

**SNOHOMISH COUNTY THROUGH ITS HEALTH DEPARTMENT  
2025-2027 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH32067****AMENDMENT NUMBER: 9**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH COUNTY through its health department, 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/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - ☒ Adds Statements of Work for the following programs:  
 Foundational Public Health Services - Effective July 1, 2025  
 Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025  
 Office of Immunization-Regional Representatives - Effective July 1, 2025  
 Office of Resiliency & Health Security-PHEP-CRI - Effective July 1, 2025
  - ☒ Amends Statements of Work for the following programs:  
 DCHS - ELC COVID-19 Response - Effective January 1, 2025  
 Maternal & Child Health Block Grant – Effective January 1, 2025  
 National Estuary Program Shellfish Strategic Initiative 2.0 - Effective January 1, 2025
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:
  - ☒ Increase of **\$8,429,077** for a revised maximum consideration of **\$22,460,092**.
  - ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - ☐ No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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.

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: 	Signature: 
Date: Nov 20, 2025	Date: Nov 20, 2025

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Indirect Rate January 1, 2025-Indefinite: MTDC De Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List **	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
<b>PS SSI2 Sub Award Management Task 3</b>	<b>01J89801</b>	<b>Amd 9</b>	<b>66.123</b>	<b>333.66.12</b>	<b>01/01/25</b>	<b>07/30/27</b>	<b>07/01/21</b>	<b>08/31/28</b>	<b>\$636,990</b>	<b>\$711,990</b>	<b>\$711,990</b>
PS SSI2 Sub Award Management Task 3	01J89801	Amd 1	66.123	333.66.12	01/01/25	07/30/27	07/01/21	08/31/28	\$75,000		
FFY23 CRI BP5 LHHJ Funding	NU90TP922043	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/23	06/30/25	\$3,511	\$3,511	\$3,511
FFY23 PHEP BP5 LHHJ Funding	NU90TP922043	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/23	06/30/25	\$147,955	\$147,955	\$147,955
<b>FFY25 PHEP BP2-CDC-LHHJ Partners</b>	<b>NU90TU000055</b>	<b>Amd 9</b>	<b>93.069</b>	<b>333.93.06</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$302,555</b>	<b>\$302,555</b>	<b>\$837,873</b>
FFY24 PHEP BP1-CDC-LHHJ Partners	NU90TU000055	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$321,191	\$535,318	
FFY24 PHEP BP1-CDC-LHHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$214,127		
<b>FFY25 PHEP CRI BP2-CDC-LHHJ Partners</b>	<b>NU90TU000055</b>	<b>Amd 9</b>	<b>93.069</b>	<b>333.93.06</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$172,813</b>	<b>\$172,813</b>	<b>\$345,626</b>
FFY24 PHEP CRI BP1-CDC-LHHJ Partners	NU90TU000055	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$103,688	\$172,813	
FFY24 PHEP CRI BP1-CDC-LHHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$69,125		
FFY25 TB Elimination CDC	NU52PS910277	Amd 2	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$71,275	\$71,275	\$71,275
FFY25 CDC IQIP Regional Reps	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$68,262	\$68,262	\$109,714
FFY24 CDC IQIP Regional Reps	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$41,452	\$41,452	
FFY25 CDC VFC Ops	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$24,659	\$24,659	\$24,659
COVID 19 Vaccines R4	NH23IP922619	Amd 4, 5	93.268	333.93.26	01/01/25	06/30/25	01/01/25	06/30/25	\$2,050,170	\$2,050,170	\$2,050,170
<b>FFY26 Immunizations Discre CDC YR1</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$3,750</b>	<b>\$3,750</b>	<b>\$3,750</b>
<b>FFY26 Immunizations IQIP CDC YR1</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$37,090</b>	<b>\$37,090</b>	<b>\$37,090</b>
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 6	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$2,436	\$132,750	\$132,750
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 1	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$130,314		
FFY25 EIP FluSurv AIM CDC	NU50CK000642	Amd 6	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$42,648	\$42,648	\$42,648
FFY24 ELC Core Vector Borne CDC	NU51CK000364	Amd 6	93.323	333.93.32	05/01/25	07/31/25	08/01/24	07/31/25	\$3,000	\$3,000	\$3,000
FFY20 ELC EDE LHHJs CDC	NU50CK000515	Amd 1, 9	93.323	333.93.32	01/01/25	12/31/25	01/15/21	07/31/26	\$1,122,598	\$1,122,598	\$1,122,598
FFY20 ELC EDE Refugee CDC	NU50CK000515	Amd 8	93.323	333.93.32	07/01/25	06/30/26	01/15/21	07/31/26	\$120,000	\$120,000	\$120,000
FFY21 CDC COVID-19 PHWFD-LHHJ	NU90TP922181	Amd 6	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$20,882	\$20,882	\$20,882
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 6	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$101,938	\$239,438	\$239,438
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500		

Indirect Rate January 1, 2025-Indefinite: MTDC De Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 Hi-Imp HIV Dis Ctrl Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	07/01/25	05/31/26	06/01/25	05/31/26	\$101,440	\$101,440	\$110,662
FFY25 Hi-Imp HIV Dis Ctrl Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	06/01/25	06/30/25	06/01/25	05/31/26	\$9,222	\$9,222	
FFY24 Hi-Imp HIV Prev CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$46,109	\$46,109	\$46,109
FFY24 Hi-Imp HIV Prevention CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$33,334	\$33,334	\$33,334
FFY25 Hi-Imp HIV Testing Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	07/01/25	05/31/26	06/01/25	05/31/26	\$73,333	\$73,333	\$73,333
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 6	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$89	\$191,366	\$191,366
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$191,277		
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 8	93.977	333.93.97	07/01/25	11/30/25	01/01/23	01/31/26	\$29,369	\$29,369	\$64,643
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 6	93.977	333.93.97	01/01/25	06/30/25	01/01/23	01/31/26	\$23,496	\$35,274	
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 1, 6	93.977	333.93.97	01/01/25	06/30/25	01/01/23	01/31/26	\$11,778		
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$333,660	\$333,660	\$333,660
<b>FFY26 MCHBG LHJ Contracts HRSA YR1</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.994</b>	<b>333.93.99</b>	<b>10/01/25</b>	<b>09/30/26</b>	<b>10/01/25</b>	<b>09/30/26</b>	<b>\$444,879</b>	<b>\$444,879</b>	<b>\$444,879</b>
SFY25 State Disease Control & Prev		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$75,748	\$75,748	\$75,748
SFY26 State Dis Cntrl Prev RW Match		Amd 8	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$146,951	\$146,951	\$146,951
SFY25 STD Prevention		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$26,666	\$26,666	\$26,666
SFY26 STD Prevention RW Match		Amd 8	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$38,800	\$38,800	\$38,800
SFY25 STI Program Expansion Proviso		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$307,389	\$307,389	\$307,389
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$24,500	\$56,000	\$56,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500		
Rec Shellfish/Biotoxin		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$7,500	\$7,500	\$10,500
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,000	\$3,000	
Small Onsite Management (ALEA)		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,307	\$12,506	\$12,506
Small Onsite Management (ALEA)		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	(\$3,226)		
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$14,425		
SFY25 Wastewater Management-GFS		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$31,968)	\$0	\$0
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,968		

Indirect Rate January 1, 2025-Indefinite: MTDC De Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
ADAP State (Rebate)		Amd 1	N/A	334.04.98	01/01/25	06/30/25	07/01/23	06/30/25	\$86,555	\$86,555	\$86,555
Prev ADAP State (Rebate)		Amd 8	N/A	334.04.98	07/01/25	06/30/26	07/01/25	06/30/27	\$335,835	\$335,835	\$335,835
FFY25 RW Grant Year Rebate		Amd 1	N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$43,277	\$43,277	\$86,554
FFY24 RW Grant Year Rebate		Amd 1	N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$43,277	\$43,277	
<b>SFY26 FPHS-LHJ Funds-GFS</b>		<b>Amd 9</b>	<b>N/A</b>	<b>336.04.25</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$6,831,000</b>	<b>\$6,831,000</b>	<b>\$13,837,000</b>
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$7,006,000	\$7,006,000	
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$90,000	\$90,000	\$90,000
SFY25 Lead Management (FPHS)		Amd 6	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$13,873	\$13,873	\$13,873
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$4,400	\$4,400	\$4,400
YR 28 SRF - Local Asst (15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,400)	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$4,400		
YR 27 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,400)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$4,400		
Sanitary Survey Fees SS-State		Amd 1, 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$4,400	\$4,400	\$4,400
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000	\$4,000	\$4,000
YR 28 SRF - Local Asst (15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$4,000		
YR 27 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$4,000		
<b>TOTAL</b>									<b>\$22,460,092</b>	<b>\$22,460,092</b>	
<b>Total consideration:</b>	<b>\$14,031,015</b>									<b>GRAND TOTAL</b>	<b>\$22,460,092</b>
	<b>\$8,429,077</b>										
<b>GRAND TOTAL</b>	<b>\$22,460,092</b>									<b>Total Fed</b>	<b>\$7,322,915</b>
										<b>Total State</b>	<b>\$15,137,177</b>

\*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: 2025-2027**

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response -  
Effective January 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department

**Contract Number:** CLH32067

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

**Period of Performance:** January 1, 2025 through December 31, 2025

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** Extend Period of Performance and LHJ Funding End Date from June 30, 2025 to December 31, 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FFY20 ELC EDE LHJS CDC	1897140E	93.323	333.93.32	01/01/25	12/31/25	1,122,598	0	1,122,598
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,122,598</b>	<b>0</b>	<b>1,122,598</b>

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
<b>DCHS COVID-19 Response</b>				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:  \$1,122,598 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897140E) Funding end date <del>12/31/25</del> 6/30/2025
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to sustain modest local level capacity for prioritized case investigation and contact tracing for COVID-19. This includes efforts to conduct follow-up on outbreak/cluster investigations in prioritized high risk settings.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</li> <li>2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> <li>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</li> <li>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work</li> </ol>	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	



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



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&amp;Q) measures in accordance with <b><u>WAC 246-100-045</u></b> (Conditions and principles for isolation or quarantine).</p> <p>i. Have at least one (1) location for conducting I&amp;Q operations identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <p>ii. Maintain ongoing census data for isolation and quarantine for your population.</p> <p>iii. Planning must incorporate transfer or receipt of people requiring I&amp;Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.			

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

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

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

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

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

**Program Specific Requirements**

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

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

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

<https://www.cdc.gov/grants/federal-regulations-policies/index.html>, as limited, or otherwise addressed, in any applicable court ruling.

**Monitoring Visits (frequency, type)**

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

**Special Billing Requirements:**

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

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Foundational Public Health Services -  
Effective July 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

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

**Revision Purpose:** 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
SFY26 FPHS - LHJ FUNDS - GFS	99210860	N/A	336.04.25	07/01/25	06/30/26	0	6,831,000	6,831,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>6,831,000</b>	<b>6,831,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$2,832,000
2	<b>Assessment Reinforcing Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$60,000
3	<b>Assessment – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$30,000
4	<b>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,409,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<b>CD - NEW SFY 24 Immunization Outreach, Education &amp; Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$300,000
6	<b>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy &amp; Leadership Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	<b>FC - NEW SFY 24 Strengthening Local Finance Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$62,000
8	<b>FC - NEW SFY 24 Public Health Communications</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000
9	<b>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
10	<b>EPR - NEW SFY 24 Emergency Preparedness &amp; Response – Capacity and Capability</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$237,000
11	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$164,000
12	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,079,000
13	<b>MCH – Child Death Review</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$158,000

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

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

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

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 2025-June 30,2026 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

**BARS Revenue Code:** 336.04.25

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

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development

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

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

**Activity Special Instructions:**

**Investments to Each LHJ:**

**1. FPHS Funds to Each LHJ**

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

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

**Targeted Investments to Each LHJ:**

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**  
Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11
3. **Assessment – CHA/CHIP (FPHS definitions G.3)**  
Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11
4. **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**  
Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80
5. **CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**  
Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27
6. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**  
These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53
7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**  
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16
8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions L.1-2)**  
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13
9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**  
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**  
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

**Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:****11. CD – Hepatitis C (FPHS definitions C.4.o-p)**

Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and DOH's Hepatitis C Prioritization document with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.

**12. CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**

Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

**13. MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**

This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.



**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Maternal & Child Health Block Grant – Effective January 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department

**Contract Number:** CLH32067

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

**Period of Performance:** January 1, 2025 through September 30, 2026

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

**Revision Purpose:** The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2025 to September 30, 2026, for continuation of MCHBG related activities, and update Program Specific Requirements.

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
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	333,660	0	333,660
FFY26 MCHBG LHJ CONTRACTS HRSA YR1	78101261	93.994	333.93.99	10/01/25	09/30/26	0	444,879	444,879
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>333,660</b>	<b>444,879</b>	<b>778,539</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration</b>				
1a	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>1d</i>	<i>Report actual expenditures for October 1, 2024 through September 30, 2025.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>December 5, 2025</i>	See Program Specific Requirements and Special Billing Requirements.
<i>1e</i>	<i>Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>May 15, 2026</i>	
<i>1f</i>	<i>Report annual FTE billed to MCHBG.</i>	<i>Submit FTE information on DOH-provided template.</i>	<i>July 1, 2026</i>	
<i>1g</i>	<i>Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>September 4, 2026</i>	
<i>1h</i>	<i>Participate in DOH-sponsored MCHBG fall regional meeting.</i>	<i>LHJ Contract Lead or designee will attend regional meeting.</i>	<i>September 30, 2026</i>	
Implementation				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
2c	<i>Report 2025-26 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.</i>	<i>Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.</i>	<i>September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	<i>Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH Community Consultant.</i>	<i>Draft – August 14, 2026 Final – September 11, 2026</i>	
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed. <i>Through September 30, 2025</i>	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program's entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
3e	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026</i>	
3f	<i>Review your program's entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated</i>	<i>September 30, 2026</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<i>information on your local CYSHCN program with WithinReach/Help Me Grow.</i>		
3g	<i>Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.</i>	<i>Submit updates as part of monthly reporting document.</i>	<i>September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026</i>	
<b>MCHBG Assessment and Evaluation</b>				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.
4b	<i>Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>November 21, 2025</i>	
4c	<i>As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>September 30, 2026</i>	

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

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

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

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

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

## **Program Specific Requirements**

### **Special Requirements:**

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

### **Program Manual, Handbook, Policy References:**

CYSHCN Information and Resources:

~~[Children and Youth with Special Health Care Needs Website\(wa.gov\)](#)~~  
~~[Health Services Authorization \(HSA\) Form](#)~~

~~[Children and Youth with Special Health Care Needs Website\(wa.gov\)](#)~~

### **Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

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

### **Monitoring Visits (i.e., frequency, type, etc.):**

Check-ins with DOH Community Consultant as needed.

### **Billing Requirements:**

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

### **Special Instructions:**

Contact DOH Community Consultant for approval of expenses not reflected in ~~pre~~-approved ~~B~~udget ~~W~~orkbook.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** National Estuary Program Shellfish Strategic Initiative 2.0 - Effective January 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department

**Contract Number:** CLH32067

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

**Period of Performance:** January 1, 2025 through July 30, 2027

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

**Statement of Work Purpose:** The Savvy Septic Program in Snohomish County aims to empower residential on-site septic system (OSS) owners to engage in a collective Puget Sound water quality solution through outreach, education, and financial aid for OSS maintenance, repair, and replacement. The Stillaguamish watershed is our focus area for this funding, which is a predominantly low-income, rural community that contains threatened shellfish growing areas, including Port Susan, Skagit Bay South and Warm Beach. LHI will also be a resource for the Tulalip tribe by providing ongoing support to their own OSS grant program tasks. During the project period, the objectives are to provide: four (4) grants to eligible low-income OSS owners; 460 OSS maintenance rebates; development and promotion of an online, asynchronous OSS care workshop and contractor workshop; and participate in three (3) outreach events in Snohomish County per year, two (2) of which will be in the Stillaguamish watershed. The key outcomes for the project are to:

1. Increase homeowner knowledge of proper OSS maintenance.
2. Provide financial incentives to help homeowners with OSS maintenance, repairs, and replacement.
3. Reduce the overall impact of failing OSS on water quality and public health, including reducing the potential health risks from contaminated shellfish consumption and reducing the threat to shellfish growing areas in the Stillaguamish watershed.

NOTE: Any dates for deliverables that precede this contract are for informational purposes only.

**Revision Purpose:** To add remaining funding from the 2022-2024 concon cycle in the amount of \$636,990 and update funding amounts for each task.

<b>DOH Chart of Accounts Master Index Title</b>	<b>Master Index Code</b>	<b>Assistance Listing Number</b>	<b>BARS Revenue Code</b>	<b>LHJ Funding Period</b>		<b>Current Allocation</b>	<b>Allocation Change Increase (+)</b>	<b>Total Allocation</b>
PS SSI2 SUB AWARD MANAGEMENT TASK 3	261K1213	66.123	333.66.12	01/01/25	07/30/27	75,000	636,990	711,990
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>75,000</b>	<b>636,990</b>	<b>711,990</b>

<b>Description (e.g., "shellfish beds reopened")</b>	<b>Units</b>	<b>Targets/Estimate</b>
Percentage OSS inspection rate by June 2027 (from 2.01% in 2022)	<b>OSS inspection rate</b>	<b>Increase to 5%</b>

Number of homeowners who attended the septic care workshop	<b>Homeowners</b>	<b>1,000</b>
Number of contractors who attended the informational workshop	<b>Contractors</b>	<b>50</b>
Number of outreach events attended	<b>Events</b>	<b>12</b>

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
<b>TASK 1. Project Development</b> This task must be completed before initiating any other work under this subaward. Work completed prior to the completion of Task 1 will be ineligible for reimbursement under this subaward.				
1.1	<b>Quality Assurance Project Plan (QAPP)</b> Development Per EPA sub-award terms and conditions, for projects that involve the collection, production, evaluation, or use of environmental information, the sub-recipient must submit a Quality Assurance Project Plan (QAPP) to the Washington State Department of Ecology's NEP Quality Coordinator (NEP QC) using EPA's NEP guidance for QAPPs. Project work should not begin until the Quality Assurance Project Plan (QAPP) has Quality Assurance approval. At contract start, the subrecipient must work with the NEP QC to ensure the project meets quality assurance requirements per the contract terms and conditions. The subrecipient is also required to conduct and document an annual review of the approved QAPP with ECOLOGY for projects exceeding one year in duration. For any changes prior to the annual review the subrecipient must contact the NEP QC to confirm required documentation. Changes may include but are not limited to new sampling sites, extended timeline, updated methods, and changes to analysis.	QAPP waiver	Within 60 days of contract execution	Reimbursement up to <del>\$500</del> <b>\$1,116</b> based on actual costs
1.2	<b>Project Factsheets</b> Using the templates provided, the subrecipient must complete an initial one-page Project Factsheet at the outset of the contract. A final one-page Project Factsheet is due at the end of the contract. The initial factsheet will provide an overview of the project and a brief description of the subrecipient's organization. The subrecipient will submit the initial factsheet with the first quarterly progress report. The subrecipient will submit the final factsheet at the end of the contract to summarize project outcomes, lessons learned, and next steps. The Shellfish SIL will make the factsheets	a. Initial Project Factsheet  b. Final Project Factsheet	a. Due with first quarterly report  b. Two weeks prior to contract end date	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	publicly available through the website <a href="https://pugetsoundestuary.wa.gov/">https://pugetsoundestuary.wa.gov/</a> .			
<b>Task 2: Project Administration and Reporting</b> Task 2 describes the project administrative and reporting requirements. The subrecipient will refer to and comply with all underlying state and federal terms and conditions.				
2.1	<p>Progress Reporting and Invoicing</p> <p>The subrecipient will submit quarterly progress reports by the specified target completion dates. Quarterly reporting periods are:</p> <p>Quarter 1 reporting period: January 1 – March 31 (FEATS will serve as 1st quarter report)</p> <p>Quarter 2 reporting period: April 1 – June 30</p> <p>Quarter 3 reporting period: July 1 – September 30 (FEATS will serve as 3rd quarter report)</p> <p>Quarter 4 reporting period: October 1 – December 31</p> <p>Progress reports shall include:</p> <ul style="list-style-type: none"> <li>· A description of:               <ol style="list-style-type: none"> <li>1. Work completed for each task/subtask during the reporting period, including what deliverables were completed and submitted during the reporting period.</li> <li>2. Total allowable spending by task.</li> <li>3. Status for ongoing project tasks.</li> <li>4. Challenges affecting task-specific or overall project completion date(s), scope of work, or costs.</li> </ol> </li> <li>· Evidence of satisfactory completion of all reporting requirements. The subrecipient will email quarterly progress reports and deliverables to the NEP Administrative Assistant and copy their Contract Manager.</li> </ul> <p>Invoices and supporting documentation will be emailed to <a href="mailto:NEPInvoices@doh.wa.gov">NEPInvoices@doh.wa.gov</a>. The subrecipient will submit invoices at least quarterly, but no more frequently than monthly. At the end of the contract period, the subrecipient will submit their final invoice within 60 days of contract expiration. The final invoice will be marked "Final". Invoices received more than 60 days after contract expiration may not be eligible for reimbursement.</p>	<p>a. Quarterly progress reporting</p> <p>b. (FEATS reporting, Task 2.2 serves as 2nd and 4th quarter reporting, annually)</p>	<p>a. Annually on January 15</p> <p>b. Annually on July 15</p>	Reimbursement up to <del>\$2,000</del> <b>\$16,556</b> based on actual costs
2.2	<p><b>EPA FEATS Reporting</b></p> <p>The subrecipient will complete semi-annual FEATS (Financial and Ecosystem Accounting Tracking System) progress reports and a closeout FEATS report. The closeout</p>	FEATS reporting	<p>Annually April 1</p> <p>Annually October 1</p>	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	FEATS report will be submitted within 60 days of the contract expiration date and will reflect the final project billing. The closeout FEATS report will describe task work completed throughout the project, highlight project outcomes, and summarize lessons learned. FEATS Reporting Periods: April 1 – September 30 - Serves as 3rd quarter progress reporting. October 1 – March 31 - Serves as 1st quarter progress reporting.			
2.3	<b>Data Reporting</b> The subrecipients will report additional data requirements as determined by NEP. The subrecipient and the NEP Data and Information Coordinator, Abigail Ames <a href="mailto:abigail.ames@doh.wa.gov">abigail.ames@doh.wa.gov</a> , will determine what data variables will be reported on within 60 days of contract execution. Data reporting will be collected every six months with the FEATS reporting cycle.	Data Reporting	Annually April 1  Annually October 1	
2.4	<b>Minority Business Enterprise/Women Business Enterprise (MBE/WBE) Reporting</b> The subrecipients will submit MBE/WBE utilization reports each year as required by the federal terms and conditions included in this contract. Reports will be in the format located on the EPA webpage <a href="https://www.epa.gov/system/files/documents/2021-08/epa_form_5700_52a.pdf">https://www.epa.gov/system/files/documents/2021-08/epa_form_5700_52a.pdf</a> and will include all qualifying purchases OR will clarify that no qualifying purchases were made. MBE/WBE reporting periods are from October 1 to September 30 annually. Reports are due to Taylor Warren at <a href="mailto:taylor.warren@doh.wa.gov">taylor.warren@doh.wa.gov</a> on October 15 with the DOH Contract Manager carbon copied.	MBE/WBE reporting	Annually on October 15	
<b>Task 3: Marketing &amp; Workshops</b> Savvy Septic staff will attend three (3) outreach events per year in Snohomish County, two (2) of which will be located in the Stillaguamish watershed. Savvy Septic staff will develop new outreach materials for these events and marketing and will update existing outreach materials. The online, asynchronous, septic care workshop will educate Snohomish County residents on OSS function, operation, maintenance, and financial assistance. Workshops will be free of charge for all attendees, and the workshop will be advertised on the county's Savvy Septic Program website and multiple social media platforms. The septic care workshop will also be a requirement for homeowners to take before they can redeem any/all rebates. The online, asynchronous septic contractor workshop will inform contractors about how they can participate in the Savvy Septic Program. Other marketing strategies include developing an email newsletter and regularly advertising the program on social media.				
3.1	<b>Outreach Materials</b> All outreach materials for the Savvy Septic Program need to be updated. Additionally, all educational handouts about caring for septic systems need to be updated or newly developed. Outreach materials include flyers, handouts, web content, email content, advertisements, infographics, images,	a. Send four (4) email newsletters per year.  b. Post on multiple social media platforms quarterly	a. Drafts sent to DOH for 2-week review. Final due upon completion	Reimbursement up to <del>\$22,000</del> <b>\$126,431</b> based on actual costs

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and social media content. Once these outreach materials are created, they will need to be continuously updated to ensure they are correct and match any code revisions and/or current research and guidelines.		b. Drafts sent to DOH for 2-week review. Final due upon completion	
3.2	<b>Events</b> Savvy Septic staff will attend three (3) outreach events per year in Snohomish County, two (2) of which will be in our specific focus area, which is the Stillaguamish watershed. At these events, LHJ will advertise the Savvy Septic program, share informational septic-related materials, and connect with the community. Staff will be available to answer homeowner’s questions about septic care and maintenance and the financial assistance options that are available through Savvy Septic.	Attend 12 outreach events	50% completion by June 2025.  All workshops completed by contract end date.	
3.3	Workshops The online, asynchronous, septic care workshop will educate homeowners on various septic-related topics, including septic maintenance, signs of septic problems, how septic systems work, how to work with septic contractors, and financial assistance, among other topics. The Savvy Septic Program’s health educators will put the septic care workshop into a learning management system where homeowners can go through the workshop at any time and review the materials at their convenience. This workshop will be free of charge. Homeowners will need to take the workshop to be eligible for any/all rebates in the future. Advertising for this workshop will be done through social media, an email newsletter, and by coordinating with other county programs. The contractor workshop will also be free of charge, online, and asynchronous, so contractors can attend the workshop at any time. This workshop will educate contractors about how they can work with Savvy Septic program, how to enter reports into OnlineRME, and additional helpful information.	a. Copy of septic care workshop attendance records  b. Copy of contractor workshop attendance records and workshop slides	a. Due with quarterly reporting in which quarter workshop was held.  b. Due with quarterly reporting in which quarter workshop was held. Due upon completion	
<b>Task 4: Low-Income Grants</b> The Savvy Septic Program will award 4 grants to low-income homeowners for OSS repair or replacement. \$300 will be provided for any permit application fees that apply, and the remaining application fee amount will be the homeowner's responsibility. For homeowners with low or fixed incomes, the Savvy Septic Program is providing a much-needed service to help them repair or replace one of the most essential pieces of equipment in their home. Grant funding is limited and available on a first-come, first-served basis until funding is exhausted. Additional financing may be available through a Craft3 loan, which is separate from the Savvy Septic Program. Before any ground disturbing work has started the Subrecipient will work with DOH to conduct cultural resource review for funded repairs in a timely manner. The Subrecipient will submit a 05-05 Form and will maintain an up-to-date Inadvertent Discovery Plan (IDP). (The IDP is also submitted as a deliverable.) The Subrecipient shall comply with the additional requirements under Section 106 of the National Historic Preservation Act (NHPA, 36 CFR 800). Subrecipient shall take reasonable action to avoid, minimize, or mitigate adverse effects to archeological and historic resources. Activities associated with archaeological and historic resources are an eligible reimbursable cost subject to approval by DOH.				

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Subrecipient shall:</p> <p>a) Contact DOH NEP Program to discuss any Cultural Resources requirements for the project: For capital construction projects, if required, comply with Governor Executive Order 05-05, Archaeology and Cultural Resources. For projects with any federal involvement, if required, comply with the National Historic Preservation Act. Any cultural resources federal or state requirements must be completed prior to the start of any work on the project site.</p> <p>b) Submit an Inadvertent Discovery Plan (IDP) to DOH prior to implementing any project that involves ground disturbing activities. DOH will provide the IDP form. DOH shall: Keep the IDP at the project site. Make the IDP readily available to anyone working at the project site. Discuss the IDP with staff and contractors working at the project site. Implement the IDP when cultural resources or human remains are found at the project site.</p> <p>c) If any archeological or historic resources are found while conducting work under this agreement: Immediately stop work and notify the DOH NEP Program, the Department of Archaeology and Historic Preservation at (360) 586-3064, any affected Tribe, and the local government.</p> <p>d) If any human remains are found while conducting work under this agreement: Comply with RCW 27.53, RCW 27.44.055, and RCW 68.50.645, and all other applicable local, state, and federal laws protecting cultural resources and human remains.</p>			
4.1	<p><b>Low-Income Grants</b></p> <p>The Savvy Septic Program will award 4 grants to low-income homeowners for OSS repair or replacement. Savvy Septic will determine program eligibility. All grant awards are subject to additional Savvy Septic Program eligibility and guidelines and are subject to change. Any changes to Savvy Septic Program guidelines will be communicated to Dept. of Health staff for approval prior to change. Final documentation of eligibility requirements will be sent to DOH upon approval. A map pinpointing location is within a threatened Shellfish Growing Area Boundary will be submitted prior to approval.</p>	<p>a. Repair or replace 9 OSS</p> <p>b. Program eligibility requirements</p>	<p>a. Completed by contract end date</p> <p>b. Due 30 days after contract execution or after DOH approval when changes are made.</p>	<p>Reimbursement up to <del>\$10,000</del> <b>\$302,611</b> based on actual costs</p>
	<p><b>Task 5: Rebates</b></p> <p>The Savvy Septic Program will award a target of 1904 rebates for OSS inspections, pumping, riser installations, and minor repairs to reduce the financial burden of OSS maintenance and increase participation in preventative OSS care for Snohomish County homeowners. Rebates are limited and available on a first-come, first-served basis until funding is exhausted. In order to be eligible for an OSS rebate, all work must be performed by a licensed septic contractor. Homeowners also must have taken the septic care workshop to be eligible. All Savvy Septic rebates are subject to additional Savvy Septic program guidelines.</p>			
5.1	<p><b>SEPTIC PUMPING REBATES</b></p> <p>The Savvy Septic Program will award 660 rebates for septic system pumping. Each pumping rebate will be for \$100. In order to be eligible for a pumping rebate, the contractor performing the pumping must be certified by the Snohomish County Health Department (SCHD) and a report must be entered into SCHD's OnlineRME database. Homeowners also must have taken the septic care workshop to be eligible.</p>	<p>a. Program eligibility requirements</p> <p>b. Process 660 septic pumping rebates.</p>	<p>a. 30 days after contract execution</p> <p>b. Per task 2 progress reporting schedule</p> <p>Completed by contract end date</p>	<p>Reimbursement up to <del>\$40,000</del> <b>\$256,956</b> based on actual costs</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5.2	<b>SEPTIC INSPECTION REBATES</b> The Savvy Septic Program will award 600 rebates for septic system inspections. Each inspection rebate will be for \$100. In order to be eligible for the inspection rebate, the contractor performing the inspection must complete a full system inspection and a written report with the status of various septic system components, including the tank, drain field, baffles, pump and other features. The inspection report must be provided to the homeowner and entered into SCHD's OnlineRME database. Homeowners also must have taken the septic care workshop to be eligible.	Process 600 septic inspection rebates	Per task 2 progress reporting schedule  Completed by contract end date	
5.3	<b>SEPTIC RISER REBATES</b> The Savvy Septic Program will award 220 rebates for installation of septic risers. Each riser rebate will be for \$50 and there is a maximum of two (2) riser rebates per household. Homeowners also must have taken the septic care workshop to be eligible.	Process 220 septic riser rebates	Per task 2 progress reporting schedule  Completed by contract end date	
5.4	<b>MINOR SEPTIC REPAIR REBATES</b> The Savvy Septic Program will award 180 360 rebates for minor septic repairs. Each minor repair rebate will be up to \$200. In order to be eligible for the minor repair rebate, the repair needs to be performed by a licensed septic contractor and the report needs to be entered into OnlineRME by the contractor. Homeowners also must have taken the septic care workshop to be eligible.	Process 360 minor septic repair rebates	Per task 2 progress reporting schedule  Completed by contract end date	
<b>Task 6 Broader Impacts and Communication</b> The recipient will communicate project outcomes, lessons learned, and recommendations.				
6.1	Broader Impact Options DOH will negotiate with subrecipient; this subtask should note work product, focus audience, method, purpose of communication. Example options: Offer a webinar on project outcomes, recommendations, and lessons learned for a relevant Puget Sound recovery community audience.  Participate in and present project outcomes at a knowledge exchange event relevant to the project topic (conference, forum, stakeholder workshop). Example: Present at the Salish Sea Ecosystem Conference	Develop a memo or other communication tool (webpage, storymap, etc.) that gives context for how the project fits into the long-term system-scale recovery planning efforts.	Upon contract completion	Reimbursement up to <del>\$500</del> <b>\$8,320</b> based on actual costs

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Develop a memo or other communication tool (webpage, storymap, etc.) that gives context for how the project fits into the long-term system-scale recovery planning efforts.</p> <p>Submit high-quality project photos or video clips of the project (process, progress, etc.). Ensure anyone in the photo or video has signed a release in case photos or videos are used for future publications.</p> <p>Climate change adaptation: Develop deliverables to prepare for and adjust to current and projected impacts of climate change.</p> <p>Tribal Treaty Rights: Develop deliverables to incorporate traditional ecological knowledge and enhances shellfish, salmon, and other harvest opportunities through habitat recovery. For more information, refer to the Northwest Indian Fisheries Commission's Tribal Habitat Strategy. If you are not a tribal nation, consider contacting your local Tribe(s) for additional information.</p> <p>Environmental justice: Develop deliverables to address environmental justice, environmental health, and disproportional impacts and opportunities for influence and participation. Refer to the Washington Environmental Health Disparities Map, EPA's EJ Screen tool for geographically</p> <p>Develop a memo or other communication tool (webpage, storymap, etc.) that gives context for how the project fits into the long-term system-scale recovery planning efforts.</p> <p>Diversity, Equity, and Inclusion: Develop deliverables to integrate principles and best practices into both the recovery work and the processes involved throughout the proposed workplan.</p>			

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

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

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

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

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

### **Program Specific Requirements**

#### **Program Manual, Handbook, Policy References:**

<https://www.kingcounty.gov/depts/health/environmental-health/piping/onsite-sewage-systems.aspx>

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

WAC 246-272A, RCW 70.118A, Puget Sound Action Agenda

#### **Monitoring Visits (i.e., frequency, type, etc.):**

The DOH program contact may conduct at least one monitoring visit during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee.

#### **Billing Requirements:**

Invoicing is required at least quarterly. All final invoices should be sent in within 90 days of contract completion and should be marked FINAL.

#### **Special Instructions:**

Progress reports are due to DOH on the following dates: April 1 and October 1, annually and upon contract completion. Reports will be uploaded to subrecipients contract folder on the subrecipients Sharepoint page: [NEP Subrecipient Resources - Home \(sharepoint.com\)](#) Email [jill.stewart@doh.wa.gov](mailto:jill.stewart@doh.wa.gov) to confirm delivery. Minority and Women-Owned business Reporting is due to: [taylor.warren@doh.wa.gov](mailto:taylor.warren@doh.wa.gov) on the following dates: October 1, annually and upon contract completion.

#### **Program Specific Requirements/Narrative:**

The following provisions are the pass-thru requirements of all U.S. EPA - DOH subawards funded under cooperative agreement PC-01J89801 and will apply to all work funded under this agreement.

#### **EPA Terms and Administrative Conditions**

The following provisions are the pass-thru requirements of all U.S. EPA - DOH subawards funded under cooperative agreement PC-01J89801 and will apply to all work funded under this agreement.

## **Administrative Conditions**

### **National Administrative Terms and Conditions General Terms and Conditions**

The General Terms and Conditions of this agreement are updated in accordance with the link below. However, these updated conditions apply solely to the funds added with this amendment and any previously awarded funds not yet disbursed by the recipient as of the award date of **this amendment May 30, 2024**. The General Terms and Conditions cited in the original award or prior funded amendments remain in effect for funds disbursed by the recipient prior to the award date of this amendment.

The subrecipient agrees to comply with the **current 2022** EPA general terms and conditions available at:

[https://www.epa.gov/system/files/documents/2022-09/fy\\_2022\\_epa\\_general\\_terms\\_and\\_conditions\\_effective\\_october\\_1\\_2022\\_or\\_later.pdf](https://www.epa.gov/system/files/documents/2022-09/fy_2022_epa_general_terms_and_conditions_effective_october_1_2022_or_later.pdf)

These terms and conditions are binding for disbursements and are in addition to or modify the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award. The EPA repository for the general terms and conditions by year can be found at:

<https://www.epa.gov/grants/grant-terms-and-conditions>

## Programmatic Conditions

HABITAT, SHELLFISH, and STORMWATER Strategic Initiative Leads - (PC) Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program  
Programmatic Terms and Conditions: 6/2021

### A. Semi-Annual Performance Reports

The subrecipient shall submit performance reports every six (6) months during the life of the project. Reports are due 30 calendar days after the end of each reporting period. Reports shall be submitted to the NEP Contract Manager and will be provided electronically. In accordance with 2 CFR 200.328, as appropriate, the subrecipient agrees to submit performance reports that include brief information on each of the following areas:

1. A comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period;
2. The reasons why established goals were not met, if appropriate;
3. Additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs. In addition to the semi-annual performance reports, the subrecipient shall immediately notify the NEP contract manager of developments that have a significant impact on the award-supported activities. As appropriate, the subrecipient agrees to inform the NEP contract manager as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

The subrecipient will submit performance reports through EPA's Puget Sound Financial and Ecosystem Accounting Tracking System (FEATS). Reports are due 30 calendar days after the end of each reporting period. The reporting periods shall end March 31st and September 30th of each calendar year. Reports shall be submitted to the NEP contract manager on the FEATS form provided by the NEP administrative assistant and shall be uploaded to the NEP subrecipients Sharepoint page. The subrecipient agrees to submit performance reports that include brief information on each of the following areas:

- a) A comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period;
- b) The reasons for slippages if established outputs/outcomes were not met;
- c) Additional pertinent information, including when appropriate, analysis and information of cost overruns or high unit costs.

### B. Final Performance Report

The subrecipient shall submit a final performance report through FEATS, which is due 60 calendar days after the expiration or termination of the award. The report shall be submitted to the NEP contract manager and must be provided electronically. The report shall generally contain the same information as in the periodic reports, but should cover the entire project period. After completion of the project, the NEP contract manager may waive the requirement for a final performance report if the NEP contract manager deems such a report is inappropriate or unnecessary.

### C. Program Income – Addition

If program income is generated, the subrecipient is required to account for program income related to this project. Program income earned during the project period shall be retained by the subrecipient and shall be added to funds committed to the project by EPA and the subrecipient, and shall be used to further eligible project objectives.

### D. Information Collection Requirements

NEP and the subrecipient agree to comply with the requirements of the Paperwork Reduction Act in completing the project. Because the scope of work includes a survey, a questionnaire or similar information-gathering activity, the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), requires NEP to obtain Office of Management and Budget (OMB) clearance prior to the subrecipient's collection of information by means of identical questions posed to 10 or more persons.

The subrecipient will provide to the NEP contract manager the following information: (1) description of the information to be collected; (2) explanation of the need for the information; and (3) to whom the survey is being directed.

### **E. Recognition of EPA Funding**

Reports, documents, signage, videos, or other media, developed as part of projects funded by this assistance agreement shall contain the following statement:

“This project has been funded wholly or in part by the United States Environmental Protection Agency under assistance agreement PC-01J89801 to the Washington State Department of Health. The contents of this document do not necessarily reflect the views and policies of the Environmental Protection Agency, nor does mention of trade names or commercial products constitute endorsement or recommendation for use.”

### **F. Annual Conferences**

The subrecipient may attend one or more appropriate conferences each year, which may be within the Puget Sound region. The specific conferences will be determined in consultation with the NEP contract manager. The purpose of this requirement is to provide subrecipients with opportunities to learn about and benefit from other relevant initiatives and programs that relate to the funded work; to exchange information about their funded work with organizations that may benefit from their experience; and generally to raise awareness within the Puget Sound, Salish Sea, and large aquatic ecosystem protection and restoration communities of the funded work. Example of potentially relevant conferences include, but are not limited to, the biennial Salish Sea Ecosystem Conference; local or regional meetings of Tribal, professional, scientific, or other relevant associations. Specific conferences will depend on the nature of the work proposed. Subrecipient will be allowed to use award funds to pay for travel and lodging. Subrecipient should include anticipated costs for attending conferences in their proposed budget.

### **G. Peer Review**

The results of this project may affect management decisions relating to Puget Sound. Prior to finalizing any significant technical products, the Principal Investigator (PI) of this project must solicit advice, review and feedback from a technical review or advisory group consisting of relevant subject matter specialists. A record of comments and a brief description of how respective comments are addressed by the PI will be provided to the Project Monitor prior to releasing any final reports or products resulting from the funded study.

### **H. Competency of Organizations Generating and/or Using Environmental Measurement Data**

In accordance with Agency Policy Directive Number FEM-2012-02, Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements, subrecipient shall maintain competency for the duration of the project period of this agreement and this will be documented during the annual reporting process. A copy of the Policy is available online at <http://www.epa.gov/fem/lab> or a copy may also be requested by contacting the NEP contract manager for this award.

#### **Federal Assistance Agreement Funds Up To \$200,000**

Subrecipient agrees that if the total federal funding obligated on this award exceeds \$200,000 (resulting from subsequent amendments to this agreement) and will involve the use or generation of environmental data it will (unless it has otherwise done so) demonstrate competency prior to carrying out any activities involving the generation or use of environmental data under this agreement. Federal Assistance Agreement Funds Exceed or Expect to Exceed \$200,000 Subrecipient agrees, by entering into this agreement, that it has demonstrated competency prior to award, or alternatively, where a pre- award demonstration of competency is not practicable. Subrecipient agrees to submit documentation and demonstrate competency prior to carrying out any activities under the award involving the generation or use of environmental data.

### **I. WQX Requirement**

Subrecipients are required to institute standardized reporting requirements into their work plans and include such costs in their budgets. All water quality data generated in accordance with an EPA approved Quality Assurance Project Plan as a result of this assistance agreement, either directly or by subaward, will be required to be transmitted into the Water Quality Portal (WQP) using either WQX or WQX web. Water quality data appropriate for the Water Quality Portal (WQP) include physical, chemical, and biological sample results for water, sediment and fish tissue. The data include toxicity data, microbiological data, and the metrics and indices generated from biological and habitat data. The Water Quality Exchange (WQX) is the water data schema associated with the EPA, State and Tribal Exchange Network. Using the WQX schema partners map their database



structure to the Water Quality Portal structure. WQX web is a web-based tool to convert data into the WQX format for smaller data generators that are not direct partners on the Exchange Network. More information about WQX, WQX web, and the Water Quality Portal, including tutorials, can be found at <https://www.epa.gov/waterdata/water-quality-data-wqx>

If activities submitted as match for this federal assistance agreement involve the generation of water quality data, the resulting information must be publicly accessible (in the Water Quality Portal or some other database). Subrecipients are encouraged to develop a cross walk between any non-WQX database utilized for the storage of water quality data associated with match activities and EPA's Water Quality Exchange (WQX).

#### **J. Riparian Buffers**

Riparian buffer restoration projects in agricultural areas shall be consistent with the interim riparian buffer recommendations provided to EPA and the Natural Resource Conservation Service by National Marine Fisheries Service letters of January 30, 2013 (stamp received date - February 4, 2013) and April 9, 2013 (stamp received date – April 16, 2013), or the October 28, 2013 guidance.

Grantees shall confirm in writing projects' consistency with the recommendations referenced above. When developing project proposals, grantees also should consider the extent to which proposals include appropriate riparian buffers or otherwise address pollution sources on other water courses on the properties in the project area to support water quality and salmon recovery.

Deviations can only be obtained through an exception approved by EPA. In order for EPA to evaluate a request for an exception, the grantee must submit the scientific rationale demonstrating adequacy of buffers for supporting water quality and salmon recovery. The request must summarize tribal input on the scientific rationale or other relevant issues. The scientific rationale could be developed from sources such as site-specific assessment data, salmon recovery plans, Total Maximum Daily Loads (TMDLs) and the state nonpoint plan. EPA will confer with the National Oceanic and Atmospheric Administration (NOAA) and the Washington Department of Ecology and provide the opportunity for affected tribes to consult with EPA before making a final decision on a deviation request. NEP contact for riparian buffers: Lea Shields, [lea.shields@doh.wa.gov](mailto:lea.shields@doh.wa.gov).

#### **K. International Travel (Including Canada) – PUGET SOUND PROGRAM WANTS TO HIGHLIGHT THIS DUPLICATE GENERAL TERM AND CONDITION.**

All International Travel must be approved by the Office of International and Tribal Affairs (OITA) BEFORE travel occurs. Even a brief trip to a foreign country, for example to attend a conference, requires OITA approval. Please contact your NEP contract manager as soon as possible if travel is planned out of the country, including Canada and/or Mexico, so that they can obtain appropriate approvals from EPA Headquarters. If you have questions, please contact your NEP contract manager listed on the front page of the Award Document.

#### **L. Geospatial Data Standards**

All geospatial data created must be consistent with Federal Geographic Data Committee (FGDC) endorsed standards. Information on these standards may be found at [www.fgdc.gov](http://www.fgdc.gov)

#### **M. Model Programmatic Subaward Reporting Requirement (GPI-16-01)**

The subrecipient must report on its subaward monitoring activities under 2 CFR 200.331(d). Examples of items that must be reported if the pass-through entity has the information available are: Summaries of results of reviews of financial and programmatic reports. Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance. Environmental results the subrecipient achieved. Summaries of audit findings and related pass-through entity management decisions. Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.331(e), 2 CFR 200.207 and the 2 CFR Part 200.338 Remedies for Noncompliance.

#### **N. Lobbying and Litigation — PUGET SOUND PROGRAM WANTS TO HIGHLIGHT THIS DUPLICATE GENERAL TERM AND CONDITION. All Subrecipients.**

a. The chief executive officer of this subrecipient agency shall ensure that no grant funds awarded under this assistance agreement are used to engage in lobbying of the Federal Government or in litigation against the U.S. unless authorized under existing law. The subrecipient shall abide by the Cost Principles available at 2 CFR 200 which generally prohibits the use of federal grant funds for litigation against the U.S. or for lobbying or other political activities.

b. The subrecipient agrees to comply with Title 40 CFR Part 34, New Restrictions on Lobbying. The recipient shall include the language of this provision in award documents for all subawards exceeding \$100,000, and require that subrecipients submit certification and disclosure forms accordingly.

- c. In accordance with the Byrd Anti-Lobbying Amendment, any subrecipient who makes a prohibited expenditure under Title 40 CFR Part 34 or fails to file the required certification or lobbying forms shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.
- d. Contracts awarded by a subrecipient shall contain, when applicable, the anti-lobbying provision as stipulated in the Appendix II to Part 200—Contract Provisions for Non-Federal Entity Contracts Under Federal Awards.
- e. Pursuant to Section 18 of the Lobbying Disclosure Act, the subrecipient affirms that it is not a nonprofit organization described in Section 501(c)(4) of the Internal Revenue Code of 1986; or that it is a nonprofit organization described in Section 501(c)(4) of the Code but does not and will not engage in lobbying activities as defined in Section 3 of the Lobbying Disclosure Act. Nonprofit organizations exempt from taxation under section 501(c)(4) of the Internal Revenue Code that engage in lobbying activities are ineligible for EPA subawards.

#### **O. EPA's Substantial Involvement**

EPA will be substantially involved in this project by participating in the following activities: (1) Within the first nine months of the project, EPA reserves the right to negotiate work plan and budget; (2) monitor the project management and execution throughout the assistance agreement's project and budget period; (3) provide technical assistance and coordination as requested or needed by the subrecipient; and (4) review and approve technical deliverables, including 30-day preaward review of subaward agreements to ensure consistency with the collaborative intent of the National Estuary Program.

#### **P. Quality Assurance Requirements (2 CFR 1500.11)**

As of February 17, 2023 any project, including work performed by Grantees, that involves the collection, production, evaluation, or use of environmental information requires an approved QAPP prior to the start of work. Acceptable Quality Assurance documentation (QAPP) must be submitted to the DOH Contract Manager and NEP Quality Coordinator (NEP QC) within 30 days of the acceptance of this agreement or another date as negotiated with the DOH Contract Manager. No work involving direct measurements or data generation, environmental modeling, compilation of data from literature or electronic media, and data supporting the design, construction, and operation of environmental technology shall be initiated under this project until the DOH Contract Manager, in concert with the NEP Quality Coordinator, has approved the quality assurance document. Additional information on these requirements can be found at the EPA Office of Grants and Debarment website: <https://www.epa.gov/grants/implementation-quality-assurance-requirements-organizations-receiving-epa-financial>. Instructions to Submit Quality Assurance Documents for Review DOH and the NEP QC will determine if a QAPP is required for this project. If a QAPP is required, subrecipients will work with DOH and NEP QC to develop and submit a QAPP for approval. The QAPP development and approval process is a multi-step process. More information about QAPPs can be found at <https://ecology.wa.gov/About-us/How-we-operate/Scientific-services/Quality-assurance/Quality-assurance-for-NEP-grantees>

#### **Q. ULO Stretch Goal:**

Subrecipients of EPA assistance agreements that include subawards in the approved workplan should manage their programs and subaward funding in ways that reduce the length of time that federal funds obligated and committed to subaward projects are "unspent" federal funds, not yet drawn down through disbursements to subaward recipients. EPA encourages the reduction of these unliquidated obligations (ULOs) by applying the following programmatic term and condition to the FY2021 Strategic Initiative Lead cooperative agreements with subaward projects. Assistance agreement subrecipients are to apply these "stretch" goals throughout the life of the assistance agreement and to confer with your NEP Contract Manager whenever instances arise that make attainment of these stretch goals unlikely.

Stretch Goal: A stretch goal for utilization of funds for each new strategic initiative lead grant with subawards is established. All funds should be spent by 21/2 years in order for incremental funding to be considered at levels otherwise available for the fourth year of the grant.

Funds Awarded July 2021 Should all Be Drawn Down by March 2024.

Funds Awarded in FY2022 (October 1, 2021-September 30, 2022) Should all Be Drawn Down by March 2025

Funds Awarded in FY2023 (October 1, 2022-September 30, 2023) Should all Be Drawn Down by March 2026

Funds Awarded in FY2024 (October 1, 2023-September 30, 2024) Should all Be Drawn Down by March 2027

Funds Awarded in FY2025 All Should Be Drawn down by award end date + 90 days.

## **R. Animal Subjects — PUGET SOUND PROGRAM WANTS TO HIGHLIGHT THIS DUPLICATE GENERAL TERM AND CONDITION.**

Subrecipient agrees to comply with the Animal Welfare Act of 1966 (P.L. 89-544), as amended, 7 USC 2131-2156. Subrecipient also agrees to abide by the “U.S. Government Principles for the Utilization and Care of Vertebrate Animals used in Testing, Research, and Training.” (Federal Register 50(97): 20864-20865. May 20,1985). The nine principles can be viewed at: <http://www.nal.usda.gov/awic/pubs/IACUC/vert.htm>.

## **S. Copyrighted Material and Data – PUGET SOUND PROGRAM WANTS TO HIGHLIGHT THIS DUPLICATE GENERAL TERM AND CONDITION.**

In accordance with 2 CFR 200.315, EPA has the right to reproduce, publish, use and authorize others to reproduce, publish and use copyrighted works or other data developed under this assistance agreement for Federal purposes. Examples of a Federal purpose include but are not limited to: (1) Use by EPA and other Federal employees for official Government purposes; (2) Use by Federal contractors performing specific tasks for the Government; (3) Publication in EPA documents provided the document does not disclose trade secrets (e.g. software codes) and the work is properly attributed to the subrecipient through citation or otherwise; (4) Reproduction of documents for inclusion in Federal depositories; (5) Use by State, tribal and local governments that carry out delegated Federal environmental programs as “co-regulators” or act as official partners with EPA to carry out a national environmental program within their jurisdiction and; (6) Limited use by other grantees to carry out Federal grants provided the use is consistent with the terms of EPA’s authorization to the other grantee to use the copyrighted works or other data. Under Item 6, the grantee acknowledges that EPA may authorize another grantee(s) to use the copyrighted works or other data developed under this grant as a result of:

1. the selection of another grantee by EPA to perform a project that will involve the use of the copyrighted works or other data or;
2. termination or expiration of this agreement. In addition, EPA may authorize another grantee to use copyrighted works or other data developed with Agency funds provided under this grant to perform another grant when such use promotes efficient and effective use of Federal grant funds.

## **T. Light Refreshments and/or Meals PUGET SOUND PROGRAM WANTS TO HIGHLIGHT THIS DUPLICATE GENERAL TERM AND CONDITION. APPLICABLE TO ALL AGREEMENTS EXCEPT STATE CONTINUING ENVIRONMENTAL PROGRAMS (AS DESCRIBED BELOW):**

Unless the event(s) and all of its components are described in the approved workplan, the subrecipient agrees to obtain prior approval from EPA for the use of grant funds for light refreshments and/or meals served at meetings, conferences, training workshops and outreach activities (events). The subrecipient must send requests for approval to the NEP Contract Manager and include:

1. An estimated budget and description for the light refreshments, meals, and/or beverages to be served at the event(s);
2. A description of the purpose, agenda, location, length and timing for the event; and,
3. An estimated number of participants in the event and a description of their roles.

Costs for light refreshments and meals for subrecipient staff meetings and similar day-to-day activities are not allowable under EPA assistance agreements. Subrecipients may address questions about whether costs for light refreshments, and meals for events may be allowable to the subrecipient’s NEP Contract Manager; however, the Agency Award Official or Grant Management Officer will make final determinations on allowability. Agency policy prohibits the use of EPA funds for receptions, banquets and similar activities that take place after normal business hours unless the subrecipient has provided a justification that has been expressly approved by EPA’s Award Official or Grants Management Officer.

EPA funding for meals, light refreshments, and space rental may not be used for any portion of an event where alcohol is served, purchased, or otherwise available as part of the event or meeting, even if EPA funds are not used to purchase the alcohol.

Note: U.S. General Services Administration regulations define light refreshments for morning, afternoon or evening breaks to include, but not be limited to, coffee, tea, milk, juice, soft drinks, donuts, bagels, fruit, pretzels, cookies, chips, or muffins. (41 CFR 301-74.7)

**FOR STATE CONTINUING ENVIRONMENTAL PROGRAM GRANT SUBRECIPIENTS EXCLUDING STATE UNIVERSITIES:** If the state maintains systems capable of complying with federal grant regulations at 2 CFR 200.432 and 200.438, EPA has waived the prior approval requirements for the use of EPA funds for light refreshments and/or meals served at meetings, conferences, and training, as described above. The state may follow its own procedures without requesting prior approval from EPA. However, notwithstanding state policies, EPA funds may not be used for (1) evening receptions, or (2) other evening events (with the exception of working meetings). Examples of working meetings include those evening events in which small groups discuss technical subjects on the basis of a structured agenda or there are presentations being conducted by experts. EPA funds for meals, light refreshments, and space rental may not be used for any portion of an event (including evening working meetings) where alcohol is served, purchased, or

otherwise available as part of the event or meeting, even if EPA funds are not used to purchase the alcohol. By accepting this award, the state is certifying that it has systems in place (including internal controls) to comply with the requirements described above.

**U. State Grant Cybersecurity - PUGET SOUND PROGRAM WANTS TO HIGHLIGHT THIS DUPLICATE GENERAL TERM AND CONDITION.**

1. The subrecipient agrees that when collecting and managing environmental data under this assistance agreement, it will protect the data by following all applicable State law cybersecurity requirements.

2. (1) EPA must ensure that any connections between the subrecipient's network or information system and EPA networks used by the subrecipient to transfer data under this agreement, are secure. For purposes of this Section, a connection is defined as a dedicated persistent interface between an Agency IT system and an external IT system for the purpose of transferring information. Transitory, user-controlled connections such as website browsing are excluded from this definition. If the subrecipient's connections as defined above do not go through the Environmental Information Exchange Network or EPA's Central Data Exchange, the recipient agrees to contact the NEP Contract Manager and work with the designated Regional/Headquarters Information Security Officer to ensure that the connections meet EPA security requirements, including entering into

Interconnection Service Agreements as appropriate. This condition does not apply to manual entry of data by the recipient into systems operated and used by EPA's regulatory programs for the submission of reporting and/or compliance data. (2) The subrecipient agrees that any subawards it makes under this agreement will require the subrecipient to comply with the requirements in (b)(1) if the subrecipient's network or information system is connected to EPA networks to transfer data to the Agency using systems other than the Environmental Information Exchange Network or EPA's Central Data Exchange. The subrecipient will be in compliance with this condition: by including this requirement in subaward agreements; and during subrecipient monitoring deemed necessary by the subrecipient under 2 CFR 200.331(d), by inquiring whether the subrecipient has contacted the NEP Contract Manager. Nothing in this condition requires the subrecipient to contact the NEP Contract Manager on behalf of a subrecipient or to be involved in the negotiation of an Interconnection Service Agreement between the subrecipient and EPA.

**V. Pre-award Costs - (2 CFR 200.209 and 200.458; 2 CFR 1500.8)**

Pre-award costs have been approved in accordance with the subrecipient's application.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

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

**Revision Purpose:** 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
FFY26 IMMUNIZATIONS DISCRE CDC YR1	74610269	93.268	333.93.26	07/01/25	06/30/26	0	3,750	3,750
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>3,750</b>	<b>3,750</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds.	1. Review previously submitted preliminary budget for changes and return to DOH.  2. Using DOH provided forecast template, submit the forecast for expenditure of contract.	July 30, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:	Enter information for each case identified into the Washington Disease Reporting System.	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>• Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status.</li> <li>• Reporting of HBsAg-positive women and their infants.</li> <li>• Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.</li> </ul> <p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Washington Disease Reporting System.</p>			
3	Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period.	Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds.	January 15, 2026	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

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

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

**Program Specific Requirements**

**Invoicing:**

Invoices must be submitted monthly to include the previous month's reimbursements/costs to the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

**Unallowable Costs:**

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

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Office of Immunization-Regional Representatives - Effective July 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives

**Revision Purpose:** 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
FFY26 IMMUNIZATIONS IQIP CDC YR1	74610263	93.268	333.93.26	07/01/25	06/30/26	0	37,090	37,090
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>37,090</b>	<b>37,090</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region One (Island County, San Juan County, Skagit County, Snohomish County, and Whatcom County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program				
1.	Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds.	1. Deliverable: Review previously submitted preliminary budget for changes and return to DOH.  2. Deliverable: Using DOH provided forecast template, submit forecast for expenditure of contract.	July 30, 2025	



<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
2.	Conduct enrollment site visits with all new providers and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with the CVP Operations Guide.	<p>a) Email Provider Agreement New Enrollment Packet with provider's original or electronic signature – DOH 348-022 if</p> <ol style="list-style-type: none"> <li>1. Provider did not previously submit the provider agreement to DOH.</li> <li>2. Changes are made to the provider agreement during the enrollment visit.</li> </ol> <p>b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures</p>	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program and when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Email completed Provider Disenrollment form DOH 348-423 or list to verify vaccine inventory transferred/removed from provider site.	Within ten (10) days of vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4.	<p>Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
5.	Conduct Announced Vaccine Storage and Handling (ASH) visits upon DOH request after an enrolled site moves to a new physical location. All visits must be conducted in	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for	a) Online at the time of the visit or within five (5) business days of the site visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>person, within 60 days of DOH request, in accordance with the CVP Operations Guide.</p> <p>If site is due for a compliance visit within the current project period, conduct a compliance visit instead of an ASH visit.</p> <p>Complete Announced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>	<p>each announced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</p>	<p>if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p>	
6.	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 6 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p> <p>Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.</p>	<p>a) Submit completed Combined Site Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p> <p>e) Respond to requests from DOH to schedule observation visit.</p>	<p>a) By July 31, 2025</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p> <p>d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p> <p>e) Within five (5) business days of DOH request.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7.	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Combined Site Visit Project Schedule</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2025. A minimum of 40% of total visits assigned per region must be initiated within the first half Project Year (Dec 31, 2025) and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2), six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur by Dec 31, 2025</p>	<p>a) Copy of combined site visit project schedule (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up.</p>	<p>By July 31, 2025</p> <p>a) Within five (5) business days of visit</p> <p>b) Within five (5) business days of contact</p> <p>By Dec 31, 2025</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
8.	Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period.	Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds	January 15, 2026	

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

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

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

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

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

**Program Specific Requirements**

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunizations.

Regional Representatives must have access to a digital data logger with current certificate of calibration and qualified pack outs or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan).

Regional consultants will limit use of Immunization Information System (IIS) user accounts to view the data needed to conduct site visits with enrolled sites, and DOH reserves the right to limit regional consultant IIS access if used for unauthorized purposes, including but not limited to, editing, or approving Childhood Vaccine Program provider agreements or vaccine-related requests.

**Invoicing:**

Invoices must be submitted monthly to include the previous month's reimbursements/costs to the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

**Unallowable Costs:**

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

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Office of Resiliency & Health Security-PHEP-CRI - Effective July 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

This statement of work includes a partial allocation of PHEP funds because DOH has received a partial allocation from the CDC. DOH will add the remaining funds to the statement of work when they are received. If they are not received, DOH will review the statement of work and adjust activities as needed.

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

**Revision Purpose:** NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 PHEP BP2 - CDC- LHJ PARTNERS	31602254	93.069	333.93.06	07/01/25	06/30/26	0	302,555	302,555
FFY25 PHEP CRI BP2 - CDC- LHJ PARTNERS	31604250	93.069	333.93.06	07/01/25	06/30/26	0	172,813	172,813
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>475,368</b>	<b>475,368</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>FFY25 PHEP BP2 - CDC- LHJ PARTNERS</b>				Reimbursement for actual costs not to exceed total funding allocation amount.
<b>1</b>	Maintain accurate and up-to-date contact information. This includes names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management,	Submit information by September 1, 2025, and any changes within 30 days of the change.	September 1, 2025 Within 30 days of the change.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Emergency Response Coordinator(s), and accounting and/or financial staff.	Mid-and end-of-year reports on template provided by DOH. Note any changes or no changes.	December 31, 2025 June 30, 2026	
2	As requested, submit additional information to DOH to comply with federal grant requirements and/or DOH requirements.	Information requested by DOH.	Upon request from DOH.	
3	Participate with DOH in a site visit (virtual or in person) to develop stronger relationships, enhance collaboration, and promote a unified approach to public health preparedness and response efforts.	Participation in site visit.  Preparation and follow-up activities as requested by DOH.	As requested by DOH.	
4	<b>Jurisdictional Risk Assessment</b> Implementing the preparedness cycle in any organization or jurisdiction is dependent on information about jurisdictional hazards. DOH is providing every local health jurisdiction with access to the H2azaRDS tool that was developed by the University of Washington. This Jurisdictional Risk Assessment (JRA) identifies, analyzes, and prioritizes potential public health and medical threats and hazards within the jurisdiction.			
4.1	Participate in the public health disaster risk assessment tool/report (H2azaRDs tool) training. This training will provide a foundational understanding of the tool and the rollout of it.  Note: LHJs will be notified at least 30 days in advance of the training date.	Participation in training.  Mid-year reports on template provided by DOH (note participation in training).	December 31, 2025	
4.2	Complete a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 Integrated Preparedness Planning Workshop (IPPW). OR Participate in a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 IPPW.  The completed risk assessment report will include: <ul style="list-style-type: none"><li>• Documented risk profiles, capability gaps, and recommendations to inform planning and resource allocation.</li><li>• Preparedness strategies in alignment with local, state, and federal emergency management frameworks.</li><li>• A list of identified risks within the jurisdiction.</li><li>• A prioritized ranking of the top five risks.</li><li>• A summary of how these risks impact the most affected populations.</li></ul>	Risk Assessment	December 31, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<b>Training</b> Maintaining baseline training competency is essential for a coordinated and effective public health emergency response. Ensuring staff complete the appropriate Incident Command System (ICS) training enables them to operate within standardized response structures and communicate effectively during emergencies. Requiring sub-awardees to verify completion through a DOH-approved training plan promotes accountability and consistency across jurisdictions.			
5.1	Ensure baseline NIMS compliant training competency is maintained as determined by the LHJ.  PHEP funding may be used to support additional public health emergency response trainings identified by the LHJ.	Mid- and end-of-year reports on templates provided by DOH, including titles, dates, and sponsor of trainings.	December 31, 2025 June 30, 2026	
6	<b>Exercising</b> Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) principles. Assessing the effectiveness of our emergency response plans and the training of those who might respond to the public health impacts of disasters, is a core component of the preparedness cycle. The act of exercising combined with the learning as demonstrated by an After-Action Report (AAR) drives future planning and training. It is DOH's responsibility to meet the exercise requirements under our CDC PHEP Cooperative Agreement. DOH uses the Multi-Year Preparedness Activities Calendar (MYPAC) to demonstrate that sub-recipients of the PHEP funding are participating in, or leading exercises. Local Jurisdictions and Tribes may use PHEP funding for any exercise that furthers their preparedness.			
6.1	If DOH participation is requested, complete the WA DOH <a href="#">Exercise Notification Form</a> prior to conducting an exercise that was not previously identified in the LHJ's MYPAC or led by DOH.	Exercise Notification Form	As soon as the LHJ is aware of the exercise date and details.	
6.2	Conduct, or participate in, at least one emergency response exercise by June 30, 2026.  LHJs should coordinate preparedness exercises with local partners, including Tribes, emergency management, healthcare facilities, and first responder agencies. Participation in exercises hosted by other organizations within the jurisdiction or geographic region is also strongly encouraged to support regional coordination and strengthen multi-agency response capabilities.  Note: A real-world response would meet this deliverable.	Submit a Completed After-Action Report/Improvement Plan (AAR/IP)	For AARs that the LHJ are responsible for, 90 days after exercise completion. For others, when the AAR is publicly available.	
7	<b>Public Health Emergency Response Planning</b> A core component of every public health preparedness and response program is maintaining an up-to-date and complete emergency response plan that describes how the jurisdiction will respond to the public health impacts of the most likely threats faced by the jurisdiction.			
7.1	Update or develop LHJ identified sections of the Comprehensive Emergency Response Plan addressing gaps/needs identified from an After Action Report from an exercise or a real-world response	Describe progress to date in the mid-year report on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Align the Plan with National Incident Management System/Incident Command System (NIMS/ICS) standards and coordinate with community-based organizations, healthcare, and local emergency response agencies.	Emergency Response Plan by June 30, 2026.		
8	<b>Integrated Preparedness Planning</b> Washington values the strengths of a decentralized public health system while recognizing that PHEP resources are limited. The Integrated Preparedness Planning (IPP) process is intended to promote inter-jurisdictional efficiency by aligning planning, training, and exercise efforts across the many public health jurisdictions in the state.			
8.1	To inform IPPW, develop a Multi-Year Preparedness Activities Calendar (MYPAC).  Use the following to inform development of your MYPAC: exercise plans, emergency response plans, AAR/IPs, IPPs, and response training plans.	MYPAC  Bring (or have available) your MYPAC to the IPPW (digital or on paper). Highlight activities that are new since January 2025.	January 5, 2026  January 13-14, 2026	
8.2	Participate in both days of DOH Integrated Preparedness Planning Workshop (IPPW), with at least one representative (virtually or in person).  The IPPW is scheduled for January 13-14, 2026 (location TBD).	Participation in IPPW (DOH will be looking at sign in documents).  End-of-year report on template provided by DOH.	January 13-14, 2026  June 30, 2026	
8.3	Develop or update a multi-year-integrated preparedness plan with critical response and recovery partners using the whole community approach.  Use the information gathered in tasks 8.1. and 8.2 to inform the development of this plan	Multiyear integrated preparedness plan that is aligned with HSEEP principles, developed or updated between February 1 and June 30, 2026 (after the IPPW).	June 30, 2026	
9	<b>Emergency Information Sharing</b> Effective emergency communication and notification are critical for ensuring a timely, coordinated response to public health incidents. Immediate notification and accurate situation reporting enable rapid decision-making, resource deployment, and situational awareness at the state, tribal, and local levels. Maintaining reliable communication systems and conducting regular drills help verify readiness, strengthen coordination, and ensure that response protocols function as intended during real-world emergencies.			
9.1	Notification Requirement: Notify the Washington State Department of Health (DOH) Duty Officer at <b>360-888-0838</b> or via email at <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for any incident that involves the activation of emergency response plans and/or the implementation of an incident command structure.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9.2	<p>Situation Reporting: Develop situation reports (sitreps) documenting jurisdictional activities during all response incidents that extend beyond two operational periods and require a written Incident Action Plan.</p> <p>Situation reports may be prepared directly by the LHJ or by another jurisdiction, provided they include input from the LHJ to ensure accuracy and completeness.</p> <p>Submit Situation Reports to DOH Duty Office (hanalert@doh.wa.gov) during LHJ response as soon as they are available.</p>	Mid- and end-of-year reports on template provided by DOH. Note whether Situation Reports were submitted, or there was no need to submit them.	December 31, 2025 June 30, 2026	
9.3	<p>Maintain the Washington Secure Electronic Communications, Urgent Response, and Exchange System (WASECURES) as the primary platform for emergency notifications.</p> <p>Participate in DOH-led notification drills.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Registered users must log in (or respond to an alert) quarterly at a minimum.</li> <li>DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.</li> </ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.4	Participate in quarterly WASECURES notification drills coordinated by DOH to support statewide communication readiness.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.5	Conduct at least one Local Health Jurisdiction (LHJ)-led drill using the jurisdiction's preferred staff notification system to ensure operational effectiveness.	Submit results of the drill on the mid- OR end-of-year reports on template provided by DOH.	December 31, 2025 OR June 30, 2026	
10	<p><b>Medical Materiel and Volunteer Management</b></p> <p>Effective medical materiel and volunteer management are essential for ensuring timely access to critical supplies and skilled personnel during public health emergencies, enabling local health jurisdictions to respond quickly, coordinate resources efficiently, and maintain continuity of operations under surge conditions. While LHJs are not expected to sustain these capabilities independently, they must have plans in place to access and coordinate resources through local, mutual aid, and state systems when needed.</p>			
10.1	Maintain and update the LHJ's medical materiel management plan components, operational guide, or process document by verifying that the local agency's preferred large parcel delivery sites are accurate and operational and jointly confirmed with DOH, confirming that	Mid- and end-of-year reports on template provided by DOH that describe progress on this task.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	inventory tracking systems work as intended, and ensuring the LHJ can procure, store, manage, and distribute palletized and bulk medical supplies during a public health emergency when necessary.	Summary of medical materiel management plan components, operational guide, or process document. (You may submit the whole plan, guide, or document if you prefer.)	December 31, 2025 OR June 30, 2026	
10.2	<p>Develop process/procedure to integrate clinical volunteers into your emergency response plan(s) including the process for management of volunteers during a public health emergency. This could be in partnership with other response partners (EM, Hospitals, Local Volunteer agencies, etc.).</p> <p>This plan must identify a point of contact to collaborate with state volunteer registries and support volunteer vetting, credentialing, and response readiness.</p> <p>If a Medical Reserve Corps (MRC) is housed within the Local Health Jurisdiction (LHJ), confirm a Point of Contact (POC).</p> <p>For LHJs without an MRC, identify a POC to liaise with external volunteer management organizations, including the State Emergency Medical Reserve Corps.</p>	<p>Mid- and end-of-year reports on template provided by DOH, including identified volunteer management point of contact.</p> <p>Volunteer management process, procedure, or plan, including the point of contact.</p> <p>Updated volunteer management point of contact, as needed.</p>	<p>December 31, 2025</p> <p>June 30, 2026</p> <p>June 30, 2026</p> <p>As changes occur.</p>	
11	<p><b>Public Health Information and Warning</b></p> <p>Effectively communicating with the public about health risks during emergencies is essential for reducing morbidity and mortality. When people understand the nature of a threat and what actions they can take to stay safe, they are better equipped to protect themselves and others. Timely, clear, and culturally appropriate messaging helps minimize confusion, supports informed decision-making, and ultimately saves lives during public health emergencies.</p>			
11.1	Incorporate communication strategies into exercises to strengthen your jurisdiction’s capacity to manage and disseminate accurate information during emergencies to populations disproportionately affected by top public health hazards within jurisdiction.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
12	<p><b>Healthcare Coalition Partnerships</b></p> <p>Collaboration between local PHEP recipients and healthcare coalitions is essential to align public health and healthcare system preparedness capabilities, enhance interoperable response plans, and ensure efficient allocation of critical resources during emergencies.</p>			
12.1	Participate in the Northwest Healthcare Response Network (NWHRN) monthly or the Healthcare Alliance (HCA) bi-monthly meetings, at least once during each contract reporting period.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The contract reporting periods are July 1 – December 31, 2025, and January 1 – June 30, 2026.			
12.2	Participate in the following additional activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"><li>• Communications</li><li>• Planning</li><li>• Training, and/or exercises.</li><li>• </li></ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
13	<b>Coordination with Tribes</b> Tribes bring valuable cultural knowledge, governance structures, and community networks, essential for effective preparedness, response, and recovery. Partnering with tribes enhances trust, optimizes resource use, and ensures equitable support during crises.			
13.1	Seek to engage and coordinate with local tribes on preparedness activities, if you have federally recognized tribes within your LHJ.  Note: The jurisdictional risk assessment might be an opportunity to work with tribes (Task #4).	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
14	<b>Administrative Preparedness Plans/Procedures</b> Administrative preparedness is essential for LHJs to effectively fulfill their obligation to respond to public health emergencies in their jurisdiction. Having established administrative procedures that allow your organization to implement appropriate flexibility during declared emergencies—even in the absence of a formal plan—helps ensure rapid access to resources, contracts, staffing, and operational support during public health emergencies.			
14.1	Based on the unique structure and administrative procedures, review and have an understanding of the following areas: <ul style="list-style-type: none"><li>• Conditions under which expedited processes can be activated.</li><li>• Identification of those authorized to implement emergency administrative processes and procedures.</li><li>• Streamlined processes for securing emergency funding from federal, state, or both levels of government (recognizing that state and federal funding is contingent on availability).</li><li>• Accelerated procedures for procuring resources, including additional staff (temporary or permanent).</li><li>• Criteria for deactivating emergency processes and transitioning back to normal operations.</li></ul>	Mid- and end-of-year reports on template provided by DOH.  Plan and/or procedures available upon request	December 31, 2025 June 30, 2026	
15	<b>Build Highly Qualified PHEP Workforce</b> Maintaining a qualified PHEP workforce is essential for ensuring operational readiness and effective emergency response. Ongoing participation in communities of practice fosters shared learning, supports the dissemination of best practices, and strengthens workforce competencies needed to execute critical public health preparedness functions.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15.1	Engage in at least one community of practice (CoP) group that identifies problems, solutions, and best practices in public health emergency preparedness. This can be a community of practice led by DOH, CDC, or Northwest Center for Evidence-Based Public Health Emergency Preparedness and Response.  Note: Attending the MCM CoP (Task 16.2) meets this activity also.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025  June 30, 2026	
16	<b>Medical Countermeasures</b> – All LHJs, including non-Cities Readiness Initiative (CRI)* LHJs, must be able to meet medical countermeasure (MCM) capabilities to ensure timely protection of their communities during public health emergencies. Building and maintaining this capability supports equitable access to life-saving interventions and strengthens the overall statewide response system.  *Non-CRI LHJs are LHJs that do not receive Cities Readiness Initiative (CRI) funding. In Washington State, the LHJs that receive CRI funding are Clark County Public Health, Public Health – Seattle & King County, Snohomish County Health Department, and Tacoma–Pierce County Health Department.			
16.1	Update MCM plan between July 1, 2025, and June 30, 2026, to reflect current capabilities, procedures, and resources, to demonstrate ongoing medical countermeasure (MCM) readiness.  If the MCM plan does not include jurisdiction's ability to receive, stage, store, and distribute MCM, provide a comprehensive supplemental report on these capabilities. This report should include: <ul style="list-style-type: none"><li>The process for receiving, staging, storing, and distributing MCM.</li></ul>	Updated MCM plan (submit once by June 30, 2026, or sooner).  If the Plan is not submitted by December 31, 2025, describe progress to date in the mid-year report on template provided by DOH.  End-of-year report on template provided by DOH.	December 31, 2025 June 30, 2026	
16.2	Attend one of the MCM quarterly meetings for the non-CRI LHJs and one MCM community of practice meeting throughout the performance period.  Note: Participation in the MCM community of practice also meets the requirement of Task 15.1.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025  June 30, 2026	
<b>FFY PHEP CRI BP2 - LHJ PARTNERS</b> Cities Readiness Initiative (CRI) jurisdictions in Washington are Clark County Public Health, Public Health – Seattle & King County, Snohomish County Health Department, and Tacoma–Pierce County Health Department.				
CRI	<b>Cities Readiness Initiative (CRI)</b> This activity enhances the ability of CDC identified Metropolitan Statistical Areas to rapidly distribute medical countermeasures during a public health emergency. In Washington state, the Cities Readiness Initiative (CRI) provides additional resources and planning requirements beyond the PHEP base program to bolster local preparedness and response capacity.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	This funding is tied to a robust federal exercise requirement as outlined in both the CDC PHEP Notice of Funding Opportunity and the CDC PHEP Notice of Funding Opportunity: Cities Readiness Initiative Supplemental Guidance (2024-2028).			
<b>CRI 1</b>	Attend monthly virtual meetings focused on medical countermeasure (MCM) operational readiness to support unified and consistent strategies for MCM coordination and dispensing across CRI jurisdictions and increase access to support and technical assistance from DOH MCM Team and associated ORHS offices.  Meeting Information: <a href="#">WA State MCM Community of Practice CRI Meetings</a>	Attendance at monthly virtual MCM meetings.  DOH will record attendance at these meetings.	DOH will provide meeting dates.	
<b>CRI 2</b>	Participate in a one day in-person workshop conference hosted by DOH MCM for CRIs MCM. Details for this workshop will be jointly informed at the MCM virtual Monthly meetings, focused on collaboration, cross jurisdictional support and support and alignment between the Washington State Department of Health and CRI jurisdictions.	Participation in MCM workshop.  DOH will record participate at the workshop.	DOH will provide meeting date.	
<b>CRI 3</b>	Maintain a public health medical countermeasure (MCM) plan(s) and provide information requested by DOH regarding MCM operational readiness when requested, including: <ul style="list-style-type: none"> <li>Information on jurisdiction's plan to receive, stage, store, distribute and dispense MCM.</li> <li>Primary and alternative location information to receiving location of medical countermeasures and medical materiel. If you do not have an alternative site, note that in your submission.</li> <li>Essential (key) elements of information identified for an MCM response.</li> </ul> Note: This activity aligns with Deliverable 16.1 (updated MCM plan). CRI funding resources can be used to support the submission of the requested materials.	Information regarding MCM operational readiness, as requested by DOH.  Updated MCM Plan, by June 30, 2025.	As requested by DOH  June 30, 2026.	
<b>CRI 4</b>	Participate in the Medical Countermeasures and Medical Logistics 101 Training, or equivalent training, provided by the DOH Office of Emergency Medical Logistics.  Provide feedback to inform this training offering of improvement items to support shared technical knowledge across Washington state medical countermeasures operations.	List of staff that attended training or other training opportunities provided by DOH.  Feedback on training.	June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide materials from this training and/or other training resources that fit the criteria of this training.			
<b>CRI 5</b>	Represent the CRI jurisdiction in collaborations with other LHJs within the respective Metropolitan Statistical Areas (MSAs) on preparedness activities, such as training, planning and exercising.  Provide examples of collaboration with other CRIs or non-CRI within the MSA served by your jurisdiction.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025  June 30, 2026	
<b>CRI 6</b>	Participate in both days of DOH Integrated Preparedness Planning Workshop (IPPW), with at least one representation (virtually or in person). See PHEP Tasks 8.1 and 8.2  The IPPW is currently scheduled for January 13-14, 2026 (location TBD). Meeting Information <a href="#">WA State MCM Community of Practice</a>  Note: This activity aligns with Tasks 8.1 and 8.2 (IPPW). CRI funding resources may be used to support participation in the IPPW.	Participation in IPPW.  End-of-year report on template provided by DOH.	June 30, 2026	

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

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

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

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

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

**Program Specific Requirements**

**Special Requirements:**

**These requirements apply to both MI Codes in this Statement of Work: 31602254 (PHEP) and CRI (31603251).**

**Guidance Documents** - LHJs are strongly encouraged to use the following documents to inform the implementation of activities in this statement of work. DOH will provide copies of the documents.

New Statement of Work Guidance Document (under development)

*Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.*

*Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations*

*Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*

*Public Health Emergency Preparedness (PHEP) Cooperative Agreement (2024 – 2029 Guidance Document)*

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

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

Recipients may only use funds for reasonable program purposes, including personnel, travel, supplies, and services.” PHEP Notice of Funding Opportunity: Funding Limitations Supplemental Guidance – February 2024

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

- Clothing (except for vests to be worn during exercises or responses).
- Salaries at a rate above Federal Executive Schedule Level II.
- Vehicles (with preapproval, funds may be used to lease vehicles).
- Pay or reimburse backfilling costs for staff.
- Vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by CDC/ACIP schedules.
- Influenza vaccines for the public.
- Promotional items and memorabilia.
- Construction or major renovations.

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

- Contracting.
- Purchasing food or beverages is generally not allowable (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.
- Overtime pay for staff directly associated with this statement of work.
- Purchase of caches of vaccine for public health responders and their households to ensure the health and safety of the public health workforce.
- Purchase of caches of vaccine for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

**BILLING**

**Please refer to the Billing Instructions in the 2025 – 2027 Consolidated Contract.**

**All expenses on invoices must be related to the Statement of Work Tasks.**

**Submit invoices monthly** on a signed A19-1A invoice voucher form with backup documentation appropriate for risk level. DOH will provide A19 form and risk level.

- Submit invoices monthly within 60 days of the end of the month of service (unless the related ConCon amendment has not been executed, in that case submit invoices as soon as possible after the amendment is executed).
- Please do not submit invoices until the ConCon amendment including the funds has been executed.
- If invoices include indirect costs, there must be a DOH-approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Contact via email.
- If you are submitting a supplemental, revised, corrected, or any additional invoice for a month, please clarify your intentions in the email with the invoice.
- Submit final billing within 60 days of the end of the funding period.