

**Kitsap Public Health District
Consent Agenda - Updated
June 4, 2024**

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2203 Amendment 18 (2406)	CLH31014 Amendment 18	WA State Dept. of Health <i>Consolidated Contract</i>	Amendment	01/01/2022- 12/31/2024	\$235,390	\$0
Description: Adds Statements of Work for HIV Client Services-HOPWA and amends Statements of Work for Office of Drinking Water Group A Program and Youth Cannabis & Commercial Tobacco Prevention Program and adds \$235,390 for a revised maximum consideration of \$18,980,971.						
2265 Amendment 2 (2415)	NA	Washington State University Extension, Clallam County <i>Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)</i>	Amendment	07/01/2024- 06/30/2025	\$0	\$50,000
Description: Amendment to extend contract to June 30, 2025, updates statement of work and adds additional \$50,000 for a total combined compensation of \$140,000.						
2400	20240473	Office of Superintendent of Public Instruction <i>Summer Food Inspections</i>	Interlocal Agreement	06/04/2024- 09/30/2024	\$3,200	\$0
Description: KPHD to perform periodic health and sanitation evaluations of food service management companies (vendors), sponsor food preparation facilities and feeding sites operating under the U.S. Department of Agriculture (USDA) Summer Food Service Program (SFSP) as required by 7 CFR Part 225 as a condition to the allocation and expenditure of USDA SFSP funding.						
2416	GVL29657-0	State of Washington Department of Health <i>Foodborne Illness Notification System</i>	Interlocal Agreement	06/04/2024- 06/03/2029	\$0	\$0
Description: DOH to provide KPHD access to data through the Foodborne Illness Notification System (FINS) to receive notifications of a potential foodborne illness or food safety concern within it's jurisdiction so they may respond and mitigate any risk to the public health in accordance with RCW 70.05.070(3).						

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

CONTRACT NUMBER: CLH31014

AMENDMENT NUMBER: 18

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/sitewebpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 HIV Client Services-HOPWA - Effective July 1, 2024
 - Amends Statements of Work for the following programs:
 Office of Drinking Water Group A Program - Effective January 1, 2022
 Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-18 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-17 Allocations as follows:
 - Increase of **\$235,390** for a revised maximum consideration of **\$18,980,971**.
 - 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

EXHIBIT B-18
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)

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY23 IAR SNAP Ed Prog Mgnt-Region 5	NGA Not Received	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	(\$19,204)	\$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
FFY24 SNAP Ed Prog Mgnt Admin IAR	NGA Not Received	Amd 15	10.561	333.10.56	10/01/23	09/30/24	10/01/23	09/30/24	\$127,434	\$127,434	\$127,434
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$300	\$113,064	\$350,432
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 15	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$112,764		
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$23,000	\$126,989	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$103,989		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	07/01/20	08/24/24	\$3,200	\$3,200	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	(\$103,989)	\$27,229	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY24 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 17	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$25,000	\$25,000	\$75,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$295,345	\$295,345	\$790,580
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
FFY22 TB Uniting for Ukraine Supp	NUS2PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$107,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424

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COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$250	\$2,750	\$2,750
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,500		
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,613	\$17,747	\$17,747
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$16,134		
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,800	\$30,800	\$30,800
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$28,000		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	(\$199,494)	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	\$2,919,838		
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	\$192,500
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	\$200,000
FFY24 Tobacco-Vape Prev CDC Comp 1	NGA Not Received	Amd 18	93.387	333.93.38	04/29/24	12/31/24	04/29/24	04/28/25	\$19,201	\$19,201	\$92,647
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/23	04/28/24	\$24,482	\$24,482	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	

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					Start Date	End Date	Start Date	End Date			
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$2,000	\$82,000	\$149,000
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000		
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
FFY22 PH Infrastructure Comp A1-LHJ	NE110E000053	Amd 16	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$159,854	\$292,145
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$27,563)	\$132,291	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563	\$37,563
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
SFY1 GFS - Group B		Amd 17	N/A	334.04.90	01/01/24	06/30/24	07/01/23	06/30/25	\$25,230	\$25,230	\$76,985
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$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		
SFY25 Dedicated Cannabis Account		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$123,755	\$123,755	\$618,773
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$247,509	\$247,509	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	

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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	
SFY25 Nicotine Addict Prev & Ed Pro		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$50,265	\$50,265	\$50,265
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$100,530	\$100,530	\$294,530
SFY24 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		
SFY25 Youth Tobacco Vapor Products		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$12,241	\$12,241	\$116,347
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$38,402	\$38,402	
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
SFY25 Wastewater Management-GFS		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$8,334	\$38,334
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$185,184
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	(\$19,580)	\$21,174	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880		
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
FFY24 RW Grant Year Rebate		Amd 18	N/A	334.04.98	07/01/24	08/31/24	04/01/24	03/31/25	\$25,178	\$25,178	\$1,901,763
FFY24 RW Grant Year Rebate		Amd 16	N/A	334.04.98	04/01/24	12/31/24	04/01/24	03/31/25	\$568,500	\$568,500	
FFY23 RW Grant Year Rebate		Amd 16	N/A	334.04.98	01/01/24	03/31/24	07/01/23	03/31/24	\$189,500	\$189,500	
RW FFY23 Grant Year Rebate		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/24	\$313,800	\$313,800	
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438		
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,580	\$135,726	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146		
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		

EXHIBIT B-18
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)
Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	LHJ End Date	Funding Start Date	Funding End Date			
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
FPHS-LHJ-Proviso (YR2)		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$250,000	\$2,719,000	\$4,064,000
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
SFY24 FPHS-LHJ-Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,180,000	\$3,649,000	\$3,649,000
SFY24 FPHS-LHJ-Funds-GFS		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,469,000		
YR 26 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$2,250	\$13,000	\$45,250
YR 26 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$10,750		
YR 25 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	(\$500)	\$13,250	
YR 25 SRF - Local Asst (15%) SS		Amd 14	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$500		
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250		
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR 26 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/24	12/31/24	07/01/23	06/30/25	\$4,000	\$4,000	\$6,000
YR 25 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	(\$2,000)	\$0	
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000		
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 18	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$2,000	
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000		
TOTAL									\$18,980,971	\$18,980,971	
Total consideration:	\$18,745,581									GRAND TOTAL	\$18,980,971
	\$235,390										
GRAND TOTAL	\$18,980,971									Total Fed	\$7,620,526
										Total State	\$11,360,445

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

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

DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2024

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH31014

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

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
RW FFY24 GRANT YEAR REBATE	12618530	N/A	334.04.98	07/01/24	08/31/24	0	25,178	25,178
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	25,178	25,178

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</p>	<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p>Administrative: \$1,345</p> <p>Support Services: \$833</p> <p>STRMU: \$4,417</p> <p>Tenant Based Rental Assistance: \$16,000</p> <p>Permanent Housing Placement: \$2,583</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate. -Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services. -Submission of Consolidated Annual Performance Report (CAPER) by requested due date. -Submission of Monitor responses by the due date requested.		TOTAL: \$25,178

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

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

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

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

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

Program Specific Requirements

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

LHJ shall provide the following inputs:

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

Compensation and Payment:

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **September 25, 2024**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- 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.
- Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
 - The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.
- Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.
E-mail invoices to: ID.Operations@doh.wa.gov

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

Contract Modifications:

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

Confidentiality Requirements:

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

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

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

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

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

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

SOW Type: Revision **Revision # (for this SOW)** 6

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

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

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

Revision Purpose: The purpose of this revision is to finalize activity completed 1/1/2022 through 12/31/2023 for Sanitary Survey and Technical Assistance and to update funding provided for Sanitary Survey and Technical Assistance activity assigned 1/1/2024 through 12/31/2024.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22	12/31/22	19,000	0	19,000
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22	12/31/22	1,000	1,000	2,000
YR 25 SRF - LOCAL ASST (15%) SS	24119226	N/A	346.26.64	01/01/23	12/31/23	13,750	-500	13,250
YR 25 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/23	12/31/23	2,000	-2,000	0
YR 26 SRF - LOCAL ASST (15%) SS	24119226	N/A	346.26.64	01/01/24	12/31/24	10,750	2,250	13,000
YR 26 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/24	12/31/24	0	4,000	4,000
						0	0	0
TOTALS						46,500	4,750	51,250

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

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

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$43,500~~ **\$45,250** for **Task 1**, and ~~\$3,000~~ **\$6,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

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

- No more than ~~34~~ surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- No more than ~~3~~ surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than ~~26-25~~ surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.
- No more than ~~4-2~~ survey of non-community systems with three or fewer connections be completed between January 1, 2024 and December 31, 2024.
- No more than ~~24-25~~ surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2024 and December 31, 2024.

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

Task 2

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

Task 3

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

Task 4

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

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

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

DOH Program Name or Title: Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

SOW Type: Revision **Revision # (for this SOW)** 6

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commercial Tobacco Prevention Program through four sources of funding: Dedicated Cannabis Account, Tobacco Prevention, Youth Tobacco Vapor Products, and Tobacco-Vap Prevention Component 1.

Note: Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies.

Note: Dates after December 31, 2024 under the Program Specific Requirements section are shown for reference only as the YCCTP project and funding is expected to continue in a new statement of work under the next consolidated contract term effective January 1, 2025.

Revision Purpose: The purpose of this revision is to add Chart of Accounts Master Index Titles and funding for next FY, extend the period of performance end date from June 30, 2024 to December 31, 2024, change the Statement of Work purpose, and change/add dates for deliverables/requirements for the upcoming year.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	06/30/23	38,402	0	38,402
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	04/28/23	24,482	0	24,482
SFY23 TOBACCO PREVENTION PROVISO	77410823	N/A	334.04.93	07/01/22	06/30/23	194,000	0	194,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	06/30/23	247,509	0	247,509
FFY23 TOBACCO-VAPE PREV COMP 1	77410215	93.387	333.94.98	04/29/23	04/28/24	24,482	0	24,482
SFY24 YOUTH TOBACCO VAPOR PRODUCTS	77410640	N/A	334.04.93	07/01/23	06/30/24	38,402	0	38,402
SFY24 DEDICATED CANNABIS ACCOUNT	77420640	N/A	334.04.93	07/01/23	06/30/24	247,509	0	247,509
SFY24 TOBACCO PREVENTION PROVISO	77410840	N/A	334.04.93	07/01/23	06/30/24	100,530		100,530
FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC)	77410240	93.387	333.95.98	04/29/24	12/31/24	0	19,201	19,201
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	77410650	N/A	333.04.93	07/01/24	12/31/24	0	12,241	12,241
SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410850	N/A	333.04.93	07/01/24	12/31/24	0	50,265	50,265
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	77420650	N/A	333.04.93	07/01/24	12/31/24	0	123,755	123,755
						0	0	0
TOTALS						915,316	205,462	1,120,778

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	DEVELOP NETWORK ANNUAL WORK PLAN	<p>Contractor will submit a work plan for 2022-2023-2024-2025 utilizing the template provided by YCCTPP that addresses the four goals of the program and includes:</p> <ul style="list-style-type: none"> • Performance-based objectives that will be defined by the contractor and YCCTPP contract manager. • Activities that utilize program strategies (defined into in the YCCTPP implementation guide), that will address the defined performance-based objectives and overarching goals, tied to a specific timeframe with identified timeline goals. • Funding must be dedicated to equitable policy, systems, environmental change in communities of higher need within the contractor's specified region, and if it is unclear a justification must be provided. • The workplan must have a designated equity framework that will be utilized in all prevention efforts. • This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. • More details regarding the workplan requirements including the goals of the YCCTPP program, objectives, and strategies can be found in the YCCTPP Implementation guide. <p>Note: Activities can be added to the tasks after workplan approval, the contractor should speak with their contract manager for approval.</p>	45 days of contract execution,	<p>Funding utilized: State (YTVP, Tobacco Prevention, Marijuana Prevention and Education, NAPE, DCA)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the YCCTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
2	NETWORK EQUITY ASSESSMENT	Contractor will complete an initial equity assessment provided by YCCTPP within their regional network that will be submitted to the YCCTPP contract manager within 90 days of the workplan being completed. The assessment will be continuously revised throughout the year based on the network's needs.	Within 90 days of the workplan being completed	
3-2	ORGANIZATION AND NETWORK ADMINISTRATIVE PLAN	<p>Contractor will complete an administrative plan within 90 days of contract execution and submit any updates or changes on a quarterly basis, which will include:</p> <ul style="list-style-type: none"> • Most current job descriptions and contact information of the program facilitator that is responsible for the performance of the statement of work and relevant staff. • Calendar of meetings, trainings, and professional development opportunities that the program administrator and relevant staff will participate in. All relevant staff are expected to participate in required conference calls (including kick off training, monthly check ins, YCCTPP program all contractors calls), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH. This is subject to change based on trainings and professional opportunities available. • A list of all individuals/organizations that participate in the regional network that including contact information, a copy of a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or membership agreement, and the justification of their participation in the network. 	90 days of contract execution	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> • Required network sectors must have a representative for the grant to be considered in compliance. Sectors chosen and their levels of engagement will be determined with the contract manager and tailored to the region's needs. A complete list of network sectors will be provided in the implementation guide. • Network meeting schedule and supporting documentation regarding membership participation/engagement. • A list of organizations and the contact information for the point person that are considered subcontractors. 		
4-3	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the 20th of each month.</p> <p>Contractor will share network progress on a quarterly six-month basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p>	20 th of each month.	
5-4	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will create annual report based on monthly and quarterly six-month reporting for their regional network due 30 days after the period of performance. Report guidelines and expectations will be provided by DOH for more information.</p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p>Annual Report- 30 days after the period of performance</p> <p>Needs assessment- every 2 years.</p>	
6-5	PREPARE AND MANAGE WORK PLAN	<p>Contractor will submit work plan for 2022-2023 2024-2025 for all required tasks (listed in more detail within the table below) for commercial tobacco prevention within 45 15 days of the state contract execution (estimated start date of 7/1/24), utilizing template provided by YCCTPP that addresses the goals of the program as well as CDC grant requirements, which includes:</p> <ul style="list-style-type: none"> • A minimum of one activity per required task with performance-based objective that will be defined by the contractor and the YCCTPP Contract Manager during workplan development. • The workplan plan must have a designated equity framework that will be utilized in all prevention efforts. 	45 15 days of the state contract execution	<p>Funding utilized: CDC/</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> Funding must be dedicated to supporting the regional/priority population through equitable policy, systems, and environmental change and if it is unclear, a justification must be provided. <p>This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. Note: Activities can be added after workplan approval, the contractor should speak with their YCCTPP contract manager for approval.</p>		per the consolidated contract. <i>The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</i>
	IMPLEMENT WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the 20th of each month.</p> <p>Contractor will share network <i>process progress</i> on <i>quarterly a six-month</i> basis through electronic survey that focuses on successes and challenges of their organization and YCCTPP program.</p>	20th of each month.	
	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will participate in statewide evaluation of YCCTPP, Practice Collaborative, and CDC-funded programs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p> <p>Contractor will participate in community or population needs assessment every 2 years to update community/population data and needs.</p>	Annual Report- 30 days after the period of performance Needs assessment- every 2 years.	
7-6	Policies, Systems & Environmental Work	<p>Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).</p> <p>Contractor will educate private and public organizations of current policies in place.</p> <p>Contractor will work to establish new policy, systems or environmental change that is equitable.</p> <p>Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.</p>	04/29/22 – 04/28/23 04/29/23 – 12/31/23 <i>Length of funding allotted</i>	
	Education & Technical Assistance	<p>Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.</p> <p>Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the</p>	04/29/22 – 04/28/23 04/29/23 – 12/31/23 <i>Length of funding allotted</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.</p>		
	Collaboration & Engagement	<p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>	<p>04/29/22—04/28/23 04/29/23—12/31/23 <i>Length of funding allotted</i></p>	

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

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

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

Program Specific Requirements

For MI Codes [77410893](#), [77410823](#), [77420823](#), [TBDYTP](#), [TBDMJ](#), [TBDTPP](#), [77410840](#), [77410640](#), [77420641](#), [77410850](#), [77410650](#), [77420650](#) To be in compliance with grant requirements, contractor will:

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Maintain a regional network of prevention partners.

- i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
- ii. **Minimum Requirements for A Network** (See Implementation Guide for further guidance):
 - 1. A Network Coordinator (minimum of 1.0 FTE)
 - 2. Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
 - 3. A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
 - 4. A Network Administrative Plan
- 3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
 - i. YCCTPP quarterly meetings, tentatively scheduled for ~~July 11, 2023, November 7-9, 2023, March 12, 2024, and May 14-16, 2024.~~ *July 30, 2024, October 8-9, 2024, March 11, 2025, and May 20-22, 2025.*
 - ii. Monthly check-ins with contract manager
 - iii. *Contractor will participate in a DOH site visit once per biennium.*
 - iv. *Optional:* Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
 - v. *Optional:* Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.
 - vi. ~~Contractor will participate in a DOH site visit once per biennium.~~
- 4. Contractor will serve as YCCTPP Representative of their region/population for Washington State.
- 5. Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
- 6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
- 7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

For MI Codes: 77410212, To be in compliance with grant requirements, the contractor will:

- ~~1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.~~
- ~~2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.~~
- ~~3. Submit an Annual Budget according to the deadlines in Section E below.~~
- ~~4. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines in Section E below.~~
- ~~5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.~~
- ~~6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.~~
- ~~7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.~~
- ~~8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.~~

For MI Code: 77410215 & 77410240, To be in compliance with grant requirements, the contractor will:

- ~~1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.~~
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

DOH will support Contractor by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events including required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a. Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - b. Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - c. Providing relevant resources and training, as resources permit.
 - d. Meeting performance measure, evaluation, and data collection requirements.
 - e. Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the Priority Population Contractor.

Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the YCCTPP Contractor is required to include language in these contracts that reflects the following:
 - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the YCCTPP Contractor. **Monthly progress reports for subcontractors should be due by the 15th of each month.**
2. When subcontracting with an organization to work directly with youth (ages 0-17), the YCCTPP Contractor is required to include language in these contracts that reflects the following:
 - Provide verification that background checks have been completed for any staff and volunteers who will work with youth(ages 0-17) and are on file.

BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE

Deliverable	Due Date	Funding Source
Update Annual Network Workplan & Submit budget proposal	Due within 15 days of Contract Execution July 16, 2023 <i>(based on 23-24 Contract Funding)</i> July 16, 2024 <i>(based on 24-25 Contract Funding)</i>	YTPV DCA NAPE

Submit Organization Administrative Plan	Due within 30 Days of Contract Execution July 31, 2023 <i>(based on 23-24 Contract Funding)</i> July 31, 2024 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE
Network Administrative Plan	Due within 90 days of contract execution September 30, 2023 <i>(based on 23-24 Contract Funding)</i> September 30, 2024 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE
Community/Population Data Evaluation and Needs & Resource Assessment	Due by last day of the contract June 30, 2024-December 31, 2024 <i>(based on 23-24 Contract Funding)</i> June 30, 2025 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE
Monthly Progress Reporting	Due the 20 th of each month	YTVP DCA NAPE
Annual Report	Due within 30 days after the period of performance. July 31, 2024 <i>(based on 23-24 Contract Funding)</i> July 31, 2025 <i>(based on 24-25 Contract Funding)</i>	YTVP DCA NAPE

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

EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -

A19s and updated budget workbook due the 30th of the month following the month in which costs are incurred. Reimbursement for actual expenditures, not to exceed total funding consideration.

Consolidated Contracts (Health Departments):

- A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
- Year-end projections *and Final Expenditures* are due as follows:
 - ~~FY23~~ For CDCI funding: Year-end projections are due ~~May 15, 2023~~ April 15, 2024 and April 15, 2025. **Final Expenditure Reports and invoices are due no later than August 14, 2024 June 14, 2024 and June 14, 2025, and must be marked FINAL INVOICE**
 - For YTVP, NAPE, DCA Funding: Year-end projections are due June 14, 2024 and June 14, 2025. **Final Expenditure Reports and invoices are due no later than August 15, 2024 and August 15, 2025, and must be marked FINAL INVOICE.**

Payment

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: ~~SFY July 1, 2022 – June 30, 2023, FFY April 29, 2022 – April 28, 2023~~, April 29, 2023 – April 28, 2024 & ~~SFY24~~ July 1, 2023 – June 30, 2024 *for 23-24 Funding* and *April 29, 2024 – April 28, 2025 & July 1, 2024 – June 30, 2025* Billings for services on a monthly fraction of the budget will not be accepted or approved.
- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.

- Final expenditure projections must be submitted by the 15th of May for state funds and the 15th of March for federal funds to allow DOH to appropriately accrue funds to make final payments.
- **The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.**
- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.

Evaluation of YCCTPP Contractor's Performance

The YCCTPP Contractor performance will be evaluated through submission of project deliverables, annual budget tracking, network partnership and collaboration efforts. More information on evaluation can be found in the Implementation Guide.

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

Federal Funding Restrictions and Limitations:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Dedicated Cannabis Account Restrictions:

- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- Recipients may not use funding for construction or other capital expenditures.
- The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.

F. Reimbursement of pre-award costs is not allowed.

Please see YCCTPP Implementation Guide for further restricts on each funding stream.

Special References

As a provision of Dedicated Cannabis Account ([RCW 69.50.540](#)) DOH shall fund a grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth.

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

In ESSB 5187, Section 222 (67) - \$2,500,000 of the general fund—state appropriation for fiscal year 2024 and \$2,500,000 of the general fund—state appropriation for fiscal year 2025 are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment, and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.

AMENDMENT TO AGREEMENT 2265

This Amendment (“Amendment”) to Kitsap Public Health District Contract 2265 for Youth Cannabis & Commercial Tobacco Prevention Program (the “Contract”), is entered into between the Clallam County WSU Extension (“Contractor”) and the Kitsap Public Health District (“District”).

RECITALS

WHEREAS, the Parties entered into the Contract effective July, 1, 2022; and

WHEREAS, Allocated Funding and period of performance for this agreement has been extended by Washington Department of Health; and therefore the parties have agreed it is desirable to increase the amount of eligible funding and extend the Contract term, and

In consideration of mutual benefits and covenants contained herein, the parties agree that the Contract is amended as follows:

- I. **Section 2, Period of Performance.** Section 2 is amended to extend the Contract termination date to June 30, 2025.
- II. **Section 4, Compensation.** \$50,000 dollars will be added to the total budget for Clallam County WSU Extension during this amendment period for a total compensation of \$140,000.
- III. **Attachment A, YCCTPP Scope of Work and Budget.** Attachment A is amended and replaced in its entirety with the revised Attachment A-2 which is attached hereto and incorporated herein. ATTACHMENT A and ATTACHMENT A-1 of amendment 1 remain unchanged.
- IV. **Other Provisions Unchanged.** The other provisions of the Contract, remain unchanged.
- V. **Effective Date.** The effective date of this Amendment is the date last executed by all parties.
- VI. **Authorization.** Each party signing below warrants to the other party that they have the full power and authority to execute this Amendment on behalf of the party for whom they sign.

IN WITNESS WHEREOF, the Parties have subscribed their names hereto.

[Signatures on next page]

**KITSAP PUBLIC
HEALTH DISTRICT**

WASHINGTON STATE UNIVERSITY

Yolanda Fong
Administrator

Dan Nordquist
Associate VP, Authorized Official

Date:_____

Date:_____

ATTACHMENT A-2 – SCOPE OF WORK AND BUDGET
WSU Extension – Clallam County 4-H
July 1, 2024 – June 30, 2025

As a subrecipient of KPHD under the Washington Department of Health funded *Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*, WSU Extension Clallam County 4-H agrees to the following activities funded in full or part by the associated budget.

Activity	
Planning & Coordination of Regional Network	<p>Coordinate and maintain the Olympic Prevention Partnership steering committee and network.</p> <ul style="list-style-type: none"> • Invite new community partners to join the Olympic Prevention Partnership Steering Committee. • Attend four regional networking meetings (July 20243 – June 2025) • Each subcontractor will be responsible for planning one of the above meetings. Refer to the workplan for schedule.
Implementation	<p><i>2024-2025 Strategies for Youth Cannabis & Commercial Tobacco Prevention:</i></p> <ul style="list-style-type: none"> • Social Norms: Media & Health Communications • Youth Empowerment & Engagement • Decision-maker Engagement • Policy, System, Environmental Changes <p>Specific Clallam County activities are described in the 2023-2024 YCCTPP workplan. Please refer to the workplan for guidance on which activities fall under each funding source. Workplans are subject to change. Any changes will be approved by both parties.</p>
Monitoring and Reporting	<p>Monitor progress for each activity as appropriate; submit monthly narrative and data reports as requested by KPHD on the 5th of every month.</p>
Midterm Evaluation	<p>By February 1, 2025, report progress to CTPP Regional Coordinator. If needed, adjust activities to ensure spend down. Conduct a mid-year workplan re-evaluation.</p>
Calls/Meetings	<p>Participate in monthly conference call with KPHD and attend webinars as scheduled; respond to correspondences related to CTPP from the Department of Health; respond to activity assessments/surveys administered by KPHD as appropriate per scope of work.</p>
Invoicing	<p>Submit monthly invoices by the 20th of the month following the month in which costs were incurred, except for the Final Expenditure Report and Request for Reimbursement in each federal fiscal year (due July 1, 2024). Invoices must include supporting documentation such as timecards for staff time and copies of invoices paid for goods and services.</p>

Budget July 1, 2024 – June 30, 2025

<i>Cannabis</i>	<i>Cost</i>	<i>Description</i>
Staff Salary	21,888	Salary costs for Melanie Greer 42% FTE for both cannabis and tobacco
Benefits	6,256	Fee for benefits for same FTE% as salary
Indirect	8,254	26% WSU administrative fee
Goods & Services	3,000	To pay for activities
Mileage		
Travel/Training	602	To fund training and travel for that training
Total Cannabis:	\$40,000	

<i>Tobacco</i>	<i>Cost</i>	<i>Description</i>
Staff Salary	5,475	Salary costs for Melanie Greer 42% FTE for both cannabis and tobacco
Benefits	1,564	Fee for benefits for same FTE% as salary
Indirect	2,063	26% WSU administrative fee
Goods & Services		
Mileage		
Travel/Training	898	To fund training and travel for that training
Total Tobacco:	\$10,000	

Funding Source

Chart of Accounts Program Name or Title	BARS Code	7/1/24 – 6/30/25
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	333.04.93	40,000
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	333.04.93	10,000
Total = 50,000		

**INTERLOCAL AGREEMENT
Agreement No. 20240473**

between

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

600 Washington Street SE
PO Box 47200
Olympia, WA 98504-7200

and

KITSAP PUBLIC HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337

Federal Identification #42-1689063
Unified Business Identifier #601-139-034

THIS AGREEMENT is made and entered into by and between the Kitsap Public Health District, hereinafter referred to as "Health District," and the Office of Superintendent of Public Instruction, hereinafter referred to as "OSPI."

PURPOSE OF THIS AGREEMENT

This Agreement is necessary for the successful implementation and operation of health and sanitation evaluations of food service management companies (vendors), sponsor food preparation facilities, and feeding sites operating under the U.S. Department of Agriculture (USDA) Summer Food Service Program (SFSP) during the summer of 2024 as required by 7 CFR Part 225 as a condition to the allocation and expenditure of USDA SFSP funding.

THEREFORE, IT IS MUTUALLY AGREED THAT:

STATEMENT OF WORK

Kitsap Public Health District shall furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work set forth below:

This Agreement is necessary for the successful implementation and operation of health and sanitation evaluations of food service management companies (vendors), sponsor food preparation facilities, and feeding sites operating under the U.S. Department of Agriculture (USDA) Summer Food Service Program (SFSP) during the summer of 2024 as required by 7 CFR Part 225 as a condition to the allocation and expenditure of USDA SFSP funding.

In accordance with the applicable local Health District, rules and regulations, the Health District agrees to perform periodic health and sanitation evaluations, as determined by the Health District in said Health District's jurisdiction. This shall include twenty (20) health inspections.

Entities participating in the Summer Food Service Program will contact the Health District, if they intend to operate the program this year. OSPI will provide the Kitsap Public Health District with a list of approved sponsors no later than July 3, 2024. The Health District shall contact the sponsor(s) for

feeding site and preparation locations prior to inspection. OSPI will report to the Kitsap Public Health District any health-related problems discovered on routine visits conducted by site monitors for Kitsap Public Health District follow-up, if necessary. The Health District shall submit copies of the inspection(s) to both the sponsor and OSPI along with the invoice to OSPI by September 30, 2024.

PERIOD OF PERFORMANCE

Subject to its other provisions, the period of performance of this Agreement shall commence on the date of execution, and be completed on September 30, 2024, unless terminated sooner as provided herein.

PAYMENT

Compensation for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34. The parties have determined that the cost of accomplishing the work herein will not exceed a total of three thousand two hundred dollars (\$3,200). Payment for satisfactory performance of the work shall not exceed this amount unless the parties mutually agree to a higher amount.

- Twenty (20) health inspections at a rate of one hundred sixty dollars (\$160) per inspection/evaluation, per Attachment A – Intent to Contract.

One hundred percent (100%) of funds for the payment of this Contract are provided by federal program Summer Food Service Program (SFSP), Catalog of Federal Domestic Assistance, CFDA #10.559, therefore Health District shall adhere to Attachment B – Federal Grant Terms and Conditions.

BILLING PROCEDURE

Kitsap Public Health District shall submit invoices to the OSPI Contract Manager, Megan Harlan, no later than September 30, 2024, for those inspections/evaluations actually performed for the SFSP. Invoices received after September 30, 2024, WILL NOT BE PAID. The invoice shall include the Agreement number and document to the Contract Manager's satisfaction a description of the work performed, and payment requested. Within approximately thirty (30) calendar days of the Contract Manager receiving and approving the invoice, payment will be mailed or electronically transferred to Health District by Agency Financial Services, OSPI. Upon expiration of the Agreement, any claim for payment not already made shall be submitted within thirty (30) days after the expiration date or the end of the fiscal year, whichever is earlier.

If errors are found in the submitted invoice or supporting documents, the Contract Manager will notify Health District. In order to receive payment, it shall be the responsibility of Health District to make corrections in a timely manner, resubmit the invoice and/or supporting documentation as requested, and notify the Contract Manager.

AGREEMENT ALTERATIONS AND AMENDMENTS

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

ASSIGNMENT

The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent shall not be unreasonably withheld.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND INELIGIBILITY

Health District certifies that neither it nor its principals are debarred, suspended, proposed for debarment, or voluntarily excluded from participation in transactions by any federal department or agency. The Health District further certifies that they will ensure that potential subcontractors or subrecipients or any of their principals are not debarred, suspended, proposed for debarment, or voluntarily excluded from participation in covered transactions by any federal department or agency. Health District may do so by obtaining a certification statement from the potential subcontractor or subrecipient or by checking the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs" provided on-line by the General Services Administration, and Washington State vendor debarment list.

CONTRACT MANAGEMENT

The following shall be the contact person for all communications and billings regarding the performance of this contract. Any changes to this information shall be communicated to the other party in writing as soon as reasonably possible.

Kitsap Public Health District	OSPI
Dayna Katula Contract Manager 345 6 th Street, Suite 300 Bremerton, WA 98337 Phone: 360-728-2301 Email: dayna.katula@kitsappublichealth.org	Megan Harlan Summer Food Service Programs & Special Projects Lead 600 Washington Street SE PO Box 47200 Olympia, WA 98504-7200 Phone: 360-764-6040 Email: Megan.Harlan@k12.wa.us

CREATIVE COMMONS ATTRIBUTION LICENSE

Kitsap Public Health District understands that, except where otherwise agreed to in writing or approved by OSPI or the Contract Manager, all original works of authorship produced under this Agreement shall carry a [Creative Commons Attribution License](#), version 4.0 or later.

All Materials Health District has adapted from others' existing openly licensed resources must be licensed with the least restrictive open license possible that is not in conflict with existing licenses.

For Materials that are delivered under this Agreement, but that incorporate pre-existing materials not produced under this Agreement, Health District will license the materials to allow others to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. If Health District would like to limit these pre-existing portions of the work to [non-commercial use](#), the [Creative Commons Attribution-NonCommercial-ShareAlike](#) license, version 4.0 or later, is acceptable for these specific sections.

Kitsap Public Health District warrants and represents that Health District has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to apply such a license.

DISPUTES

In the event that a dispute arises under this Agreement, it shall be determined by a Dispute Board in the following manner: Each party to this Agreement shall appoint one member to the Dispute Board. The members so appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Board shall be final and binding on the parties hereto.

GOVERNANCE

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

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

- Applicable state and federal statutes and rules
- Attachment A – Intent to Contract
- Attachment B – Federal Grant Terms and Conditions
- Any other provisions of the Agreement, including materials incorporated by reference.

INDEPENDENT CAPACITY

The employees or agents of each party who are engaged in the performance of this Agreement shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

RECORDS MAINTENANCE

The parties to this Agreement shall each maintain books, records, documents, and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to inspection, review, or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six (6) years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

RESPONSIBILITIES OF THE PARTIES

Each party to this Agreement hereby assumes responsibility for claims and/or damages to persons and/or property resulting from any act or omission on the part of itself, its employees, its officers, and its agents. Neither party assumes any responsibility to the other party for the consequences of any claim, act or omission of any person, agency, firm, or corporation not a party to this Agreement.

RIGHTS IN DATA

Copyright in all material created by Health District and paid for by OSPI as part of this Agreement shall be the property of the State of Washington. Both OSPI and Health District may use these materials, and permit others to use them, for any purpose consistent with their respective missions as agencies of the State of Washington. This material includes, but is not limited to: books, computer programs, documents, films, pamphlets, reports, sound reproductions, studies, surveys, tapes, and/or training materials. Material which Health District provides and uses to perform this Agreement but which is not created for or paid for by OSPI shall be owned by Health District or such other party as determined by Copyright Law and/or Health District's internal policies; however, for any such materials, Health District hereby grants (or, if necessary and to the extent reasonably possible, shall obtain and grant) a perpetual, unrestricted, royalty free, non-exclusive license to OSPI to use the material for OSPI internal purposes.

SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.

SUBCONTRACTING

Neither Kitsap Public Health District nor any subcontractor shall enter into subcontracts for any of the work contemplated under this Contract without obtaining prior written approval of OSPI. Health District is responsible to ensure that all terms, conditions, assurances, and certifications set forth in this Agreement are included in any and all subcontracts. In no event shall the existence of the subcontract operate to release or reduce liability of Health District to OSPI for any breach in the performance of Health District duties. This clause does not include contracts of employment between Health District and personnel assigned to work under this Agreement.

If, at any time during the progress of the work, OSPI determines in its sole judgment that any subcontractor is incompetent, OSPI shall notify Health District, and Health District shall take immediate steps to terminate the subcontractor's involvement in the work. The rejection or approval by OSPI of any subcontractor or the termination of a subcontractor shall not relieve Health District of any of its responsibilities under the Agreement, nor be the basis for additional charges to OSPI.

TERMINATION

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

TERMINATION DUE TO FUNDING LIMITATIONS OR CONTRACT RENEGOTIATION, SUSPENSION

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to normal completion of this Agreement, with the notice specified below and without liability for damages:

- a. At OSPI's discretion, OSPI may give written notice of intent to renegotiate the Agreement under the revised funding conditions.
- b. At OSPI's discretion, OSPI may give written notice to Kitsap Public Health District to suspend performance when OSPI determines there is reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow Health District's performance to be resumed.
 - 1) During the period of suspension of performance, each party will inform the other of any conditions that may reasonably affect the potential for resumption of performance.
 - 2) When OSPI determines that the funding insufficiency is resolved, it will give Health District written notice to resume performance, and Health District shall resume performance.
 - 3) Upon the receipt of notice under b. (2), if Health District is unable to resume performance of this Agreement or if Health District's proposed resumption date is not acceptable to OSPI and an acceptable date cannot be negotiated, OSPI may terminate the Agreement by giving written notice to Health District. The parties agree that the Agreement will be terminated retroactive to the date of the notice of suspension. OSPI shall be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the retroactive date of termination.
- c. OSPI may immediately terminate this Agreement by providing written notice to Kitsap Public Health District. The termination shall be effective on the date specified in the termination notice. OSPI shall be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the effective date of termination. No penalty shall accrue to OSPI in the event the termination option in this section is exercised.
- d. For purposes of this section, "written notice" may include email.

TERMINATION FOR CAUSE

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

TERMINATION PROCEDURE

Upon termination of this Agreement, OSPI, in addition to other rights provided in this Agreement, may require Health District to deliver to OSPI any property specifically produced or acquired for the performance of such part of this Agreement as has been terminated.

OSPI shall pay to Health District the agreed upon price, if separately stated, for completed work and services accepted by OSPI and the amount agreed upon by Health District and OSPI for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services which are accepted by OSPI, and (d) the protection and preservation of the property, unless the termination is for cause, in which case OSPI shall determine the extent of the liability. Failure to agree with such determination shall be a dispute within the meaning of the "Disputes" clause for this Agreement. OSPI may withhold from any amounts due to Health District such sum as OSPI determines to be necessary to protect OSPI against potential loss or liability.

The rights and remedies of OSPI provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law under this Agreement.

After receipt of a notice of termination, and except as otherwise directed by OSPI, Kitsap Public Health District shall:

- a. Stop work under this Agreement on the date and to the extent specified, in the notice;
- b. Place no further orders or subcontractors for materials, services, or facilities except as may be necessary for completion of such portion of the work under the Agreement that is not terminated;
- c. Assign to OSPI, in the manner, at the times, and to the extent directed by OSPI, all rights, title, and interest of Health District under the orders and subcontracts in which case OSPI has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts;
- d. Settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of OSPI to the extent OSPI may require, which approval or ratification shall be final for all the purposes of this clause;
- e. Transfer title to OSPI and deliver, in the manner, at the times and to the extent as directed by OSPI, any property which, if the Agreement had been completed, would have been required to be furnished to OSPI;
- f. Complete performance of such part of the work not terminated by OSPI; and
- g. Take such action as may be necessary, or as OSPI may direct, for the protection and preservation of the property related to this Agreement which, in is in the possession of Health District and in which OSPI has or may acquire an interest.

WAIVER

A failure by either party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original Agreement.

ALL WRITINGS CONTAINED HEREIN

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

IN WITNESS WHEREOF, the parties have executed this Agreement.

Kitsap Public Health District

Superintendent of Public Instruction
State of Washington

Signature

Kyla L. Moore, Contracts Administrator

Yolanda Fong

Date

Title

Date

Who certifies that he/she is the Contractor identified herein, OR a person duly qualified and authorized to bind the Contractor so identified to the foregoing Agreement.

Approved as to FORM ONLY
by the Assistant Attorney General



About 40-60+ foodborne illness outbreaks occur each year in Washington, affecting hundreds of communities.

Nationwide, foodborne illnesses have an annual economic burden of over \$17 billion.

Why Sign the DSA?

A Data Sharing Agreement (DSA) is now required by law to access DOH data ([RCW 39.34.240](#)).

By signing the FINS DSA, your Local Health Jurisdiction gains access to a robust, secure database of self-reported foodborne illness. Joining the project ensures you are part of the statewide effort to effectively respond to food safety incidents, reduce foodborne outbreaks, and protect the health and well-being of your communities.



The Washington State Department of Health's Food Safety Program has established the Foodborne Illness Notification System (FINS), a public health tool designed to improve the detection and prevention of foodborne illnesses.



Next Steps

1. Review + Sign the DSA by July 15, 2024
2. Return to WA DOH
3. Gain access to FINS!

Contact

FINS Team:

fins@doh.wa.gov

WA DOH Contracts Office:

dohcon.mgmt@doh.wa.gov



DATA SHARING AGREEMENT
FOR
CONFIDENTIAL INFORMATION OR LIMITED DATASET(S)
BETWEEN
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
AND
LOCAL HEALTH JURISDICTIONS

Kitsap Public Health District

This Agreement documents the conditions under which the Washington State Department of Health (DOH) shares confidential information or limited Dataset(s) with other entities. This agreement is between Washington Department of Health and all Local Health Jurisdictions.

CONTACT INFORMATION FOR ENTITIES RECEIVING AND PROVIDING INFORMATION

	INFORMATION RECIPIENT	INFORMATION PROVIDER
Organization Name	Kitsap Public Health District	Washington State Department of Health (DOH)
Business Contact Name		Alyssa Pilot Noel Hatley Laura Newman
Title		Public Health Advisor Epidemiologist 2 (non-medical) Deputy Director of Communicable Disease
Address		111 Israel Rd SE, Tumwater, WA 98501
Telephone #		360.764.0893 360.485.5654 360.878.1473
Email Address		Alyssa.pilot@doh.wa.gov Noel.hatley@doh.wa.gov Laura.Newman@doh.wa.gov
IT Security Contact		John Weeks
Title		IT Security Manager
Address		111 Israel Rd SE, Tumwater, WA 98501

Telephone #		800.525.0127
Email Address		john.weeks@doh.wa.gov
Privacy Contact Name		Michael Paul
Title		Chief Privacy Officer
Address		111 Israel Rd SE, Tumwater, WA 98501
Telephone #		564.669.9692
Email Address		Michael.paul@doh.wa.gov

DEFINITIONS

Aggregate Data is data that has been gathered, processed, and expressed in a summary or report form for reporting purposes such as making comparisons, predicting trends or other statistical analyses. Aggregate data is collected from multiple sources and/or measures, variables, or individual human subjects. Since aggregate data is the consolidation of data from multiple sources, it is typically not able to be traced back to a specific human subject.

Anonymous Data is unidentified (i.e., personally identifiable information was not collected, or if collected, identifiers were not retained and cannot be retrieved) data that cannot be linked directly or indirectly by anyone to their source(s).

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

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

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

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

Coded Data is when direct personal identifiers have been removed from the data and replaced with words, letters, figures, symbols, or a combination of these (not derived from or related to the personal information) for purposes of protecting the identity of the source(s). The original identifiers are retained in such a way that they can be traced back to the source(s) by someone with the code. A code is sometimes also referred to as a “key,” “link,” or “map.”

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

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

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

De-Identified Data is when all direct personal identifiers are permanently removed from the data, no code or key exists to link the data to their original source(s), and the remaining information cannot reasonably be used by anyone to identify the source(s).

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

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

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

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

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

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

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

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

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

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

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

Indirect identifiers are indirect identifiers in research data or records that include all geographic identifiers smaller than a state , including street address, city, county, precinct, Zip code, and their equivalent postal codes, except for the initial three digits of a ZIP code; all elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such age and elements may be aggregated into a single category of age 90 or older.

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

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

Public Health Authority is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501.

Public Health Surveillance Activities are limited to activities conducted, supported, requested, ordered, required, or authorized by a “public health authority” and:

- Are necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health

importance, including trends, signals, risk factors, patterns of diseases, or increases in injuries from consumer products.

- Provide timely situational awareness and priority setting during the course of an event or crisis that threatens public health.

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

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

Research refers to a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

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

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

GENERAL TERMS AND CONDITIONS

I. USE OF INFORMATION

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

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

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

II. SAFEGUARDING INFORMATION

A. CONFIDENTIALITY

Information Recipient agrees to:

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

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

B. SECURITY

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

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

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

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

C. BREACH NOTIFICATION

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

III. RE-DISCLOSURE OF INFORMATION

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

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

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

IV. ATTRIBUTION REGARDING INFORMATION

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

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

V. OTHER PROVISIONS

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

VI. AGREEMENT ALTERATIONS AND AMENDMENTS

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

VII. CAUSE FOR IMMEDIATE TERMINATION

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

VIII. CONFLICT OF INTEREST

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

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

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

IX. DISPUTES

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

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

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

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

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

XI. GOVERNANCE

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

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

- Applicable Washington state and federal statutes and rules;

Any other provisions of the Agreement, including materials incorporated by reference.

XII. HOLD HARMLESS

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

XIII. LIMITATION OF AUTHORITY

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

XIV. RIGHT OF INSPECTION

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

XV. SEVERABILITY

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

XVI. SURVIVORSHIP

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

XVII. TERMINATION

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

XVIII. WAIVER OF DEFAULT

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

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

XIX. ALL WRITINGS CONTAINED HEREIN

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

XX. PERIOD OF PERFORMANCE

This Agreement shall be effective from date the agreement is signed by both parties until 5 years later.

Special Terms And Conditions

I. Linking of Data

Data utilized in this Agreement shall be linked only to the records outlined in this Agreement.

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

INFORMATION PROVIDER

State of Washington Department of Health

INFORMATION RECIPIENT

Kitsap Public Health District

Signature

Signature

Print Name

Print Name

Date

Date

EXHIBIT I

PURPOSE AND JUSTIFICATION FOR SHARING THE DATA Provide a detailed description of the purpose and justification for sharing the data, including specifics on how the data will be used.

The Foodborne Illness Notification System (FINS) allows restaurants and members of the public to report suspected incidents of foodborne disease within the state of Washington. RCW 43.07.020(3) requires the Washington State Department of Health (DOH) to “provide leadership and coordination in identifying and resolving threats to the public health.” DOH provides the FINS system to coordinate the appropriate authority receiving notification of a potential foodborne illness or food safety concern so they may respond and mitigate any risk to the public health in accordance with RCW 70.05.070(3).

In recognition that foodborne illnesses are often the result of supply chain contamination or linked to a chain of restaurants that span many jurisdictions, DOH is providing state-wide read access to the FINS system as necessary for the improved detection and prevention of disease. Access to information outside the Information Recipient's jurisdiction does not convey responsibility for or ownership of such information.

FINS is a “secure electronic disease surveillance system” as defined in WAC 246-101-010(45). In accordance with WAC 246-101-615(2), DOH will use FINS to notify the investigating jurisdiction within 1 day of any notifiable condition reported directly to it. To follow up with the complainant, a REDCap account is required to obtain any personal identifiable information.

Collecting data in a centralized location will allow a better understanding of the true burden of foodborne illness in Washington State and provide a centralized location for the public to report an illness or food safety concern.

The Information Recipient is authorized under this agreement to use the data for the following purposes:

- A. To use the data for public health surveillance to prevent and control illness, including contacting individuals and firms as part of an investigation process,
- B. To forward or share complete details of specific complaints to other regulatory partners for purposes of public health.
- C. To link the data to various sources,
- D. To conduct statistical analysis and create visualizations of the same data, and
- E. To share and publish aggregate, de-identified data for purposes including population health analysis, public health surveillance activities, quality improvement, utilization measures, and to inform interventions.

The Information Recipient agrees not to use the data for the following purposes:

- A. Use the data for any commercial purposes, including selling, commercial screening, or transferring data to a third party for commercial purposes;
- B. Transfer the raw data to anyone, except for those authorized above, who is not listed under the Information Recipient's (on the signature page of this Agreement) direct supervision unless advanced, written approval is given by the Information Provider.
- C. Human Subjects Research without WSIRB approval and without a Data Sharing Agreement (DSA).

EXHIBIT I

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

Yes **No**

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

Yes **No**

1. PERIOD OF PERFORMANCE

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

At a continuous frequency from date the agreement is signed by both parties to 5 years later.

2. DESCRIPTION OF DATA

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

Database Name(s): REDCap

Data Elements being provided: Answers to survey questions from the public within the LHI's jurisdictional area and statewide from the time the agreement is signed until the date the agreement expires (see elements in **Appendix F**).

The Information Provider will provide separately a complete data dictionary to the Information Recipient with information on the following data elements from the REDCap Survey in **Appendix E**.

The information described in this section is:

Category 1 – Public Information

- Public information is information that can be or currently is released to the public. It does not need protection from unauthorized disclosure, but does need integrity and availability protection controls.

Category 2 – Sensitive Information

- Sensitive information may not be specifically protected from disclosure by law and is for official use only. Sensitive information is generally not released to the public unless specifically requested.

Category 3– Confidential Information

- Confidential information is information that is specifically protected from disclosure by law. It may include but is not limited to: a. Personal Information about

EXHIBIT I

individuals, regardless of how that information is obtained; b. Information concerning employee personnel records; c. Information regarding IT infrastructure and security of computer and telecommunications systems.

Category 4 – Confidential Information Requiring Special Handling

- Confidential information requiring special handling is information that is specifically protected from disclosure by law and for which:
 - A. Especially strict handling requirements are dictated, such as by statutes, regulations, or agreements;
 - B. Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.

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

3. STATUTORY AUTHORITY TO SHARE INFORMATION

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

- RCW 43.07.020(3) requires the Washington State Department of Health (DOH) to “provide leadership and coordination in identifying and resolving threats to the public health”. DOH provides the FINS system to coordinate the appropriate authority receiving notification of a potential foodborne illness or food safety concern so they may respond and mitigate any risk to the public health in accordance with RCW 70.05.070(3). FINS is a “secure electronic disease surveillance system” as defined in WAC 246-101-010(45). In accordance with WAC 246-101-615(2), DOH will use FINS to notify the investigating jurisdiction within 1 day of any notifiable condition reported directly to it.

4. ACCESS TO INFORMATION

METHOD OF ACCESS/TRANSFER

DOH Web Application (indicate application name): Access to REDCap project for complaints within their specific jurisdiction and statewide.

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

FREQUENCY OF ACCESS/TRANSFER

DOH shall provide access to REDCap at system launch and at a continuous frequency within the period of performance stated in Section 2.

EXHIBIT I

5. REIMBURSEMENT TO DOH

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

Billing Procedure

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

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

\$0 (No charge)

6. DATA DISPOSITION

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

In accordance with records retention requirements, retain the data for the purposes stated herein for a period of time not to exceed 6 years after which Information Recipient shall destroy the data (as described below) and submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact. Information Recipient shall export the data and be responsible for following any applicable laws or policies to retain it.

7. RIGHTS IN INFORMATION

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

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

EXHIBIT I

8. ALL WRITINGS CONTAINED HEREIN

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

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

INFORMATION PROVIDER

INFORMATION RECIPIENT

State of Washington Department of Health

Kitsap Public Health District

Signature

Signature

Print Name

Print Name

Date

Date

APPENDIX A

USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

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

A. CONFIDENTIAL INFORMATION

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

B. ACCESS AND USE OF CONFIDENTIAL INFORMATION

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

C. DISCLOSURE OF CONFIDENTIAL INFORMATION

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

D. CONSEQUENCES OF UNAUTHORIZED USE OR DISCLOSURE

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

APPENDIX B

DATA SECURITY REQUIREMENTS

Protection of Data

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

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

A. Passwords

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

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

1. The data must be encrypted as described under section F. Data storage on mobile devices or portable storage media. Encryption is not required when Potentially Identifiable Information is stored temporarily on local workstation Hard Disk Drives/Solid State Drives. Temporary storage is thirty (30) days or less.
2. Access to the data is restricted to authorized users by requiring logon to the local workstation using a unique user ID and Complex Password, or other

APPENDIX B

DATA SECURITY REQUIREMENTS

authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts and remain locked for at least 15 minutes, or require administrator reset.

C. Network server and storage area networks (SAN)

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

D. Optical discs (CDs or DVDs)

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

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

1. When the data is transmitted between DOH and the Information Recipient, access is controlled by the DOH, who will issue authentication credentials.
2. Information Recipient will notify DOH immediately whenever:
 - a. An authorized person in possession of such credentials is terminated or otherwise leaves the employ of the Information Recipient;
 - b. Whenever a person's duties change such that the person no longer requires access to perform work for this Contract.
3. The data must not be transferred or accessed over the Internet by the Information Recipient in any other manner unless specifically authorized within the terms of the Agreement.

APPENDIX B

DATA SECURITY REQUIREMENTS

- a. If authorized, the data must be encrypted during transmissions using a key length of at least 128 bits. Industry standard mechanisms and algorithms, such as those validated by the National Institute of Standards and Technology (NIST) are required.
- b. Authentication must occur using a unique user ID and Complex Password (of at least 10 characters). When the data is classified as Confidential or Restricted, authentication requires secure encryption protocols and multi-factor authentication mechanisms, such as hardware or software tokens, smart cards, digital certificates, or biometrics.
- c. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.

F. Data storage on mobile devices or portable storage media

1. Examples of mobile devices are: smart phones, tablets, laptops, notebook or netbook computers, and personal media players.
2. Examples of portable storage media are: flash memory devices (e.g. USB flash drives), and portable hard disks.
3. The data must not be stored by the Information Recipient on mobile devices or portable storage media unless specifically authorized within the terms of this Agreement. If so authorized:
 - a. The devices/media must be encrypted with a key length of at least 128 bits, using industry standard mechanisms validated by the National Institute of Standards and Technologies (NIST).
 - Encryption keys must be stored in a secured environment that is separate from the data and protected in the same manner as the data.
 - b. Access to the devices/media is controlled with a user ID and a Complex Password (of at least 6 characters), or a stronger authentication method such as biometrics.
 - c. The devices/media must be set to automatically wipe or be rendered unusable after no more than 10 failed access attempts.
 - d. The devices/media must be locked whenever they are left unattended and set to lock automatically after an inactivity activity period of 3 minutes or less.
 - e. The data must not be stored in the Cloud. This includes backups.
 - f. The devices/ media must be physically protected by:
 - Storing them in a secured and locked environment when not in use;
 - Using check-in/check-out procedures when they are shared; and
 - Taking frequent inventories.
4. When passwords and/or encryption keys are stored on mobile devices or portable storage media they must be encrypted and protected as described in this section.

APPENDIX B

DATA SECURITY REQUIREMENTS

G. Backup Media

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

H. Paper documents

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

I. Data Segregation

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

J. Data Disposition

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

Data stored on:	Is destroyed by:
Hard Disk Drives / Solid State Drives	Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data, or Degaussing sufficiently to ensure that the data cannot be reconstructed, or Physically destroying the disk, or Delete the data and physically and logically secure data storage systems that continue to be used for the storage of Confidential or Restricted information to prevent any future access to stored information. One or more of the preceding methods is performed before transfer or surplus of the systems or media containing the data.

APPENDIX B

DATA SECURITY REQUIREMENTS

Paper documents with Confidential or Restricted information	On-site shredding, pulping, or incineration, or Recycling through a contracted firm provided the Contract with the recycler is certified for the secure destruction of confidential information.
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a course abrasive.
Magnetic tape	Degaussing, incinerating or crosscut shredding.
Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip, or similar disks)	Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data. Physically destroying the disk. Degaussing magnetic media sufficiently to ensure that the data cannot be reconstructed.

K. Notification of Compromise or Potential Compromise

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

APPENDIX C

CERTIFICATION OF DATA DISPOSITION

Date of Disposition _____

All copies of any Datasets related to agreement DOH#_____ have been deleted from all data storage systems. These data storage systems continue to be used for the storage of confidential data and are physically and logically secured to prevent any future access to stored information. Before transfer or surplus, all data will be eradicated from these data storage systems to effectively prevent any future access to previously stored information.

All copies of any Datasets related to agreement DOH#_____ have been eradicated from all data storage systems to effectively prevent any future access to the previously stored information.

All materials and computer media containing any data related to agreement DOH #_____ have been physically destroyed to prevent any future use of the materials and media.

All paper copies of the information related to agreement DOH #_____ have been destroyed on-site by cross cut shredding.

All copies of any Datasets related to agreement DOH #_____ that have not been disposed of in a manner described above, have been returned to DOH.

Other

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

Signature of data recipient

Date

APPENDIX D

DOH SMALL NUMBERS GUIDELINES

Aggregate data so that the need for suppression is minimal. Suppress all non-zero counts which are less than ten.

Suppress rates or proportions derived from those suppressed counts.

Assure that suppressed cells cannot be recalculated through subtraction, by using secondary suppression as necessary. Survey data from surveys in which 80% or more of the eligible population is surveyed should be treated as non-survey data.

When a survey includes less than 80% of the eligible population, and the respondents are unequally weighted, so that cell sample sizes cannot be directly calculated from the weighted survey estimates, then there is no suppression requirement for the weighted survey estimates.

When a survey includes less than 80% of the eligible population, but the respondents are equally weighted, then survey estimates based on fewer than 10 respondents should be "top-coded" (estimates of less than 5% or greater than 95% should be presented as 0-5% or 95-100%).

APPENDIX E

DATA DICTIONARY

Variable / Field Name	Form Name	Field Type	Field Label
record_id	foodborne_complaint	text	Record ID
date_received	foodborne_complaint	text	Date:
reporting	foodborne_complaint	radio	Please select which best applies to you
employee_name	foodborne_complaint	text	Public Health Worker's Name
employee_email	foodborne_complaint	text	Public Health Worker's Email
employee_location	foodborne_complaint	dropdown	Local Health Jurisdiction/Work Location
lhj_program	foodborne_complaint	radio	Select the program in which you work
program_other	foodborne_complaint	text	Please specify
complaint_received	foodborne_complaint	radio	How was the complaint received?
received_other	foodborne_complaint	text	Please specify
report_type	foodborne_complaint	radio	What are you reporting?
section_contact_ill	foodborne_complaint	descriptive	ABOUT YOU Please provide your contact information so staff may follow-up with you about this foodborne illness report. If reporting for someone other than yourself, fill in the information for the sick person.
section_contact_not_ill	foodborne_complaint	descriptive	ABOUT YOU Please provide us with contact information so we may follow-up with you about your food safety report.
anon	foodborne_complaint	radio	Would you like to remain anonymous?
anon_yes_warn	foodborne_complaint	descriptive	⚠ If you choose not to provide contact information, it may slow or stop an investigation.
firstname	foodborne_complaint	text	First Name
lastname	foodborne_complaint	text	Last Name
email	foodborne_complaint	text	Email
phone	foodborne_complaint	text	Phone Number

APPENDIX E

DATA DICTIONARY

age	foodborne_complaint	text	Age in Years
gender	foodborne_complaint	radio	Gender:
gender_other	foodborne_complaint	text	Other Gender:
city	foodborne_complaint	text	City of Residence
state	foodborne_complaint	dropdown	State/Province of Residence
other_state	foodborne_complaint	text	If you selected 'Other' for the previous question, please provide additional detail.
zipcode	foodborne_complaint	text	ZIP/Postal Code
section_fe_info_ill	foodborne_complaint	descriptive	FOOD ESTABLISHMENT INFORMATION Let's try to find what made you sick.
section_fe_info_not_ill	foodborne_complaint	descriptive	FOOD ESTABLISHMENT INFORMATION Where did you observe food safety concerns or issues?
establishment_name	foodborne_complaint	text	Food Establishment Name
maps	foodborne_complaint	descriptive	Find the address of the food establishment you are reporting by clicking the link below. A new tab will open. Enter the food establishment name and input all address information (including zipcode) back into this report form. https://www.google.com/maps
establishment_address	foodborne_complaint	text	Street Address or Cross Street
establishment_city	foodborne_complaint	text	City
establishment_zip	foodborne_complaint	text	Zip Code
establishment_lhj	foodborne_complaint	dropdown	Food Establishment LHJ
establishment_type	foodborne_complaint	checkbox	What type of food establishment is this?
establishment_type_other	foodborne_complaint	text	If you selected 'Other' for the previous question, please provide additional detail.
restaurant_food	foodborne_complaint	radio	Did you dine in or order takeout?
meal_delivery	foodborne_complaint	radio	If you used a meal delivery service, which service did you use?

APPENDIX E

DATA DICTIONARY

meal_delivery_other	foodborne_complaint	text	If you selected 'Other' for the previous question, please provide additional detail.
food_suspected	foodborne_complaint	notes	What food items do you suspect caused your illness? Please describe foods, beverages, including garnishes, toppings, and sauces consumed (or tasted) from the restaurant or event. Please include any meal substitutions. Consider reviewing online menus and receipts to refresh your memory.
food_suspected_date	foodborne_complaint	text	When were these food items consumed? If the suspected food(s) was consumed at multiple times, please list the earliest date/time.
fs_obs_date	foodborne_complaint	text	When did you observe or witness the food safety concerns you are reporting?
time_conversion_2	foodborne_complaint	descriptive	Time conversion chart
foodsafety_note	foodborne_complaint	notes	Please describe any observations or concerns with food safety and/or quality at [establishment_name] (if applicable):
error	foodborne_complaint	descriptive	⚠ Please correct food items consumed date, the date when you became ill cannot occur before you consumed the food.
section_ill_info	foodborne_complaint	descriptive	ILLNESS DETAILS Please give us more information to help understand what made you sick.
illpersons	foodborne_complaint	radio	Who are you reporting as ill?
illpersons_other	foodborne_complaint	text	If you selected 'Other' for the previous question, please provide additional detail.
incubation_period	foodborne_complaint	calc	Incubation Period of Illness (Hidden on Survey)
symptom_start_date	foodborne_complaint	text	When did you start feeling sick?
time_conversion	foodborne_complaint	descriptive	Time conversion chart
symptom_stop_date	foodborne_complaint	text	When did symptoms stop? Leave blank if symptoms are ongoing.
symptom	foodborne_complaint	checkbox	What symptoms did you or the person who became ill experience?
symptom_other	foodborne_complaint	text	If you selected 'Other' for the previous question, please provide additional detail.

APPENDIX E

DATA DICTIONARY

max_vomiting	foodborne_complaint	text	If you or the person who became ill had vomiting, how many times in a 24 hour period?
max_diarrhea	foodborne_complaint	text	If you or the person who became ill had diarrhea, how many times in a 24 hour period?
max_fever	foodborne_complaint	text	If you or the person who became ill had a fever, what was the highest temperature measured?
additional_illpersons	foodborne_complaint	notes	If there are any others you would like to report as ill, please list their name(s) and relationship to you.
additional_info	foodborne_complaint	notes	Please list any other information you would like to share about the illness(es) you are reporting.
section_med_info	foodborne_complaint	descriptive	MEDICAL INFORMATION Please give us more information to help better understand what made you sick.
provider_seen	foodborne_complaint	yesno	Did you or the person who became ill see a healthcare provider for this illness?
hcp_no	foodborne_complaint	descriptive	If you are still ill, please consider seeing a health care provider. Testing is a crucial part of investigating foodborne illness and allows us to better determine the source of your illness.
provider_name	foodborne_complaint	notes	Healthcare provider/facility name
provider_dateseen	foodborne_complaint	text	Date seen by a provider
provider_sample	foodborne_complaint	checkbox	Were any of the following samples collected and submitted for laboratory testing?
provider_sample_other	foodborne_complaint	text	If you selected 'Other' for the previous question, please provide additional detail.
diagnosis	foodborne_complaint	text	Was a diagnosis given by the provider? If yes, please list the diagnosis here.

APPENDIX E

DATA DICTIONARY

section_optional_3day	foodborne_complaint	descriptive	OPTIONAL 3-Day Food History People often think the last meal they ate made them sick. Foodborne illness can take up to 3 days (72 hours) or longer before you start feeling sick. When thinking about what might have caused you to become ill, it is helpful to review the food items you ate over the last several days. To help us conduct a full investigation, please complete a recent food history. Include foods that were prepared or consumed at home and all foods consumed outside the home (including restaurants, take out, delivery, community events, parties, pot-lucks, etc.).
opt_3day_yn	foodborne_complaint	radio	Would you like to provide a 3 day food history?
hx_dt_3	foodborne_complaint	text	What did you eat on
foodhistory_3	foodborne_complaint	notes	What did you eat on [hx_dt_3]? Please describe (include restaurants, meals at home, group meals like parties, etc.):
hx_dt_2	foodborne_complaint	text	What did you eat on
foodhistory_2	foodborne_complaint	notes	What did you eat on [hx_dt_2]? Please describe (include restaurants, meals at home, group meals like parties, etc.):
hx_dt_1	foodborne_complaint	text	What did you eat on
foodhistory_1	foodborne_complaint	notes	What did you eat on [hx_dt_1]? Please describe (include restaurants, meals at home, group meals like parties, etc.):
hx_dt_0	foodborne_complaint	text	What else did you eat on
foodhistory_0	foodborne_complaint	notes	What did you eat on [hx_dt_0], the same day your symptoms started? NOTE: if you started feeling sick before any meals on this day, skip this question. Please describe (include restaurants, meals at home, group meals like parties, etc.):
healthdistrict	foodborne_complaint	dropdown	LHJ of Implicated Establishment (Hidden on Survey)
section_optional_exp	foodborne_complaint	descriptive	OTHER POSSIBLE EXPOSURES

APPENDIX E

DATA DICTIONARY

travel	foodborne_complaint	radio	In the 2 weeks before you got sick, did you travel outside the state of Washington?
travel_location	foodborne_complaint	text	Which country and/or state did you visit or travel from?
travel_return_dt	foodborne_complaint	text	When did you return to the US or to WA?
swim	foodborne_complaint	radio	In the 2 weeks before you got sick did you go swimming in a pool/hot tub or natural body of water (e.g. lake, river, sound, ocean, etc.)?
oth_exp_swim_2	foodborne_complaint	radio	In the 2 weeks before you got sick did you have any contact with animals (including pets and their food, animal feces, farm animals, wild animals, etc.)?
fins_advertisement	foodborne_complaint	radio	How did you hear about FINS (Foodborne Illness Notification System)?
advertisement_other	foodborne_complaint	text	If you selected 'Other' for the previous question, please provide additional detail.
lhj_responsible	lhj_follow_up	dropdown	LHJ Responsible for Follow-Up:
reviewer	lhj_follow_up	text	LHJ Reviewer Name:
follow_up_date	lhj_follow_up	text	Date of initial follow up:
follow_up_action	lhj_follow_up	dropdown	Follow up action:
follow_up_other	lhj_follow_up	text	Please specify:
fbi_related	lhj_follow_up	calc	Is this complaint FBI related? (Hidden on Survey)
outbreak	lhj_follow_up	yesno	Was/is this report associated with an outbreak?* (Hidden on Survey)
outbreak_id	lhj_follow_up	text	If yes, enter the WA DOH outbreak ID number. (Hidden on Survey)
follow_up_details	lhj_follow_up	notes	Additional follow up details:
lhj_followup	lhj_follow_up	notes	LHJ Follow Up Details:

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

Food Safety and Foodborne Illness Complaint Form

Use this form to report a foodborne illness or food safety concern related to a food establishment (restaurant, food truck, grocery store, market, food bank, catered event) located in Washington State.

Some people may have more serious medical problems if exposed to contaminated food. If the sick person is experiencing severe symptoms, contact a healthcare provider, especially if the sick person is pregnant, elderly, immunocompromised, or an infant. Severe symptoms include bloody diarrhea, numbness or tingling around the mouth, visual changes, difficulty breathing, severe nausea and vomiting, or a fever above 102° F.

All fields with an asterisk (*) are required. Please provide as much detail as possible. One form should be completed for each person who is sick.

When completed, this report will be sent to the appropriate Local Health Department. Only authorized Public Health Staff may access the submitted information.

Privacy Note: Providing your contact information is essential for Public Health Staff to effectively respond to your report. We will not voluntarily share any information with restaurants or third parties. If we receive a Freedom of Information Act request, we will redact your personally identifying information before responding. If we are required to produce records pursuant to a court order or subpoena, you will receive notice. WA State Administrative Code RCW 42.56

Date: _____

Please select which best applies to you

- I am a member of the public reporting illness or a food safety concern
 I am a Washington Department of Health (WA DOH) or Local Health Jurisdiction (LHJ) employee entering an illness report or food safety concern for a member of the public

Public Health Worker's Name _____
(DOH/LHJ employees only)

Public Health Worker's Email _____
(DOH/LHJ employees only)

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

Local Health Jurisdiction/Work Location

- Adams County Integrated Health Care Services
- Asotin County Public Health
- Benton-Franklin Health District
- Chelan-Douglas Health District
- Clallam County Health and Human Services
- Clark County Public Health
- Columbia County Public Health
- Cowlitz County Health and Human Services
- Garfield County Health District
- Grant County Health District
- Grays Harbor Public Health and Social Services
- Island County Public Health
- Jefferson County Public Health
- Kitsap Public Health District
- Kittitas County Public Health
- Klickitat County Public Health
- Lewis County Public Health and Social Services
- Lincoln County Health Department
- Mason County Public Health
- Northeast Tri County Health District
- Okanogan County Public Health
- Pacific County Health and Human Services
- San Juan County Health and Community Services
- Seattle and King County Public Health
- Skagit County Public Health
- Skamania County Community Health
- Snohomish County Health Department
- Spokane Regional Health District
- Tacoma - Pierce County Health Department
- Thurston County Public Health and Social Services
- Wahkiakum County Public Health and Human Services
- Walla Walla County Community Health
- Whatcom County Health Department
- Whitman County Public Health
- Yakima Health District
- Other State
- Other LHJ
- WA DOH
(DOH/LHJ employees only)

Select the program in which you work

- Environmental Health
- Epidemiology/Communicable Disease
- Other _____
(DOH/LHJ employees only)

How was the complaint received?

- Phone call
- Email
- In person
- Other _____
(DOH/LHJ employees only)

What are you reporting?

- An illness related to food or a food establishment
- A food safety complaint that did not cause illness

ABOUT YOU

Please provide your contact information so staff may follow-up with you about this foodborne illness report. If reporting for someone other than yourself, fill in the information for the sick person.

ABOUT YOU

Please provide us with contact information so we may follow-up with you about your food safety report.

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

Would you like to remain anonymous? Yes
 No

△ If you choose not to provide contact information, it may slow or stop an investigation.

First Name _____

Last Name _____

Email _____

Phone Number _____

Age in Years _____

Gender: Male
 Female
 Other _____

City of Residence _____

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

State/Province of Residence

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia (D.C.)
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other

If you selected 'Other' for the previous question, please provide additional detail.

ZIP/Postal Code

(Please list 5 digit zip code only)

FOOD ESTABLISHMENT INFORMATION

Let's try to find what made you sick.

FOOD ESTABLISHMENT INFORMATION

Where did you observe food safety concerns or issues?

Food Establishment Name

(If related to a group event, like a wedding, list the caterer or name of the event)

Find the address of the food establishment you are reporting by clicking the link below. A new tab will open. Enter the food establishment name and input all address information (including zipcode) back into this report form.

<https://www.google.com/maps>

Street Address or Cross Street

City

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

Zip Code

Food Establishment LHJ

- Adams County Integrated Health Care Services
- Asotin County Public Health
- Benton-Franklin Health District
- Chelan-Douglas Health District
- Clallam County Health and Human Services
- Clark County Public Health
- Columbia County Public Health
- Cowlitz County Health and Human Services
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- Island County Public Health
- Jefferson County Public Health
- Kitsap Public Health District
- Kittitas County Public Health
- Klickitat County Public Health
- Lewis County Public Health and Social Services
- Lincoln County Health Department
- Mason County Public Health
- Northeast Tri County Health District
- Okanogan County Public Health
- Pacific County Health and Human Services
- San Juan County Health and Community Services
- Seattle and King County Public Health
- Skagit County Public Health
- Skamania County Community Health
- Snohomish County Health Department
- Spokane Regional Health District
- Tacoma - Pierce County Health Department
- Thurston County Public Health and Social Services
- Wahkiakum County Public Health and Human Service
- Walla Walla County Community Health
- Whatcom County Health Department
- Whitman County Public Health
- Yakima Health District
- WA DOH

What type of food establishment is this?

- Restaurant
- Mobile Food Unit (i.e. Food Truck)
- Convenience Store
- Grocery Store
- Caterer
- Temporary Food Establishment (TFE) (i.e. vendor at a fair or festival)
- Other _____
(Please select all that apply.)

Did you dine in or order takeout?

- Dine in
- Take out

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

If you used a meal delivery service, which service did you use?

- DoorDash
- Uber Eats
- Grubhub
- Postmates
- Blue Apron
- Hello Fresh
- Home Chef
- Did not use
- Other _____

What food items do you suspect caused your illness?

Please describe foods, beverages, including garnishes, toppings, and sauces consumed (or tasted) from the restaurant or event. Please include any meal substitutions.

(This could include meals eaten at home, restaurants, festivals, catered events, community-based events, etc.)

Consider reviewing online menus and receipts to refresh your memory.

When were these food items consumed?

If the suspected food(s) was consumed at multiple times, please list the earliest date/time.

(Time based on 24-hour clock. Add 12 if time is after noon. For example: 1:00 p.m. is 13:00.)

When did you observe or witness the food safety concerns you are reporting?

(Time based on 24-hour clock. Add 12 if time is after noon. For example: 1:00 p.m. is 13:00.)

Time conversion chart

AM/Morning		PM/Afternoon/Evening	
Regular Time (12-hour)	Military Time (24-hour)	Regular Time (12-hour)	Military Time (24-hour)
12:00 AM (midnight)	00:00 (or 24:00)	12:00 PM (noon)	12:00
1:00 AM	01:00	1:00 PM	13:00
2:00 AM	02:00	2:00 PM	14:00
3:00 AM	03:00	3:00 PM	15:00
4:00 AM	04:00	4:00 PM	16:00
5:00 AM	05:00	5:00 PM	17:00
6:00 AM	06:00	6:00 PM	18:00
7:00 AM	07:00	7:00 PM	19:00
8:00 AM	08:00	8:00 PM	20:00
9:00 AM	09:00	9:00 PM	21:00
10:00 AM	10:00	10:00 PM	22:00
11:00 AM	11:00	11:00 PM	23:00
12:00 PM (noon)	12:00	12:00 AM (midnight)	24:00 (or 00:00)

Please describe any observations or concerns with food safety and/or quality at [establishment_name] (if applicable):

(Example: I saw a food worker make a sandwich using their bare hands.)

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

△ Please correct food items consumed date, date when you became ill cannot occur before you consumed the food.

ILLNESS DETAILS

Please give us more information to help understand what made you sick.

Who are you reporting as ill?

- Myself
 - My Spouse/Partner
 - My Child
 - A Relative
 - A Friend
 - Other _____
- (*Only one FINS report per person who is ill)

Incubation Period of Illness (Hidden on Survey)

When did you start feeling sick?

(Time based on 24-hour clock. Add 12 if time is after noon. For example: 1:00 p.m. is 13:00.)

Time conversion chart

AM/Morning		PM/Afternoon/Evening	
Regular Time (12-hour)	Military Time (24-hour)	Regular Time (12-hour)	Military Time (24-hour)
12:00 AM (midnight)	00:00 (or 24:00)	12:00 PM (noon)	12:00
1:00 AM	01:00	1:00 PM	13:00
2:00 AM	02:00	2:00 PM	14:00
3:00 AM	03:00	3:00 PM	15:00
4:00 AM	04:00	4:00 PM	16:00
5:00 AM	05:00	5:00 PM	17:00
6:00 AM	06:00	6:00 PM	18:00
7:00 AM	07:00	7:00 PM	19:00
8:00 AM	08:00	8:00 PM	20:00
9:00 AM	09:00	9:00 PM	21:00
10:00 AM	10:00	10:00 PM	22:00
11:00 AM	11:00	11:00 PM	23:00
12:00 PM (noon)	12:00	12:00 AM (midnight)	24:00 (or 00:00)

When did symptoms stop? Leave blank if symptoms are ongoing.

(Time based on 24-hour clock. Add 12 if time is after noon. For example: 1:00 p.m. is 13:00.)

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

What symptoms did you or the person who became ill experience?

- Nausea
 - Vomiting
 - Diarrhea
 - Bloody Diarrhea
 - Abdominal Cramps
 - Fever
 - Body Aches
 - Chills
 - Fatigue
 - Headache
 - Skin Rash
 - Numbness/Tingling around the mouth
 - Other
- (Please select all that apply.)

If you or the person who became ill had vomiting, how many times in a 24 hour period?

If you or the person who became ill had diarrhea, how many times in a 24 hour period?

If you or the person who became ill had a fever, what was the highest temperature measured?

If there are any others you would like to report as ill, please list their name(s) and relationship to you.

Please list any other information you would like to share about the illness(es) you are reporting.

MEDICAL INFORMATION

Please give us more information to help better understand what made you sick.

Did you or the person who became ill see a healthcare provider for this illness?

Yes No

If you are still ill, please consider seeing a health care provider. Testing is a crucial part of investigating foodborne illness and allows us to better determine the source of your illness.

Healthcare provider/facility name

Date seen by a provider

Were any of the following samples collected and submitted for laboratory testing?

- Stool
 - Vomit
 - Other
- (Please select all that apply.)

Was a diagnosis given by the provider? If yes, please list the diagnosis here.

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

OPTIONAL 3-Day Food History People often think the last meal they ate made them sick. Foodborne illness can take up to 3 days (72 hours) or longer before you start feeling sick. When thinking about what might have caused you to become ill, it is helpful to review the food items you ate over the last several days. To help us conduct a full investigation, please complete a recent food history. Include foods that were prepared or consumed at home and all foods consumed outside the home (including restaurants, take out, delivery, community events, parties, potlucks, etc.).

Would you like to provide a 3 day food history? Yes No

What did you eat on

What did you eat on [hx_dt_3]?

Please describe (include restaurants, meals at home, group meals like parties, etc.):

What did you eat on

What did you eat on [hx_dt_2]?

Please describe (include restaurants, meals at home, group meals like parties, etc.):

What did you eat on

What did you eat on [hx_dt_1]?

Please describe (include restaurants, meals at home, group meals like parties, etc.):

What else did you eat on

What did you eat on [hx_dt_0], the same day your symptoms started?

NOTE: If you started feeling sick before any meals on this day, skip this question.

Please describe (include restaurants, meals at home, group meals like parties, etc.):

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

LHJ of Implicated Establishment (Hidden on Survey)

- Adams County Integrated Health Care Services
- Asotin County Public Health
- Benton-Franklin Health District
- Chelan-Douglas Health District
- Clallam County Health and Human Services
- Clark County Public Health
- Columbia County Public Health
- Cowlitz County Health and Human Services
- Garfield County Health District
- Grant County Health District
- Grays Harbor Public Health and Social Services
- Island County Public Health
- Jefferson County Public Health
- Kitsap Public Health District
- Kittitas County Public Health
- Klickitat County Public Health
- Lewis County Public Health and Social Services
- Lincoln County Health Department
- Mason County Public Health
- Northeast Tri County Health District
- Okanogan County Public Health
- Pacific County Health and Human Services
- San Juan County Health and Community Services
- Seattle and King County Public Health
- Skagit County Public Health
- Skamania County Community Health
- Snohomish County Health Department
- Spokane Regional Health District
- Tacoma - Pierce County Health Department
- Thurston County Public Health and Social Services
- Wahkiakum County Public Health and Human Services
- Walla Walla County Community Health
- Whatcom County Health Department
- Whitman County Public Health
- Yakima Health District
- Other State
- Other LHJ
- WA DOH

OTHER POSSIBLE EXPOSURES

In the 2 weeks before you got sick, did you travel outside the state of Washington?

- Yes
- No

Which country and/or state did you visit or travel from?

When did you return to the US or to WA?

(MM/DD/YYYY)

In the 2 weeks before you got sick did you go swimming in a pool/hot tub or natural body of water (e.g. lake, river, sound, ocean, etc.)?

- Yes
- No

In the 2 weeks before you got sick did you have any contact with animals (including pets and their food, animal feces, farm animals, wild animals, etc.)?

- Yes
- No

APPENDIX F

DATA ELEMENTS – REDCAP SURVEY

How did you hear about FINS (Foodborne Illness Notification System)?

- Washington Department of Health (WA DOH) website
- FINS magnet/sticker /Advertisement
- Social media
- Web-based search (i.e. Google)
- Other _____


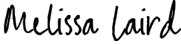
New or Renewed Contracts for the Period of 04/01/2024 through 04/30/2024

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (7 contracts)									
CHILDSTRIVE									
ID: 2404	Parent/Child Health, Jessica Guidry	Contract for Services	Closed		\$9,000.00	04/26/24	04/01/24	12/31/24	
<i>Description: Contractor to provide reflective supervision and consultation to NFP home visiting nurses individually and as part of group-based facilitation activities while the District's NFP nurse supervisor is on leave.</i>									
Compensation Connections									
ID: 2403	Administration, Karen Holt	Contract for Services	Closed		\$48,000.00	04/09/24	04/09/24	08/31/24	
<i>Description: Consultant to conduct a salary survey for Health District job classifications, research public sector classification systems and offer recommendations to adjust and realign the Health District's salary schedule and classification system to support employee recruitment, retention, and job satisfaction.</i>									
DOH, Washington State									
ID: 2398	Administration, Keith Grellner	Amendment	Closed	04/02/24	\$17,733,851.00	04/03/24	01/01/22	12/31/24	CLH31014
<i>Description: Defines the joint and cooperative relationship and planning efforts between KPHD and DOH. The contract and all statements of work contained are intended to implement applicable objectives under the Public Health Improvement Plan and facilitate the delivery of public health services to the people of Washington.</i>									
<i>Amendment 17</i>									
Eastern Washington University									
ID: 2399	Administration,	Affiliation Agreement			\$0.00	04/15/24	04/15/24	04/14/27	AA20129
<i>Description: Student Affiliation Agreement</i>									
EKANG Consulting									
ID: 2401	Parent/Child Health, Nancy Acosta	Contract for Services	Closed		\$9,000.00	04/04/24	04/01/24	12/31/24	
<i>Description: NFP Supervision Coverage</i>									
Infused Innovations									
ID: 2407	Information Technology, Ed North	Contract for Services	Closed		\$5,700.00	04/11/24	04/11/24	10/12/24	
<i>Description: Contractor provide cybersecurity engineering and advisory support to help District achieve a zero trust architecture.</i>									
Peninsula Community Health Services									
ID: 2405	, Yolanda Fong	Contract for Services	Closed		\$31,578.80	04/18/24	09/29/23	09/29/24	2022-005-KPHD
<i>Description: HUB Mat Services</i>									

**Kitsap Public Health Board Meeting
Date: June 4, 2024**

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

Approvals:

	Signature	Date
Administrator	DocuSigned by:  <small>84B011B7E07B465...</small>	5/22/2024
Finance Manager	DocuSigned by:  <small>DB0C788F36B1487...</small>	5/20/2024

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	4/4/2024	\$ 44,074.06
Accounts Payable	4/11/2024	26,677.20
Accounts Payable	4/18/2024	69,042.48
Accounts Payable	4/25/2024	292,106.13
NDGC Mortgage	4/1/2024	25,013.00
Miscellaneous	4/2-4/5/2024	6,045.25
Vital Records Transfer	4/19/2024	30,504.00
Accounts Payable Total		\$ 493,462.12
Payroll	4/30/2024	576,448.24
Payroll Taxes and Benefits	4/15-4/30/2024	351,861.07
Payroll Total		\$ 928,309.31
Grand Total		\$ 1,421,771.43

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

View Settlement Run

Information

Settlement Run STL-00003322
Name Kitsap Public Health District HH
Number STL-00003322
Status Complete
Date 04/04/2024
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Organization

Organization Kitsap Public Health District
Currency USD
Filters Used

Summary

Display Currency USD
Outbound Total 44,074.06
Inbound Total 0.00
Expense Report Count 16
Supplier Invoice Count 8

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
(Check) for Kitsap and Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	04/04/2024	1	75.71	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 04/04/2024	Success
(Direct Deposit) for account	Expense Payment	Treasurer's Main account	Direct Deposit	04/04/2024	15	2,710.40	USD	Payment Message: ID 2606 for Kitsap Public Health District on 04/04/2024	Success

View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process
(Check) for Kitsap Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	04/04/2024	3	26,386.18	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 04/04/2024
(EFT) for Treasurer's	Supplier Payment	Treasurer's Main account	EFT	04/04/2024	5	14,901.77	USD	Payment Message: ID 2607 for Kitsap Public Health District on 04/04/2024

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount
XP-0008307	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0008307	04/04/2024		111.22 U
XP-0008309	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0008309	04/04/2024		428.13 U
XP-0008310	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0008310	04/04/2024		147.40 U
XP-0008311	Kitsap Public Health District	Daniel Camarena (434536)	Employee	EXP-0008311	04/04/2024		49.84 U
XP-0008312	Kitsap Public Health District	April Fisk (321284)	Employee	EXP-0008312	04/04/2024		49.84 U
XP-0008313	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0008313	04/04/2024		33.50 U
XP-0008314	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0008314	04/04/2024		75.71 U
XP-0008315	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0008315	04/04/2024		315.00 U
XP-0008316	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0008316	04/04/2024		208.85 U
XP-0008317	Kitsap Public Health District	Emily Main (434982)	Employee	EXP-0008317	04/04/2024		644.64 U
XP-0008318	Kitsap Public Health District	Carin Onarheim (426938)	Employee	EXP-0008318	04/04/2024		75.76 U
XP-0008319	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0008319	04/04/2024		141.57 U
XP-0008320	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0008320	04/04/2024		94.47 U
XP-0008321	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0008321	04/04/2024		229.35 U
XP-0008322	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0008322	04/04/2024		66.06 U

View Settlement Run

Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Reimbursable Amount
NV-2024-XP-0008323	Kitsap Public Health District	FedEx	#8-445-92894	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2024-10787	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	114.77
NV-2024-	Kitsap Public Health District	Jefferson County	JAN 2024 CONTRACT	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2024-10788	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	13,240.00
NV-2024-	Kitsap Public Health District	King County	#8004162	King County - Remit-To: 201 s Jackson St, Ste 710	Net 30	SINV-2024-10790	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	1,000.00
NV-2024-	Kitsap Public Health District	Stericycle Inc	#8006374336	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-10791	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	6,000.00
NV-2024-	Kitsap Public Health District	United Business Machines Of Wa	INV514052	United Business Machines Of Wa	Net 30	SINV-2024-10792	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	1,000.00
NV-2024-	Kitsap Public Health District	US Bank National Association	ACCT 4246 0445 5568 8591 03.26.24 STMNT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2024-10794	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	18,000.00
NV-2024-	Kitsap Public Health District	Ozark Underground Laboratory	#20240328WA48	Ozark Underground Laboratory	Net 30	SINV-2024-10797	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	7,500.00
NV-2024-	Kitsap Public Health District	Nationwide Retirement Solutions	MARCH 2024 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2024-10969	04/04/2024	05/04/2024	05/04/2024	0.00	0.00	7,500.00

View Settlement Run

Process	Remittance Events
ID 2607 for Kitsap Public Health District on 04/04/2024	5

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons
Settlement Run Event	Settlement Run Event	Step Completed	04/04/2024 09:22:50 AM		Heather Hunsaker (434069)	1
To Do: Settlement Run has Payment Handling Instruction		Not Required				0
To Do: AP Wire was Settled		Not Required				0
To Do: Wire Payment Settled		Not Required				0

Business Processes History

Business Process	Status
ID 2607 for Kitsap Public Health District on 04/04/2024	Successfully Completed
ID 2606 for Kitsap Public Health District on 04/04/2024	Successfully Completed
ap County Claims Fund Warrant Account for Supplier Payment (Check) on 04/04/2024	Successfully Completed
ap County Claims Fund Warrant Account for Expense Payment (Check) on 04/04/2024	Successfully Completed
or Ozark Underground Laboratories Of Wa on 04/04/2024	Successfully Completed
or Ozark Underground Laboratories on 04/04/2024	Successfully Completed
or FedEx - Remit-To: PO Box 371461 Pittsburgh on 04/04/2024	Successfully Completed
or Jefferson County - Remit-To: Health/Human Svc on 04/04/2024	Successfully Completed
or Stericycle Inc - Remit-To: Stericycle Inc on 04/04/2024	Successfully Completed

Summary

Request	Status	Total Processing Time	Submitted by
Settlement Run Complete for STL-00003322	Completed	00:00:12	Heather Hunsaker

View Settlement Run

Information

Settlement Run STL-00003344
Name Kitsap Public Health District JS
Number STL-00003344
Status Complete
Date 04/11/2024
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Information

Display Currency USD
Outbound Total 26,677.20
Inbound Total 0.00
Expense Report Count 22
Supplier Invoice Count 21

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Success
(Direct Deposit) for account	Expense Payment	Treasurer's Main account	Direct Deposit	04/11/2024	22	5,087.23	USD	Payment Message: ID 2622 for Kitsap Public Health District on 04/11/2024	Success
Check) for Kitsap and Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	04/11/2024	13	14,910.39	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 04/11/2024	Success
EFT) for Treasurer's	Supplier Payment	Treasurer's Main account	EFT	04/11/2024	3	6,679.58	USD	Payment Message: ID 2623 for Kitsap Public Health District on 04/11/2024	Success

View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount
EXP-0008426	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0008426	04/11/2024		141.37 U
EXP-0008427	Kitsap Public Health District	Richard Bazzell (328436)	Employee	EXP-0008427	04/11/2024		1,428.96 U
EXP-0008429	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0008429	04/11/2024		434.03 U
EXP-0008431	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0008431	04/11/2024		109.21 U
EXP-0008433	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0008433	04/11/2024		27.81 U
EXP-0008434	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0008434	04/11/2024		168.72 U
EXP-0008435	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0008435	04/11/2024		177.08 U
EXP-0008436	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0008436	04/11/2024		84.42 U
EXP-0008437	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0008437	04/11/2024		409.57 U
EXP-0008438	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0008438	04/11/2024		419.89 U
EXP-0008439	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0008439	04/11/2024		101.03 U
EXP-0008440	Kitsap Public Health District	John Kiess (250913)	Employee	EXP-0008440	04/11/2024		105.00 U
EXP-0008441	Kitsap Public Health District	Kaela Moontree (406607)	Employee	EXP-0008441	04/11/2024		163.55 U
EXP-0008442	Kitsap Public Health District	Kayla Petersen (434695)	Employee	EXP-0008442	04/11/2024		91.52 U
EXP-0008443	Kitsap Public Health District	Antonio Romaele (435094)	Employee	EXP-0008443	04/11/2024		85.83 U
EXP-0008444	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0008444	04/11/2024		17.42 U
EXP-0008445	Kitsap Public Health District	Nathan Sidell (435084)	Employee	EXP-0008445	04/11/2024		587.13 U
EXP-0008446	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0008446	04/11/2024		105.13 U
EXP-0008447	Kitsap Public Health District	Kelsey Stedman (347366)	Employee	EXP-0008447	04/11/2024		87.91 U
EXP-0008449	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0008449	04/11/2024		220.24 U
EXP-0008450	Kitsap Public Health District	Laura Westervelt (434382)	Employee	EXP-0008450	04/11/2024		26.80 U
EXP-0008451	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0008451	04/11/2024		94.61 U

View Settlement Run

Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount Paid
NV-2024-	Kitsap Public Health District	Acranet Cbs Branch	#25669	Acranet Cbs Branch	Net 30	SINV-2024-11552	04/11/2024		05/11/2024	0.00	0.00	1,500.00
NV-2024-	Kitsap Public Health District	Anish Adhikari	#9	Anish Adhikari	Net 30	SINV-2024-11554	04/11/2024		05/11/2024	0.00	0.00	1,500.00
NV-2024-	Kitsap Public Health District	Boys & Girls Clubs of the Olympic Peninsula	2024 MINI GRANT	Boys & Girls Clubs of the Olympic Peninsula	Net 30	SINV-2024-11556	04/11/2024		05/11/2024	0.00	0.00	9,000.00
NV-2024-	Kitsap Public Health District	City of Bremerton	BKAT000830	City of Bremerton - Remit-To: Utility Billing PO Box 34569	Net 30	SINV-2024-11571	04/11/2024		05/11/2024	0.00	0.00	5,000.00
NV-2024-	Kitsap Public Health District	Comcast	03.26.24 STMT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-11572	04/11/2024		05/11/2024	0.00	0.00	4,000.00
NV-2024-	Kitsap Public Health District	Comcast	04.01.24 STMT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-11574	04/11/2024		05/11/2024	0.00	0.00	4,000.00
NV-2024-	Kitsap Public Health District	Comcast	#198663407 STMT	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2024-11575	04/11/2024		05/11/2024	0.00	0.00	5,000.00
NV-2024-	Kitsap Public Health District	Washington State Treasurer	04.2024 DRIVING RECORDS REQUEST	Washington State Treasurer - Remit-To: DoI Business & Professional Div Po Box 9048	Net 30	SINV-2024-11576	04/11/2024		05/11/2024	0.00	0.00	1,000.00
NV-2024-	Kitsap Public Health District	Hummingbird Insights LLC	#0148	Hummingbird Insights LLC	Net 30	SINV-2024-11577	04/11/2024		05/11/2024	0.00	0.00	2,000.00
NV-2024-	Kitsap Public Health District	Iron Mountain	#202847221	Iron Mountain - Remit-To: PO Box 601002	Net 30	SINV-2024-11578	04/11/2024		05/11/2024	0.00	0.00	1,000.00

View Settlement Run

Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount Paid
NV-2024-	Kitsap Public Health District	Jefferson County	CONT #2262 - 02.2024 GRANT	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2024-11579	04/11/2024		05/11/2024	0.00	0.00	5,600.00
NV-2024-	Kitsap Public Health District	Loomis	#10066950	Loomis - Remit-To: Palatine, IL	Net 30	SINV-2024-11580	04/11/2024		05/11/2024	0.00	0.00	600.00
NV-2024-	Kitsap Public Health District	Staples	#3562850467	Staples - Remit-To: Staples	Net 30	SINV-2024-11581	04/11/2024		05/11/2024	0.00	0.00	2,000.00
NV-2024-	Kitsap Public Health District	Staples	#3562850466	Staples - Remit-To: Staples	Net 30	SINV-2024-11582	04/11/2024		05/11/2024	0.00	0.00	1,000.00
NV-2024-	Kitsap Public Health District	United Business Machines Of Wa	#INV514576	United Business Machines Of Wa	Net 30	SINV-2024-11583	04/11/2024		05/11/2024	0.00	0.00	6,000.00
NV-2024-	Kitsap Public Health District	VectorUSA	#100157	VectorUSA	Net 30	SINV-2024-11584	04/11/2024		05/11/2024	0.00	0.00	5,600.00
NV-2024-	Kitsap Public Health District	WA State Environmental Health Assoc	#01499	WA State Environmental Health Assoc	Net 30	SINV-2024-11585	04/11/2024		05/11/2024	0.00	0.00	4,000.00
NV-2024-	Kitsap Public Health District	WA State Environmental Health Assoc	#1400	WA State Environmental Health Assoc	Net 30	SINV-2024-11586	04/11/2024		05/11/2024	0.00	0.00	4,000.00
NV-2024-	Kitsap Public Health District	WA State Environmental Health Assoc	#1402	WA State Environmental Health Assoc	Net 30	SINV-2024-11587	04/11/2024		05/11/2024	0.00	0.00	4,000.00
NV-2024-	Kitsap Public Health District	WA State Environmental Health Assoc	#1401	WA State Environmental Health Assoc	Net 30	SINV-2024-11589	04/11/2024		05/11/2024	0.00	0.00	4,000.00
NV-2024-	Kitsap Public Health District	Pottery Creek	APRIL 2024 RENT	Pottery Creek	Net 30	SINV-2024-11590	04/11/2024		05/11/2024	0.00	0.00	1,800.00

View Settlement Run

Process	Date	Remittance Events
ID 2623 for Kitsap Public Health District on 04/11/2024	04/11/2024	3

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons
Settlement Run Event	Settlement Run Event	Step Completed	04/11/2024 09:05:31 AM		Junille Schmeling (430378)	1
Payment Handling Instruction	To Do: Settlement Run has Payment Handling Instruction	Not Required				0
Payment Handling Instruction	To Do: AP Wire was Settled	Not Required				0
Payment Handling Instruction	To Do: Wire Payment Settled	Not Required				0

Processes History

Business Process		Status
ID 2623 for Kitsap Public Health District on 04/11/2024		Successfully Completed
ID 2622 for Kitsap Public Health District on 04/11/2024		Successfully Completed
Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 04/11/2024		Successfully Completed
AcraNet Cbs Branch on 04/11/2024		Successfully Completed
United Business Machines Of Wa on 04/11/2024		Successfully Completed
Jefferson County - Remit-To: Health/Human Svc on 04/11/2024		Successfully Completed

Processes

Time and Date	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by
AM	04/11/2024 09:05 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003344	Completed	00:00:12	Junille Schmeling

View Settlement Run

tion

Settlement Run STL-00003366
Name Kitsap Public Health District HH
Number STL-00003366
Status Complete
Date 04/18/2024

Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Organization Kitsap Public Health District
Currency USD
Filters Used

Display Currency USD
Outbound Total 69,042.48
Inbound Total 0.00
Expense Report Count 10
Supplier Invoice Count 24

	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process
for Kitsap Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	04/18/2024	1	33.50	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 04/18/2024
Deposit) for	Expense Payment	Treasurer's Main account	Direct Deposit	04/18/2024	9	1,289.31	USD	Payment Message: ID 2643 for Kitsap Public Health District on 04/18/2024
for Kitsap County Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	04/18/2024	18	20,861.92	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 04/18/2024

View Settlement Run

Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	
4- Kitsap Public Health District	Griffin Glen Apartments LLC	APRIL 2024 RENT	Griffin Glen Apartments LLC	Net 30	SINV-2024-09395	03/21/2024		04/20/2024	0.00	0.00	
4- Kitsap Public Health District	Griffin Glen Apartments LLC	MAY 2024 RENT	Griffin Glen Apartments LLC	Net 30	SINV-2024-12555	04/18/2024		05/18/2024	0.00	0.00	
4- Kitsap Public Health District	The Heights at Sheridan Road	MAY 2024 RENT	The Heights at Sheridan Road	Net 30	SINV-2024-12557	04/18/2024		05/18/2024	0.00	0.00	
Document	Company	Pay To	Type	Date	Payments	Amount	Currency	Business Process	Expense Report Date	Memo	Reimbursable Amount
3496	Kitsap Public Health District	Nancy Acosta (278956)	Employee	04/18/2024	3	46,857.75 USD	USD	Payment Message: ID 2642 for Kitsap Public Health District on 04/18/2024	04/18/2024		5
3497	Kitsap Public Health District	Zachary Ahlin (434420)	Employee						04/18/2024		25
3498	Kitsap Public Health District	Kandice Atisme-Bevins (433909)	Employee						04/18/2024		1
3499	Kitsap Public Health District	Christine Bronder (434436)	Employee						04/18/2024		22
3500	Kitsap Public Health District	Paul Giuntoli (337331)	Employee						04/18/2024		3
3501	Kitsap Public Health District	Albert Lawver (434888)	Employee						04/18/2024		11
3502	Kitsap Public Health District	Ross Lytle (285038)	Employee						04/18/2024		14
3503	Kitsap Public Health District	Melissa O'Brien (433907)	Employee						04/18/2024		9
3504	Kitsap Public Health District	Emmy Shelby (434658)	Employee						04/18/2024		18
3505	Kitsap Public Health District	Tobbi Stewart (423168)	Employee						04/18/2024		20

View Settlement Run

Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount
4-Kitsap Public Health District	Indigo Apartments	MAY 2024 RENT	Indigo Apartments	Net 30	SINV-2024-12558	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Kania, Sharon Faye	MAY 2024 RENT	Kania, Sharon Faye	Net 30	SINV-2024-12561	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Daniel R. Niblock	MAY 2024 RENT	Daniel R. Niblock	Net 30	SINV-2024-12562	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Olympic NW Property Management	MAY 2024 RENT	Olympic NW Property Management	Net 30	SINV-2024-12563	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Paul Simmons	MAY 2024 RENT	Paul Simmons	Net 30	SINV-2024-12565	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Washington Home Solutions	MAY 2024 RENT	Washington Home Solutions	Net 30	SINV-2024-12567	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	OWL360	2024 MINI GRANT	OWL360	Net 30	SINV-2024-12569	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	The People's Harm Reduction Alliance	KPHD-2023-JAN-DEC	The People's Harm Reduction Alliance	Net 30	SINV-2024-12573	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	A.W. Rehn & Associates, Inc	#14905	A.W. Rehn & Associates, Inc	Net 30	SINV-2024-12578	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Blue Sky Printing	#N17718	Blue Sky Printing	Net 30	SINV-2024-12580	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Wash State Dept Of Retirement	#1610540	Wash State Dept Of Retirement	Net 30	SINV-2024-12582	04/18/2024		05/18/2024	0.00	0.00

View Settlement Run

Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount
4-Kitsap Public Health District	Mckesson Medical Surgical	#21900600	Mckesson Medical Surgical	Net 30	SINV-2024-12583	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	ODP Business Solutions, LLC	#360960312001	ODP Business Solutions, LLC	Net 30	SINV-2024-12584	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Outfront Media LLC	#06297781	Outfront Media LLC	Net 30	SINV-2024-12585	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	MARCH 2024 PIC/CWK TESTING	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-12586	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#24-02373	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-12587	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Staples	#3562918874	Staples - Remit-To: Staples	Net 30	SINV-2024-12589	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	WA State Environmental Health Assoc	#1405	WA State Environmental Health Assoc	Net 30	SINV-2024-12590	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Wex Bank	#96310233	Wex Bank	Net 30	SINV-2024-12592	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Toyota Financial Services	04.10.24 TOYOTA LEASE STMNT	Toyota Financial Services	Net 30	SINV-2024-12599	04/18/2024		05/18/2024	0.00	0.00
4-Kitsap Public Health District	Staples	3562976653	Staples - Remit-To: Staples	Immediate	SINV-2024-13132	04/18/2024		04/18/2024	0.00	0.00

View Settlement Run

Process	Date	Remittance Events
2 for Kitsap Public Health District on 04/18/2024	04/18/2024	3

History

Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons
Settlement Run Event	Step Completed	04/18/2024 09:04:22 AM		Heather Hunsaker (434069)	
To Do: Settlement Run has Payment Handling Instruction	Not Required				
To Do: AP Wire was Settled	Not Required				
To Do: Wire Payment Settled	Not Required				

Issues History

Business Process	Status
2 for Kitsap Public Health District on 04/18/2024	Successfully Completed
3 for Kitsap Public Health District on 04/18/2024	Successfully Completed
ty Claims Fund Warrant Account for Supplier Payment (Check) on 04/18/2024	Successfully Completed
ty Claims Fund Warrant Account for Expense Payment (Check) on 04/18/2024	Successfully Completed
tra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 04/18/2024	Successfully Completed
Rehn & Associates, Inc on 04/18/2024	Successfully Completed
People's Harm Reduction Alliance on 04/18/2024	Successfully Completed

Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by
	04/18/2024 09:04 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003366	Completed	00:00:13	Heather Hunsaker

View Settlement Run

Information

Settlement Run Name STL-00003393
Number Kitsap Public Health District JS
Status STL-00003393
Date Complete
Include Payments On Behalf Of 04/25/2024
Exclude Negative Payments No
Express Settlement No

Organization Kitsap Public Health District
Currency USD
Filters Used

Display Currency USD
Outbound Total 292,106.13
Inbound Total 0.00
Expense Report Count 9
Miscellaneous Payment Request Count 2
Supplier Invoice Count 31

Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process
Expense Payment	Kitsap County Claims Fund Warrant Account	Check	04/25/2024	2	1,092.06	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 04/25/2024
Expense Payment	Treasurer's Main account	Direct Deposit	04/25/2024	7	797.31	USD	Payment Message: ID 2664 for Kitsap Public Health District on 04/25/2024
Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	04/25/2024	2	578.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 04/25/2024

View Settlement Run

Report	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process
0008601	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	04/25/2024	25	284,950.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 04/25/2024
0008602	Supplier Payment	Treasurer's Main account	EFT	04/25/2024	5	4,688.76	USD	Payment Message: ID 2663 Supplier Payment for Kitsap Public Health District on 04/25/2024
Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	
0008601	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0008601	04/25/2024		180.22	
0008602	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0008602	04/25/2024		69.68	
0008603	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0008603	04/25/2024		59.63	
0008604	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0008604	04/25/2024		166.16	
0008605	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0008605	04/25/2024		190.28	
0008606	Kitsap Public Health District	Brian Nielson (434638)	Employee	EXP-0008606	04/25/2024		1,022.38	
0008607	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0008607	04/25/2024		55.01	
0008608	Kitsap Public Health District	Lisa Warren (434273)	Employee	EXP-0008608	04/25/2024		93.07	
0008609	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0008609	04/25/2024		52.93	

Payment Requests

Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount
0008601	Kitsap Public Health District	TARIQ DALLOUSH (Inactive)	MPR-15472	Check	One-Time Payment	04/25/2024	378.00
0008602	Kitsap Public Health District	KITSAP WEST MHP LLC (Inactive)	MPR-15473	Check	One-Time Payment	04/25/2024	200.00

View Settlement Run

	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount
2024-	Kitsap Public Health District	Bremerton Government Center Association	#1143	Bremerton Government Center Association	Net 30	SINV-2024-13394	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	Comcast	ACCT #1975 04.09.24 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-13395	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	FedEx	#8-460-82168	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2024-13396	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	FedEx	#8-454-03345	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2024-13397	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	CashStar, Inc.	PO #20815 - FM GIFT CARDS	CashStar, Inc.	Net 30	SINV-2024-13399	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	Lingo	#33896978	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2024-13400	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	Pacific Printing, Inc.	#28186	Pacific Printing, Inc.	Net 30	SINV-2024-13401	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	Propio LS, LLC	#0310070224	Propio LS, LLC	Net 30	SINV-2024-13402	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	Quest Diagnostics	#1488183	Quest Diagnostics	Net 30	SINV-2024-13403	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	Silverdale Self Storage	05.2024 TO 04.2025 FEES	Silverdale Self Storage	Net 30	SINV-2024-13404	04/25/2024		05/25/2024	0.00	0.00	
2024-	Kitsap Public Health District	United Business Machines of WA	#INV515276	United Business Machines of WA	Net 30	SINV-2024-13405	04/25/2024		05/25/2024	0.00	0.00	

View Settlement Run

Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount
Kitsap Public Health District	Verizon Wireless	#9961418683	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2024-13407	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Washington State Treasurer	DRIVERS LICENSE FEE-HSK	Washington State Treasurer - Remit-To: DoI Po Box 9048	Net 30	SINV-2024-13408	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Washington State Public Health Assoc	#6946	Washington State Public Health Assoc	Net 30	SINV-2024-13409	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Xiologix, Llc	#10870	Xiologix, Llc	Net 30	SINV-2024-13410	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	American Family Life Assurance Company	APRIL 2024 BENEFITS	American Family Life Assurance Company	Net 30	SINV-2024-13500	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	WA State Employment Security	APRIL 2024 PFML BENEFITS	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	Net 30	SINV-2024-13501	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	WA State Employment Security	APRIL 2024 WA CARES BENEFITS	WA State Employment Security - Remit-To: WA Cares Fund PO Box 3537	Net 30	SINV-2024-13502	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Health Equity	APRIL 2024 BENEFITS	Health Equity	Net 30	SINV-2024-13503	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Hra Vebea Trust	APRIL 2024 BENEFITS	Hra Vebea Trust	Net 30	SINV-2024-13504	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Nationwide Retirement Solutions	APRIL 2024 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2024-13505	04/25/2024		05/25/2024	0.00	0.00	

View Settlement Run

Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount
Kitsap Public Health District	A.W. Rehn & Associates, Inc	APRIL 2024 PARKING	A.W. Rehn & Associates, Inc	Net 30	SINV-2024-13506	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	A.W. Rehn & Associates, Inc	APRIL 2024 DCFSA	A.W. Rehn & Associates, Inc	Immediate	SINV-2024-13507	04/25/2024		04/25/2024	0.00	0.00	
Kitsap Public Health District	Prof & Technical Eng XPH	APRIL 2024 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2024-13508	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Prof & Technical Eng XPH	APRIL 2024 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2024-13509	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Voya Institutional Trust Company	APRIL 2024 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (Public Health Payroll)	Net 30	SINV-2024-13511	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	WA State Dept of Labor & Industries	APRIL 2024 BENEFITS	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022	Net 30	SINV-2024-13512	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Wash State Dept Of Retirement	APRIL 2024 BENEFITS	Wash State Dept Of Retirement	Net 30	SINV-2024-13515	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Wa Health Care Authority - Uniform	APRIL 2024 BENEFITS	Wa Health Care Authority - Uniform	Net 30	SINV-2024-13518	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Vimly Benefit Solutions Inc	APRIL 2024 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2024-13519	04/25/2024		05/25/2024	0.00	0.00	
Kitsap Public Health District	Whit-Delta Dental Of Washington	APRIL 2024 BENEFITS	Whit-Delta Dental Of Washington	Net 30	SINV-2024-13520	04/25/2024		05/25/2024	0.00	0.00	

View Settlement Run

Process	Date	Remittance Events
2663 for Kitsap Public Health District on 04/25/2024	04/25/2024	4

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons
2663 for Kitsap Public Health District on 04/25/2024	Settlement Run Event	Step Completed	04/25/2024 09:04:37 AM		Junille Schmeling (430378)	1
	To Do: Settlement Run has Payment Handling Instruction	Not Required				0
	To Do: AP Wire was Settled	Not Required				0
	To Do: Wire Payment Settled	Not Required				0

Processes History

Business Process	Status
2664 for Kitsap Public Health District on 04/25/2024	Successfully Completed
2663 for Kitsap Public Health District on 04/25/2024	Successfully Completed
County Claims Fund Warrant Account for Supplier Payment (Check) on 04/25/2024	Successfully Completed
County Claims Fund Warrant Account for Expense Payment (Check) on 04/25/2024	Successfully Completed
County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 04/25/2024	Successfully Completed
United Business Machines of WA on 04/25/2024	Successfully Completed
W. Rehn & Associates, Inc on 04/25/2024	Successfully Completed
Pacific Printing, Inc. on 04/25/2024	Successfully Completed
edEx - Remit-To: PO Box 371461 Pittsburgh on 04/25/2024	Successfully Completed

Summary

Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by
04/25/2024 09:04 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00003393	Completed	00:00:13	Junille Schmeling

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report

For 2024 - Apr

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	5780 - Intergovernmental Loans	JE-00054941 - Kitsap Public Health District - 04/01/2024 - 2024	4/1/2024	0.00	16,667.00	-16,667.00
5700:Debt Service Principa		Mortgage Payment - April				
	5830 - Interest on Long-Term External Debt	JE-00054941 - Kitsap Public Health District - 04/01/2024 - 2024	4/1/2024	0.00	8,346.00	-8,346.00
5800:Debt Service Interest		Mortgage Payment - April				

(25,013.00)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report

For 2024 - Apr

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	5493 - Bank and Credit Card Service Fees	JE-00055146 - Kitsap Public Health District - 04/02/2024 - Returned Item - PH - R00226957 - 2024-04-02	4/2/2024	0.00	5.00	-5.00
5400:Other Services and C						
	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 04/02/2024	4/2/2024	0.00	62.75	-62.75
5400:Other Services and C						
	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 04/04/2024	4/4/2024	0.00	4,503.94	-4,503.94
5400:Other Services and C						
	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 04/05/2024	4/5/2024	0.00	1,468.74	-1,468.74
5400:Other Services and C						
	5493 - Bank and Credit Card Service Fees	Operational Journal: Kitsap Public Health District - 04/05/2024	4/5/2024	0.00	4.82	-4.82
5400:Other Services and C						

(6,045.25)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report

For 2024 - Apr

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
	3860 - Agency Deposits	JE-00055579 - Kitsap Public Health District - 04/19/2024 - Public Health monthly vital stats transfer	4/19/2024	0.00	30,504.00	-30,504.00

3800:Other Increases in Fu

(30,504.00)

Kitsap Public Health District - 04/30/2024

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Acosta (278956) Nancy	173.33	\$9,643.00			\$6,017.89
Ader (413193) Sam	173.33	\$6,228.00			\$4,258.67
Ahlin (434420) Zachary	173.33	\$5,380.00			\$4,034.40
Alexander (435070)	172.83	\$6,576.97			\$4,437.12
Anderson (419470) Amy	173.33	\$6,964.00			\$4,497.02
Anderson-Hobbs (435083)	173.33	\$5,246.00			\$3,958.48
Archer (434384) James	173.33	\$4,617.00			\$3,527.14
Armstrong (434291) Jami	173.33	\$6,402.00			\$4,490.87
Atisme-Bevins (433909)	165.33	\$8,343.24			\$5,232.77
Baker (435044) Katie	166.83	\$5,301.43			\$4,052.55
Banigan (215189) Leslie	173.33	\$7,614.00			\$5,463.99
Baum (434397) Rudy	173.33	\$6,282.00			\$4,630.24
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,385.23
Bell (419805) Gus	168.16	\$7,502.37			\$5,007.79
Berger (407902) Angeline	173.33	\$6,282.00			\$4,463.98
Bierman (404611) Dana	173.33	\$9,643.00			\$7,085.11
Borja (426250) Windie	173.33	\$6,402.00			\$4,583.38
Boysen-Knapp (2058)	173.33	\$6,964.00			\$4,710.49
Bronder (434436) Christine	173.33	\$5,380.00			\$4,107.85
Brown (271677) Steven	173.33	\$9,643.00			\$5,748.09
Burchett (409212) Brian	173.33	\$5,931.00			\$4,324.06
Burke (434463) Lenore	173.33	\$4,814.00			\$3,481.38
Burton (434296) Callie	173.33	\$4,648.00			\$3,417.21
Byrd (434085) Stephanie	173.33	\$4,574.00			\$3,675.54
Cadorna (434932) Jessi	158.08	\$3,455.63			\$2,422.15
Calderon (434768) Brenda	173.33	\$4,297.00			\$3,228.81
Camarena (434536) Daniel	173.33	\$5,760.00			\$3,950.82
Chang (411387) Margo	173.33	\$5,427.00			\$3,915.92
Chen (434841) Jessica	173.33	\$6,596.00			\$5,128.19
Clark (435043) Cheryl	173.33	\$6,680.00			\$4,799.06
Collins (434101) Lori	173.33	\$7,351.00			\$5,089.12
Davis (433997) Elizabeth	173.33	\$9,184.00			\$6,386.46
Deseamus (434593) Dara	158.59	\$4,252.97			\$3,206.76
Dowless (340919) Kelly	173.33	\$7,636.00			\$5,237.09
Duren (430735) Ashley	173.33	\$6,402.00			\$4,711.11
Evans (4565) Eric	173.33	\$11,763.00			\$3,266.11
Fergus (434648) Maria		\$0.00			\$0.00
Fine (421693) George	86.67	\$2,287.00			\$1,774.52
Fisk (321284) April	173.33	\$8,840.00			\$5,006.74
Fong (356883) Yolanda	173.33	\$12,903.00			\$8,400.95
Fuchs (435045) Molly	172.83	\$4,591.71			\$3,359.96
Fucini (434997) Heather	173.33	\$6,228.00			\$4,999.65
Giuntoli (337331) Paul	173.33	\$7,614.00			\$4,712.58
Gress (421427) Nicole	173.33	\$5,308.00			\$3,908.97
Griego (410072) Yaneisy	156.00	\$5,215.00			\$3,934.72
Guidry (355732) Jessica	173.33	\$10,525.00			\$7,520.43
Hammond (434978)	173.33	\$6,596.00			\$4,503.29
Hampton (434838)	173.33	\$7,636.00			\$5,554.91
Hansen (435085) Isabella	173.33	\$4,666.00			\$3,416.02
Harmon (434977) William	173.33	\$7,883.00			\$6,120.48
Hartman (434642) Melissa	173.33	\$6,072.00			\$4,578.82
Holdcroft (270783) Jodie	58.50	\$2,569.91			\$2,153.32
Holdcroft (4579) Grant	173.33	\$9,643.00			\$5,647.13
Holt (2726) Karen	173.33	\$10,631.00			\$6,955.40
Howard (434057) Anne	138.67	\$4,687.00			\$3,560.69
Hughes (434256) Jakob	173.33	\$5,931.00			\$4,384.03
Hunter (409213) Kari	173.33	\$9,643.00			\$6,232.40
Inga Dominguez (434769)	173.33	\$4,878.00			\$3,670.17
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,068.52
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,628.01
Johanson (400651) Krista	173.33	\$5,077.00			\$3,800.89
Jones (358933) Kimberly	173.33	\$9,643.00			\$6,578.76
Jury (434709) Thomas	173.33	\$5,649.00			\$4,317.45
Katula (393427) Dayna	173.33	\$9,184.00			\$5,670.05
Kench (245476) Donald	173.33	\$4,481.00			\$2,657.12
Kiess (250913) John	173.33	\$11,721.00			\$8,724.82

Kitsap Public Health District - 04/30/2024

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kindschy (421430)	173.33	\$6,539.00			\$4,583.97
Kinnear (434099) Sarah	173.33	\$6,316.00			\$4,849.71
Knoop (16125) Melina	173.33	\$8,214.00			\$5,409.19
Kruse (243184) Charles	173.33	\$7,719.00			\$5,070.67
Kushner (327580) Siri	173.33	\$11,721.00			\$7,165.85
Laird (416539) Melissa	173.33	\$10,631.00			\$6,678.28
Lawver (434888) Albert	173.33	\$5,931.00			\$4,459.39
Lytle (285038) Ross	173.33	\$7,614.00			\$5,178.48
Madden (434318) Shannon	173.33	\$4,814.00			\$3,520.66
Main (434982) Emily	152.00	\$6,697.12			\$4,906.45
May (434674) Martha	173.33	\$4,694.00			\$3,257.82
Mazur (388104) Karina	173.33	\$8,995.00			\$5,950.99
McMillan (434052) Michelle	173.33	\$5,983.00			\$4,332.52
Miller (435008) Christopher	173.33	\$8,510.00			\$5,621.35
Moen (279971) Anne	173.33	\$7,614.00			\$5,254.36
Moontree (406607) Kaela	72.39	\$2,535.82			\$2,131.73
Moore (434254) Alexandra	173.33	\$5,649.00			\$4,210.95
Morris (312378) Dawn	173.33	\$7,555.00			\$5,305.26
Morris (434567) Amanda	173.33	\$4,814.00			\$3,573.49
Morrow (433895) Nathan	173.33	\$17,214.00			\$8,848.05
Neff Warner (435082) Leah	173.33	\$6,596.00			\$4,643.61
Nguyen (295033) Loan	173.33	\$5,598.00			\$4,034.68
Nielson (434638) Brian	173.33	\$6,852.00			\$5,107.85
Noriega (435095) Yolanda	157.33	\$3,719.76			\$2,887.74
North (22459) Edwin	173.33	\$10,631.00			\$240.34
O'Brien (433907) Melissa	173.33	\$5,124.00			\$4,043.66
Onarheim (426938) Carin	173.33	\$5,983.00			\$4,508.84
Outlaw-Spencer (434984)	173.33	\$6,072.00			\$4,586.95
Pandino (419118) Linda	173.33	\$5,077.00			\$3,838.88
Perales (434396) Sydney	93.33	\$3,238.55			\$2,609.90
Perry (306605) Rachel	173.33	\$4,605.00			\$3,336.71
Petersen (434695) Kayla	173.33	\$4,648.00			\$3,374.23
Phelps (434295) Tameka	153.06	\$5,898.93			\$4,699.02
Plemmons (433994)	26.25	\$1,470.00			\$963.12
Romaelle (435094) Antonio	173.33	\$5,649.00			\$4,239.13
Rork (404613) Ian	173.33	\$6,906.00			\$5,043.43
Sample (434976) Brittany	173.33	\$5,456.00			\$4,120.01
Sauna (435096) Khushnum	165.33	\$5,253.76			\$3,901.96
Shelby (434658) Emmy	156.00	\$7,068.00			\$4,808.28
Sherman (434949) Linnea	165.33	\$4,373.40			\$3,144.68
Shoriz (434893) Justin	173.33	\$5,019.00			\$3,844.57
Shuhler (425553) Yana	173.33	\$4,775.00			\$3,183.54
Sidell (435084) Nathan	173.33	\$4,996.00			\$3,059.21
Simmons (434365) Nolan	93.33	\$3,041.80			\$2,367.87
Smith (361388) Terri	173.33	\$8,510.00			\$5,952.33
Snow (435021) Kelly	173.33	\$5,551.00			\$4,209.95
Sooter (427776) Thaddeus	173.33	\$9,843.00			\$7,040.27
Stedman (347366) Kelsey	173.33	\$9,643.00			\$6,226.09
Stewart (423168) Tobbi	173.33	\$6,228.00			\$4,368.49
Tiemeyer (433908)	173.33	\$8,120.00			\$5,540.62
Turner (1682) Denise	173.33	\$5,598.00			\$3,458.40
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,255.61
Wagner (426251) Mary	121.34	\$3,224.00			\$2,317.78
Warren (434273) Lisa	137.33	\$6,724.04			\$4,307.66
Wellborn (14545) Brian	173.33	\$4,481.00			\$2,960.73
Wendt (397255) Jan	173.33	\$7,733.00			\$5,719.77
Westervelt (434382) Laura	173.33	\$6,539.00			\$4,707.72
Whares (434641) Erica	173.33	\$6,926.00			\$5,429.24
Whitford (434292) Tiffany	173.33	\$4,574.00			\$3,371.62
Wickhamshire (434070)	86.67	\$2,287.00			\$1,820.09
Wimpenny (434923) Jacob	173.33	\$6,866.00			\$4,964.13
Winchester (431493)	173.33	\$5,649.00			\$4,122.70
Wyatt (434415) Janet	143.33	\$6,394.70			\$4,004.01
	21,178.50	\$840,872.11	\$68,733.53	\$224,512.53	\$576,448.24

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report

For 2024 - Apr

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
		Operational Journal: Kitsap Public Health District - 04/15/2024	4/15/2024	0.00	134,865.30	-134,865.30
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 04/30/2024	4/30/2024	0.00	632.00	-632.00
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 04/30/2024	4/30/2024	0.00	216,363.77	-216,363.77
2317:Payroll Tax Payable						

(351,861.07)

Certificate Of Completion

Envelope Id: 4151173699B14CAC9EF5F248C34021A1	Status: Completed
Subject: Complete with DocuSign: 04.2024 Warrants and EFTs.pdf	
Source Envelope:	
Document Pages: 27	Signatures: 2
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Melissa Laird
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	345 6th Street, Suite 300
	Bremerton, WA 98337
	melissa.laird@kitsappublichealth.org
	IP Address: 146.218.141.198

Record Tracking

Status: Original	Holder: Melissa Laird	Location: DocuSign
5/20/2024 11:05:03 AM	melissa.laird@kitsappublichealth.org	

Signer Events

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

Signature

DocuSigned by:

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

Timestamp

Sent: 5/20/2024 11:06:59 AM
 Viewed: 5/20/2024 11:07:17 AM
 Signed: 5/20/2024 11:07:26 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

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

DocuSigned by:

 04B011B7E67B465...
 Signature Adoption: Pre-selected Style
 Using IP Address: 67.119.26.96

Sent: 5/20/2024 11:06:59 AM
 Resent: 5/21/2024 4:40:04 PM
 Viewed: 5/22/2024 3:22:20 PM
 Signed: 5/22/2024 3:23:10 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/20/2024 11:07:00 AM
Certified Delivered	Security Checked	5/22/2024 3:22:20 PM
Signing Complete	Security Checked	5/22/2024 3:23:10 PM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	5/22/2024 3:23:10 PM

Payment Events	Status	Timestamps
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