20/2023		12/20/2023	0.00	0.00	1,475.00	USD
Supplier Invoice: SINV-2023-91560	Kitsap Public Health District	Prof & Technical Eng XPH	PR BENEFITS NOVEMBER 2023- UNION	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2023-91560	11/21/2023		12/21/2023	0.00	0.00	3,323.63	USD
Supplier Invoice: SINV-2023-91561	Kitsap Public Health District	Prof & Technical Eng XPH	PR BENEFITS NOVEMBER 2023- PAC	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2023-91561	11/20/2023		12/20/2023	0.00	0.00	28.00	USD
Supplier Invoice: SINV-2023-91562	Kitsap Public Health District	Voya Institutional Trust Company	PR BENEFITS NOVEMBER 2023	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2023-91562	11/21/2023		12/21/2023	0.00	0.00	275.00	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-91563	Kitsap Public Health District	WA State Dept of Labor & Industries	PR BENEFITS NOVEMBER 2023	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022	Net 30	SINV-2023-91563	11/21/2023		12/21/2023	0.00	0.00	5,374.07	USD
Supplier Invoice: SINV-2023-91564	Kitsap Public Health District	Wash State Dept Of Retirement	PR BENEFITS NOVEMBER 2023	Wash State Dept Of Retirement	Net 30	SINV-2023-91564	11/21/2023		12/21/2023	0.00	0.00	12,844.00	USD
Supplier Invoice: SINV-2023-91565	Kitsap Public Health District	Wa Health Care Authority - Uniform	PR BENEFITS NOVEMBER 2023	Wa Health Care Authority - Uniform	Net 30	SINV-2023-91565	11/21/2023		12/21/2023	0.00	0.00	117,928.25	USD
Supplier Invoice: SINV-2023-91566	Kitsap Public Health District	Vimly Benefit Solutions Inc	PR BENEFITS NOVEMBER 2023	Vimly Benefit Solutions Inc	Net 30	SINV-2023-91566	11/21/2023		12/21/2023	0.00	0.00	5,456.88	USD
Supplier Invoice: SINV-2023-91567	Kitsap Public Health District	Whit-Delta Dental Of Washington	PR BENEFITS NOVEMBER 2023	Whit-Delta Dental Of Washington	Net 30	SINV-2023-91567	11/21/2023		12/21/2023	0.00	0.00	10,190.83	USD
Supplier Invoice: SINV-2023-91588	Kitsap Public Health District	IndoorMedia	Invoice # C007821	IndoorMedia	Net 30	SINV-2023-91588	11/15/2023		12/15/2023	0.00	0.00	4,600.00	USD

Process History  
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	11/30/2023 09:25:24 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 2248 for Kitsap Public Health District on 11/30/2023	Successfully Completed
Payment Message: ID 2247 for Kitsap Public Health District on 11/30/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 11/30/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 11/30/2023	Successfully Completed



## View Settlement Run

Business Process	Status
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 11/30/2023	Successfully Completed
Remittance File: For Waxie Sanitary Supply on 11/30/2023	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 11/30/2023	Successfully Completed

**Background Processes**

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
11/30/2023 09:25 AM	11/30/2023 09:25 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002910	Completed	00:00:11	Heather Hunsaker	

**TREAS RPT - Detail Cash Report - Cash**

12/5/2023

Treasurer's Detail Report

For 2023 - Nov

**Fund: FD00969 Kitsap Public Health General**

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	5780 - Intergovernmental Loans	JE-00045848 - Kitsap Public Health District - 11/01/2023 - 2023 Mortgage	11/1/2023	0.00	16,250.00	-16,250.00
<b>5700:Debt Service Principa</b>	5830 - Interest on Long-Term External Debt	JE-00045848 - Kitsap Public Health District - 11/01/2023 - 2023 Mortgage	11/1/2023	0.00	8,996.00	-8,996.00
<b>5800:Debt Service Interest</b>						

-25,246.00

**TREAS RPT - Detail Cash Report - Cash**

12/5/2023

Treasurer's Detail Report  
For 2023 - Nov

**Fund: FD00969 Kitsap Public Health General**

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	3860 - Agency Deposits	JE-00046284 - Kitsap Public Health District - 11/20/2023 - Public Health	11/20/2023	0.00	23,332.00	-23,332.00
<b>3800:Other Increases in Fu</b>						

-23,332.00

## Kitsap Public Health - 11/30/2023

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Abney (4563) Beverly	173.33	5,493.00			3,743.56
Acosta (278956) Nancy	173.33	9,453.00			5,852.48
Ader (413193) Sam	173.33	6,109.00			4,145.17
Ahlin (434420) Zachary	110.35	3,200.15			2,455.37
Anderson (419470) Amy	173.33	6,827.00			4,477.07
Archer (434384) James	173.33	4,311.00			3,262.88
Armstrong (434291) Jami	173.33	5,978.00			4,200.45
Atisme-Bevins (433909) Kandice	133.33	5,982.20			3,337.04
Banigan (215189) Leslie	173.33	7,464.00			5,334.72
Baum (434397) Rudy	173.33	5,541.00			4,052.11
Bazzell (328436) Richard	173.33	7,464.00			5,249.91
Bell (419805) Gus	156.41	6,840.08			4,664.11
Berger (407902) Angeline	173.33	5,866.00			4,186.27
Bierman (404611) Dana	173.33	9,003.00			6,641.44
Borja (426250) Windie	173.33	6,279.00			4,575.33
Boysen-Knapp (2058) Karen	156.00	6,144.00			4,072.39
Bronder (434436) Christine	173.33	5,026.00			3,790.38
Brown (271677) Steven	173.33	9,453.00			5,635.94
Burchett (409212) Brian	173.33	5,818.00			4,215.23
Burke (434463) Lenore	173.33	4,495.00			3,209.34
Burton (434296) Callie	173.33	4,559.00			3,396.65
Byrd (434085) Stephanie	173.33	4,486.00			3,623.78
Cadorna (434932) Jessi	172.33	3,696.55			2,559.49
Calderon (434768) Brenda	173.33	4,219.00			3,208.36
Camarena (434536) Daniel	173.33	5,647.00			3,859.67
Chang (411387) Margo	173.33	4,827.00			3,413.14
Chen (434841) Jessica	173.33	6,467.00			5,040.65
Ciulla (400655) Laura	52.52	2,346.07			1,090.15
Collins (434101) Lori	173.33	6,863.00			4,714.27
Davis (433997) Elizabeth	173.33	8,724.00			6,057.09
Deseamus (434593) Dara	173.33	4,559.00			3,390.71
Dowless (340919) Kelly	173.33	7,487.00			5,181.76
Duren (430735) Ashley	175.83	6,412.79			4,661.77
Evans (4565) Eric	173.33	10,943.00			2,591.97
Fergus (434648) Maria	173.33	5,018.00			3,138.04
Fine (421693) George	86.67	2,243.00			1,735.06
Fisk (321284) April	173.33	8,667.00			5,040.76
Fong (356883) Yolanda	173.33	12,382.40			7,723.56
Fucini (434997) Heather	173.33	6,109.00			4,885.84
Giuntoli (337331) Paul	173.33	7,464.00			4,571.90
Grellner (1264) Keith	173.33	13,685.00			8,550.04
Gress (421427) Nicole	173.33	4,956.00			3,632.37
Griego (410072) Yaneisy	156.00	5,118.00			3,857.51
Guidry (355732) Jessica	173.33	9,453.00			6,647.97
Hammond (434978) Gabriel	106.83	3,999.85			2,904.26
Hampton (434838) Adrienne	173.33	7,487.00			5,378.13
Harmon (434977) William	157.33	7,030.32			5,419.20
Hartman (434642) Melissa	173.33	5,954.00			4,459.97
Holdcroft (270783) Jodie	73.75	3,175.68			2,592.90
Holdcroft (4579) Grant	173.33	9,453.00			5,417.22
Holt (2726) Karen	173.33	10,422.00			6,817.19
Howard (434057) Anne	138.67	4,599.00			3,479.83
Howarth (434500) Rosalie	173.33	5,541.00			4,028.42
Hughes (434256) Jakob	173.33	5,818.00			4,271.08
Hunter (409213) Kari	173.33	9,453.00			6,118.06
Inga Dominguez (434769) Cristian	173.33	4,785.00			3,585.72
Inouye (434255) Wendy	173.33	8,667.00			5,892.53
Jenkins (434053) Andrea	165.90	4,302.34			3,258.34
Johanson (400651) Krista	173.33	4,982.00			3,694.94
Jones (358933) Kimberly	173.33	9,453.00			6,392.09
Jury (434709) Thomas	173.33	5,277.00			4,018.74
Katula (393427) Dayna	173.33	9,003.00			5,504.02
Kench (245476) Donald	173.33	4,393.00			2,712.24
Kiess (250913) John	173.33	11,490.00			8,607.36

## Kitsap Public Health - 11/30/2023

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kindschy (421430) Brandon	173.33	6,109.00			4,286.59
Kinnear (434099) Sarah	173.33	5,897.00			4,508.22
Knoop (16125) Melina	173.33	7,464.00			5,065.50
Krafft (435003) Kaisa	172.08	5,520.90			4,099.69
Kruse (243184) Charles	173.33	7,566.00			4,894.64
Kushner (327580) Siri	173.33	11,490.00			7,252.08
Laird (416539) Melissa	173.33	10,422.00			6,535.47
Lawver (434888) Albert	173.33	5,818.00			4,349.89
Lytle (285038) Ross	173.33	7,964.00			5,335.24
Madden (434318) Shannon	173.33	4,495.00			3,278.46
Main (434982) Emily	167.58	7,238.65			5,202.17
May (434674) Martha	173.33	4,606.00			3,288.29
Mazur (388104) Karina	173.33	8,400.00			5,499.05
McMillan (434052) Michelle	173.33	5,866.00			4,197.33
Miller (435008) Christopher	229.33	11,035.72			7,333.00
Moen (279971) Anne	179.08	7,166.74			4,908.08
Moontree (406607) Kaela	173.33	5,954.00			4,152.84
Moore (434254) Alexandra	173.33	5,277.00			3,810.57
Morris (312378) Dawn	173.33	7,054.00			4,954.50
Morris (434567) Amanda	173.33	4,495.00			3,549.79
Morrow (433895) Nathan	173.33	16,876.00			9,677.42
Nguyen (295033) Loan	173.33	5,493.00			3,957.21
Nickerson (434837) Woodean	125.08	3,466.51			2,667.35
Nielson (434638) Brian	173.33	6,718.00			4,988.74
North (22459) Edwin	173.33	10,422.00			167.39
O'Brien (433907) Melissa	165.33	4,794.00			3,784.78
Onarheim (426938) Carin	173.33	5,296.00			3,755.79
Outlaw-Spencer (434984) Gabreiel	154.50	5,307.07			3,839.67
Pandino (419118) Linda	173.33	4,982.00			3,745.37
Perales (434396) Sydney	173.33	5,400.00			4,148.89
Perry (306605) Rachel	173.33	4,519.00			3,331.70
Petersen (434695) Kayla	130.33	3,264.85			2,478.43
Phelps (434295) Tameka	173.33	6,548.00			4,684.98
Plemmons (433994) Suzanne	59.50	3,251.68			2,375.80
Quist-Therson (419860) Nii	173.33	8,341.00			6,614.92
Rork (404613) Ian	173.33	6,770.00			4,919.52
Sample (434976) Brittany	173.33	5,349.00			4,015.38
Shelby (434658) Emmy	156.00	6,605.00			5,435.87
Sherman (434949) Linnea	173.33	4,495.00			3,396.52
Shoriz (434893) Justin	152.08	4,320.28			3,320.09
Shuhler (425553) Yana	173.33	4,466.00			3,243.49
Simmons (434365) Nolan	173.33	5,541.00			4,172.64
Smith (361388) Terri	173.33	8,341.00			5,780.52
Sooter (427776) Thaddeus	173.33	9,453.00			6,622.53
Stedman (347366) Kelsey	173.33	9,453.00			6,208.00
Stewart (423168) Tobbi	173.33	6,109.00			4,286.70
Tiemeyer (433908) Alexandra	173.33	7,580.00			5,263.93
Turner (1682) Denise	173.33	6,093.00			3,744.33
Van Ort (392243) Susan	173.33	7,464.00			5,095.45
Wagner (426251) Mary	121.34	3,013.00			2,152.37
Warren (434273) Lisa	117.33	5,131.12			3,669.09
Wellborn (14545) Brian	130.00	3,295.00			1,900.76
Wendt (397255) Jan	173.33	7,580.00			5,614.66
Westervelt (434382) Laura	173.33	6,109.00			4,458.38
White (434641) Erica	173.33	6,192.00			4,814.33
Whitford (434292) Tiffany	169.75	4,014.33			2,939.99
Wickhamshire (434070) Mark	86.67	2,136.00			1,700.46
Wimpenny (434923) Jacob	173.33	6,735.00			4,943.92
Winchester (431493) Layken	173.33	5,277.00			3,825.59
Wyatt (434415) Janet	137.33	6,005.72			4,058.61
	20,414.92	800,409.00	63,914.56	202,909.71	546,528.91

**TREAS RPT - Detail Cash Report - Cash**

12/5/2023

Treasurer's Detail Report

For 2023 - Nov

**Fund: FD00969 Kitsap Public Health General**

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
		Operational Journal: Kitsap Public Health District - 11/01/2023	11/1/2023	0.00	210,088.17	-210,088.17
<b>2317:Payroll Tax Payable</b>		Operational Journal: Kitsap Public Health District - 11/30/2023	11/30/2023	0.00	206,308.43	-206,308.43
<b>2317:Payroll Tax Payable</b>						

-416,396.60



**TREAS RPT - Detail Cash Report - Cash**

12/5/2023

Treasurer's Detail Report

For 2023 - Nov

**Fund: FD00969 Kitsap Public Health General**

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
		Operational Journal: Kitsap Public Health District - 11/09/2023	11/9/2023	0.00	125,764.27	-125,764.27
<b>2315:Employee Benefits Payable</b>						

-125,764.27