

SNOHOMISH COUNTY COUNCIL
SNOHOMISH COUNTY, WASHINGTON

ORDINANCE NO. 24-038

APPROVING AMENDMENT NO. 20 TO CONSOLIDATED CONTRACT WITH
WASHINGTON STATE DEPARTMENT OF HEALTH AND PROVIDING AUTHORITY
FOR FUTURE AMENDMENTS REGARDING INFECTIOUS DISEASE-STI PROGRAM
EXPANSION

WHEREAS, the Snohomish Health District was integrated into Snohomish County effective December 31, 2022, and now operates as the Snohomish County Health Department; and

WHEREAS, prior to its integration into Snohomish County, the Snohomish Health District entered into a consolidated contract with the Washington State Department of Health, and the consolidated contract was subsequently amended on 19 occasions; and

WHEREAS, the Snohomish County Council approved and authorized the County Executive, or designee, to execute Amendment #19 and all subsequent amendments to the consolidated contract with the Washington State Department of Health to support programmatic work previously approved by the Snohomish Health District Board of Health and the Snohomish County Council; and

WHEREAS, the parties have need to enter into a further Amendment No. 20 to adjust the Statement of Work for the Infectious Disease-STI Program Expansion; and

WHEREAS, the consolidated contract funds public health work by the Snohomish County Department of Health as a subrecipient and subcontractor for grant-funded programs and other funded public health work, including those identified in Exhibit B attached hereto; and

WHEREAS, the parties anticipate further amendments to the consolidated contract to further adjust the activities and deliverables for programmatic work; and

WHEREAS, the consolidated contract provides funding for numerous public health services to support the health of the residents of Snohomish County; and

WHEREAS, the County Council held a public hearing on June 12, 2024 to consider approval of Amendment No. 20 to the consolidated contract with the Washington State Department of Health to carry out vital public health services and to authorize the Snohomish County Executive, or designee, to enter into such agreement in substantially the form attached as Exhibit B, and further to grant the Snohomish County Executive authority to enter into future amendments to the consolidated contract when such amendments relate to the existing grant-funded programs;

1
2 NOW, THEREFORE, BE IT ORDAINED:
3

4 Section 1. The County Council hereby adopts the foregoing recitals as findings of
5 fact and conclusions as if set forth in full herein.
6

7 Section 2. The County Council hereby approves and authorizes the County
8 Executive, or designee, to execute Amendment No. 20 to the consolidated contract with
9 the Washington State Department of Health in substantially the form attached as Exhibit
10 A.
11

12 Section 3. The County Council hereby authorizes the County Executive, or
13 designee, to execute all subsequent amendments to the consolidated contract with the
14 Washington State Department of Health that support the programmatic work listed in
15 Exhibit B.
16

17 PASSED this 12th day of June, 2024.
18

19 SNOHOMISH COUNTY COUNCIL
20 Snohomish County, Washington

21 Jared Mead
22 _____
23 Chairperson
24

25 ATTEST:

26 Lisa Hickey
27 _____
28 Assistant Clerk of the Council
29

30 (X) APPROVED
31 () EMERGENCY
32 () VETOED
33 DATE: June 27, 2024
34

35 Don S.
36 _____
37 County Executive

38 ATTEST: Melissa Geraghty
39

40 Approved as to form only:

41 Guadamud, Rebecca Digitally signed by Guadamud, Rebecca
Date: 2024.04.18 08:32:52 -07'00'
42 _____

43 Deputy Prosecuting Attorney
44

**SNOHOMISH COUNTY THROUGH ITS HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31027**AMENDMENT NUMBER: 20**

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:
Infectious Disease-STI Program Expansion - Effective July 1, 2023
 - ☒ Amends Statements of Work for the following programs:
Infectious Disease-Mpox Prevention & Response - Effective July 1, 2023
Office of Immunization-Regional Representatives - Effective July 1, 2023
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:
 - ☒ Increase of **\$653,202** for a revised maximum consideration of **\$36,493,261**.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: 	Signature:  <small>Brenda Hendrickson (Jun 17, 2024 07:34 PDT)</small>
Date: Jun 14, 2024	Date: Jun 17, 2024

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
CSFRF CTS LHJ Allocation	SLFRP0002	Amd 5, 11	21.027	333.21.02	01/01/22	06/30/23	01/01/22	06/30/23	\$684,964	\$684,964	\$684,964
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 16	21.027	333.21.02	07/01/23	06/30/24	07/01/23	06/30/25	\$470,068	\$470,068	\$470,068
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 14	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	\$664,210	\$664,210	\$664,210
LHJ Vaccination ARPA	SLFRP0002	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$80,500	\$80,500	\$80,500
PS SSI2 Subaward Management Task 3	01J89801	Amd 15	66.123	333.66.12	07/01/23	12/31/24	07/01/21	08/31/28	\$425,000	\$425,000	\$425,000
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$78,676	\$131,504	\$131,504
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$52,828		
FFY23 CRI BP5	NU90TP922043	Amd 16	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$161,292	\$161,292	\$161,292
FFY22 PHEP CRI BP4	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$146,153	\$146,153	\$146,153
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 16	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$535,318	\$535,318	\$1,284,763
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$535,318	\$535,318	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$214,127	\$214,127	
FFY24 TB Elimination-FPH	NU52PS910221	Amd 19	93.116	333.93.11	01/01/24	09/30/24	01/01/24	09/30/24	\$106,970	\$106,970	\$300,234
FFY23 TB Elimination-FPH	NU52PS910221	Amd 11	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$97,815	\$97,815	
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$43,542	\$143,542	\$143,542
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 12	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$100,000		
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	(\$43,542)	\$0	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$43,542		
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$59,687	\$209,687	\$319,205
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 15	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	(\$3,657)	\$109,518	
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,150	\$23,650	\$23,650
FFY24 CDC PPHF Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$21,500		
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$7,400	\$81,400	\$81,400
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$74,000		

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY24 CDC VFC Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$4,515	\$49,665	\$49,665
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$45,150		
FFY23 CDC Ukrainian Resettlement	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$22,234	\$22,234	\$22,234
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$22,748	\$2,092,701	\$2,092,701
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953		
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$2,865,603	\$2,865,603
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603		
Improving Vaccinations AA1	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$42,840	\$42,840	\$42,840
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$21,500	\$21,500	\$80,512
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$20,793	\$20,793	
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$38,219	\$38,219	
FFY24 Ukrainian Outreach	NGA Not Received	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$42,840	\$42,840	\$42,840
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$74,468	\$74,468	\$74,468
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$45,150	\$45,150	\$50,066
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$4,916	\$4,916	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$44,632)	\$5,691,480	\$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$5,736,112		
FFY21 NH & LTC Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY21 SNF Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 13	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	\$1,200	\$1,200	\$6,000
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,800	\$3,300	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,500		
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 18	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	\$200,000
FFY23 Crisis Coag-Mpox	NU90TP922236	Amd 15	93.354	333.93.35	12/01/22	06/30/23	12/01/22	06/30/23	\$25,000	\$25,000	\$25,000
FFY23 OID Crisis Coag-Mpox CDC	NU90TP922236	Amd 17, 20	93.354	333.93.35	07/01/23	12/31/24	07/01/23	01/31/25	\$25,000	\$25,000	\$25,000

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Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$10,379	\$10,379	\$10,379
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 16	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$13,945	\$213,945	\$213,945
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000		
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 2, 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000		
FFY23 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	01/01/23	06/30/23	01/01/23	12/31/23	\$55,331	\$55,331	\$165,993
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	07/01/22	12/31/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 Integ HIV Prev CDC	NU62PS924635	Amd 15	93.940	333.93.94	07/01/23	06/30/24	07/01/23	06/30/24	\$110,662	\$110,662	\$110,662
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 19	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY24 PCHD STD Prev Dis Control CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	\$35,355	\$35,355	\$70,710
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 15	93.977	333.93.97	07/01/23	12/31/23	07/01/23	12/31/23	\$35,355	\$35,355	
FFY24 PCHD STD Prev Supp CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	\$173,112	\$173,112	\$346,223
FFY23 PCHD STD Prev Supp CDC	NH25PS005146	Amd 15	93.977	333.93.97	07/01/23	12/31/23	07/01/23	12/31/23	\$173,111	\$173,111	
FFY23 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$35,250	\$35,250	\$105,750
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY23 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$173,112	\$173,112	\$507,676
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$173,111	\$173,111	
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453	
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 16	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$444,879	\$444,879	\$751,152
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 16	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$138,606)	\$306,273	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$444,879		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 16	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$138,606	\$138,606	\$138,606
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$333,659)	\$0	\$0
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$352,122	\$352,122	\$352,122
SFY24 State Disease Control & Prev		Amd 15	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$151,496	\$151,496	\$151,496

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					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
State Disease Control & Prev-FPH		Amd 7, 15	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$151,496	\$151,496	\$244,293
State Disease Control & Prev-FPH		Amd 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$32,765	\$92,797	
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$60,032		
SFY25 STD Prevention		Amd 19	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$60,000	\$60,000	\$120,000
SFY24 STD Prevention		Amd 19	N/A	334.04.91	01/01/24	06/30/24	07/01/23	06/30/24	\$60,000	\$60,000	
SFY25 STI Program Expansion Proviso		Amd 20	N/A	334.04.91	07/01/24	12/31/24	07/01/24	12/31/24	\$307,389	\$307,389	\$653,202
SFY24 STI Program Expansion Proviso		Amd 20	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$345,813	\$345,813	
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$14,658	\$14,658	\$14,658
Mpox Gap Response		Amd 14	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$5,000	\$5,000	\$5,000
Rec Shellfish/Biotoxin		Amd 15	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$11,000	\$11,000	\$21,000
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,000	\$10,000	
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,334	\$33,334	\$141,668
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,334	\$33,334	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$60,000	\$60,000	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$15,000	\$15,000	
Small Onsite Management (GFS)		Amd 17	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	(\$8,332)	\$0	\$0
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	\$8,332		
SFY25 Wastewater Management-GFS		Amd 17	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$31,969	\$31,969	\$31,969
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625	\$7,625
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858	\$27,706
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$7,858		
FPHS-LHJ-Proviso (YR2)		Amd 13	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$350,000	\$5,566,000	\$8,716,000
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$5,216,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$3,150,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000	

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
SFY24 FPHS-LHJ-Funds-GFS		Amd 19	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	(\$25,000)	\$7,006,000	\$7,006,000
SFY24 FPHS-LHJ-Funds-GFS		Amd 16	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,815,000		
SFY24 FPHS-LHJ-Funds-GFS		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$5,216,000		
SFY24 TB Capacity Expansion FPHS		Amd 17	N/A	336.04.25	07/01/23	12/31/23	07/01/23	06/30/25	\$500	\$500	\$500
YR25 SRF - Local Asst (15%) SS		Amd 17	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$5,200	\$5,200	\$16,400
YR25 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$6,000	\$6,000	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		
Sanitary Survey Fees SS-State		Amd 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$5,200	\$16,400	\$16,400
Sanitary Survey Fees SS-State		Amd 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$6,000		
Sanitary Survey Fees SS-State		Amd 2, 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,600		
Sanitary Survey Fees SS-State		Amd 1, 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$3,600		
YR25 SRF - Local Asst (15%) TA		Amd 12	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	\$6,000
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	
TOTAL									\$36,493,261	\$36,493,261	
Total consideration:	\$35,840,059									GRAND TOTAL	\$36,493,261
	\$653,202										
GRAND TOTAL	\$36,493,261									Total Fed	\$19,258,230
										Total State	\$17,235,031

*Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease-Mpox Prevention & Response -
Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

Period of Performance: July 1, 2023 through December 31, 2024

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to contract with local health jurisdictions to implement mpox prevention and response activities.

Revision Purpose: To extend the period of performance and funding period end date from 01/31/24 to 12/31/24 and add deliverable due dates.

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
FFY23 OID CRISIS COAG-MPOX CDC	12408231	93.354	333.93.35	07/01/23	12/31/24	25,000	0	25,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						25,000	0	25,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct mpox case surveillance and investigation: <ul style="list-style-type: none"> Monitor mpox cases and labs as they are reported. Respond to suspect and confirmed cases of mpox. implement timely, effective case and cluster investigation, including interviews with cases, outreach to contacts and sociosexual networks of people with mpox. Refer exposed contacts and cluster contacts for examination, if symptomatic, or for vaccination, if not yet vaccinated. Coordinate investigations with disease intervention specialists (DIS) working with STIs, HIV, and viral hepatitis as appropriate. 	Complete progress report summarizing progress within 30 days after period of performance ends.	Submit progress report quarterly	Reimbursement for actual costs incurred, not to exceed \$25,000.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ○ Use STI/HIV data to enhance investigations and avoid duplicate public health work with community members. ○ Implement referral of HIV/STI cases and contacts in eligible populations for vaccination. ● Use information from investigations to enhance and direct community vaccine events as feasible. <p>Maintain capacity for outbreak response.</p>			
2	<p>Assure JYNNEOS vaccine availability and accessibility by implementing one or more of the following:</p> <ul style="list-style-type: none"> ● Assure vaccination locations exist in jurisdiction for referral, ● Conduct mpox vaccination clinics or outreach events, ● Facilitate vaccination in HIV, STI, and other clinics serving individuals at high-risk for mpox, <p>Store and redistribute vaccine in smaller quantities, as needed,</p>	Complete progress report summarizing progress within 30 days after period of performance ends.	Submit progress report by January 31, 2024 <i>and December 31, 2024</i>	
3	<p>Collaborate with community to enhance acceptability of vaccine to communities.</p> <ul style="list-style-type: none"> ● Strengthen community engagement and partner relationships. ● Identify, document, and implement ways increase education and prevention, and reduce vaccine hesitancy. ● Collaborate with community partners to offer vaccine and disease information and education, <p>Collaborate with community partners to offer vaccination events, especially targeted to disparately affected communities</p>	Complete progress report summarizing progress within 30 days after period of performance ends.	Submit progress report by January 31, 2024 <i>and December 31, 2024</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.

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

1. Contract Management –

a. Fiscal Guidance

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by ~~February 28, 2024~~ *January 31, 2025*. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19 invoice vouchers amounts billable to DOH under this statement of work and Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month.
 - The CONTRACTOR must provide all backup documentation as required based on the assigned risk level. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- iv) **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- v) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- vi) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- vii) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- viii) It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.
- ix) **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>. The agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks. Agency must include, at a minimum, the following assets with unit costs of \$300 or more:
 - 1) Laptops and Notebook Computers
 - 2) Tablets and Smart Phones
 Agencies must also include the following assets with unit costs of \$1,000 or more:
 - 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
 - 2) Cameras and Photographic Projection Equipment
 - 3) Desktop Computers (PCs)
 - 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)
- x) **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. Pre-approval is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required in order to receive reimbursement for these charges.

Food for staff meetings/trainings is not allowable.

PLEASE NOTE: If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for the clients only at per diem. Any expenses over per diem will be denied.

b. Contract Modifications

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

c. Subcontracting

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

2. Whistleblower

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

3. Allowable Costs

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

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease-STI Program Expansion - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

Period of Performance: July 1, 2023 through December 31, 2024

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: Provide targeted human immunodeficiency virus (HIV)/sexually transmitted infections (STI)/viral hepatitis testing and patient-centered education and risk reduction to ensure members of disparately affected communities become aware of their HIV/STI status.

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
SFY24 STI PROGRAM EXPANSION PROVISIO	12408840	N/A	334.04.91	07/01/23	06/30/24	0	345,813	345,813
SFY25 STI PROGRAM EXPANSION PROVISIO	12408850	N/A	334.04.91	07/01/24	12/31/24	0	307,389	307,389
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	653,202	653,202

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Provide targeted HIV/STI/viral hepatitis testing and patient centered education and risk reduction to ensure members of disparately affected communities become aware of their HIV/STI status. Treat people diagnosed with or exposed to STIs per CDC treatment guidelines and/or Washington state guidelines. Refer and, where possible, link or re-link people diagnosed with HIV or viral hepatitis to appropriate continuing medical care and other services. Refer and, where possible, link or re-link people at risk of acquiring HIV/STI/viral hepatitis to appropriate services to support prevention of infection. Where appropriate and available, provide vaccines to people at risk of acquiring vaccine preventable infections.	The LHJ will ensure timely reporting of diagnosed cases and enter all case documentation into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and/or other data systems as appropriate.	Submit all data by the 15 th of each month for the month prior.	Reimbursement of actual costs incurred, not to exceed \$960,591 based on funding split below. MI 12408840 SFY24 STI PROGRAM EXPANSION PROVISIO \$345,813 for 7/1/23-6/30/24

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				MI 12408850 SFY25 STI PROGRAM EXPANSION PROVISIO \$307,389 for 7/1/24-12/31/24

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.

Program Specific Requirements

Special Requirements, Terms and Conditions

1) Submission of Invoice Vouchers –

- a) On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
 - i) The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
 - ii) DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b) The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by January 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

2) HIV, VIRAL HEPATITIS and STI Testing Services Requirements

- a) HIV testing services must follow [DOH Non-Clinical Integrated Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b) All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (e.g.: all tests conducted in January but be entered by February 10th).
- c) VIRAL HEPATITIS testing must follow the Hep C Overview Implementation plan. For more information contact the OID Integrated Testing Coordinator.
- d) Monthly data collection for Hep C testing submitted to DOH, including de-identified negatives reporting, as well as the appropriate case report form to the Local Health Jurisdiction for all HCV positive test results, include rapid positive results. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e) Any funds generated from payment for services should be reinvested with program intent.
- f) All testing contractors will have Integrated Testing Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g) Point of Care HIV, HCV and Syphilis test kits and controls should be procured through DOH. Please contact the DOH OID Integrated Testing Coordinator for more information.
- h) STI (GC/CT) test kits should be procured through PHSKC Lab, Molecular Testing Labs (MTL) and CDD. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i) Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
- j) In the event of a standalone HIV test, if STI testing is available at the Contractor's Organization, the reason for no accompanying STI test must be documented. If the Contractor does not offer either STI or VIRAL HEPATITIS testing, a referral for STI and/or VIRAL HEPATITIS testing must be documented.

- k) Contractor will ensure that staff performing HIV, Syphilis and VIRAL HEPATITIS testing are appropriately licensed and available to perform BOTH capillary and venous draws any time testing is being performed. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or MTL.
 - l) Staff performing testing education and/or performing testing must have completed DOH-approved training, including DOH's "Integrated Infectious Disease Testing" training. Staff providing STI and Viral Hepatitis testing services must also attend and complete any additional training as determined necessary by DOH.
 - m) For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - n) Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
 - o) Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - p) Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
 - q) Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
 - r) Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners. For additional information, please contact the DOH OID Integrated Testing Coordinator.
- 3) **Participation in program evaluation activities** – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.
- 4) **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**
- a. Opportunities for capacity building and technical assistance for CONTRACTOR will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
- 5) **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](https://allianceforclas.org/)
- 6) **Participation in Program Monitoring Activities** –
- Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in § 200.208. If the Federal awarding agency or pass-through entity determines that noncompliance cannot

be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

- (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Federal award.
- (d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

7) **Contract Management –**

a) **Fiscal Guidance**

- i) **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification on file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- ii) **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- iii) **Duplication of EIP Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- iv) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.
 - (1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
 - (2) General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
 - (3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- v) **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi) **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA](#) guidelines and reimbursement rates.
- vii) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e., case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be

considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

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

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

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

- (1) Laptops and Notebook Computers
- (2) Tablets and Smart Phones

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

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

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

- (1) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
- (2) Food for staff meetings/training is unallowable.

PLEASE NOTE: If meals/refreshments are purchased for allowable meetings, food can only be purchased for clients at the per diem rate. Any expenses over per diem will be denied. [U.S. General Services Administration Per Diem Look Up](#)

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

b) Contract Modifications

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

- (2) Non- LHI Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).
- (a) Amendments must be signed prior to the end of the FFY or SFY end date.
EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1

8) Whistleblower

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

9) Allowable Costs

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

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

Revision Purpose: The purpose of this revision is to add Program Specific Requirements.

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 None	Total Allocation
FFY24 CDC IQIP Regional Rep	74310244	93.268	333.93.26	07/01/23	06/30/24	81,400	0	81,400
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						81,400	0	81,400

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

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	All CVP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee annually.	d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit.	d) Within five (5) business days of receiving the document(s) follow-up action was completed. e) Within five (5) business days of DOH request.	
5	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 30% of total visits assigned per region must be initiated within the first half Project year and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2), six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur within four (4) months of the annual/ initial training.</p>	a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up. Complete and submit IQIP visit evaluation survey	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	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.

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

- *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.*

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 B

COVID-19 Mass Vaccination-FEMA
Essentials for Childhood Early Brain Building with Vroom
Foundational Public Health Services (FPHS)
Infectious Disease Prevention Section (IDPS)
Maternal & Child Health Block Grant
Office of Drinking Water Group A Program
Office of Immunization COVID-19 Vaccine
OSS LMP Implementation
Recreational Shellfish Activities
TB Program
Commercial Tobacco Prevention Program
COVID-19 Refugee & Immigrant Community Health Worker Support
DCHS-ELC COVID-19 Response
Emergency Preparedness, Resilience & Response-PHEP
Injury Violence Prevention Overdose Data to Action
Office of Immunization FSU Vaccine Hesitancy
Office of Immunization Perinatal Hepatitis B
Office of Immunization Promotion of Immunizations to Improve Vaccination Rates
Office of Immunization Regional Representatives
Zoonotic Disease Program-WNV Mosquito Surveillance
Executive Office of Resiliency & Health Security-PHEP
Healthcare-Associated Infections & Antimicrobial Resistance
COVID-19 LHJ Vaccination-ARPA
Monkeypox Prevention & Response
COVID-19 LHJ Gap Funding
Executive Office of Resiliency & Health Security – WFD LHJ
Office of Immunizations – FSU Ukrainian Community Resource Center
Office of Immunizations – Ukrainian Outreach Support
Infectious Disease-Syndemic Prevention Services
Office of People Services-HR-Public Health Infrastructure Grant
Infectious Disease-STI Program Expansion