

**SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31027

AMENDMENT NUMBER: 7

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

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



1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 - Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2022
 - Infectious Disease Prevention Services - Effective July 1, 2022
 - Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022
 - Office of Immunization Perinatal Hepatitis B - Effective July 1, 2022
 - Office of Immunization Regional Representatives - Effective July 1, 2022
 - Amends Statements of Work for the following programs:
 - COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 - Foundational Public Health Services (FPHS) - Effective January 1, 2022
 - Maternal & Child Health Block Grant - Effective January 1, 2022
 - Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
 - OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022
 - Deletes Statements of Work for the following programs:
2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:
 - Increase of _____ for a revised maximum consideration of _____.
 - Decrease of **\$1,076,053** for a revised maximum consideration of **\$23,470,955**.
 - 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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  <small>Shawn Frederick (Oct 12, 2022 17:03 PDT)</small>	Signature:  <small>Brenda Henriksen (Oct 13, 2022 07:20 PDT)</small>
Date: Oct 12, 2022	Date: Oct 13, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

EXHIBIT B-7
ALLOCATIONS

Snohomish Health District
Indirect Rate January 1, 2022-December 31, 2022: 10.50%

Contract Term: 2022-2024

Contract Number: CLH31027
Date: August 1, 2022

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
CSPRF CTS LHHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	\$684,964	\$684,964
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	\$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	\$52,828
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
FFY22 PHEP BP4 LHHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$535,318	\$749,445
FFY21 PHEP BP3 LHHJ 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
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 Overdose Data to Action Prev	NGA Not Received	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000	\$263,175
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	\$113,175
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
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	\$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
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	\$2,865,603
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
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	\$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
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
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	\$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 LHHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	(\$44,632)	\$5,691,480
FFY20 ELC EDE LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$5,736,112	\$5,691,480
FFY22 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 5	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,500	\$3,000
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 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

EXHIBIT B-7
ALLOCATIONS

Snohomish Health District
Indirect Rate January 1, 2022-December 31, 2022: 10.50%

Contract Term: 2022-2024

Contract Number: CLH31027
Date: August 1, 2022

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			
Refugee Health COVID Hlth Disparities	NH750T000042	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	\$100,000	\$100,000	\$100,000
FFY23 HIV Prev Grant -FPH	NGA Not Received	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	\$165,993
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	\$165,993
FFY23 STD Prev PCHD-FPH	NGA Not Received	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	\$105,750
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	\$105,750
FFY23 STD Prev Supplemental [PCHD]	NGA Not Received	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	\$507,676
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	\$507,676
FFY23 MCHBG LHHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$444,879	\$444,879	\$1,333,659
FFY22 MCHBG LHHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$0	\$0	\$1,333,659
FFY22 MCHBG LHHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659	\$333,659	\$1,333,659
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	\$1,044,879
State Disease Control & Prev-FPH		Amd 7	N/A	334.04.91	07/01/22	12/31/22	07/01/21	06/30/23	\$151,496	\$151,496	\$444,879
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	\$444,879
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	\$92,797	\$444,879
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
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	\$10,000
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	\$75,000
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	\$75,000
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	\$27,706
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	\$19,848	\$27,706

**EXHIBIT B-7
ALLOCATIONS**

Contract Number: **CLH31027**
Date: **August 1, 2022**

Snohomish Health District

Contract Term: **2022-2024**

Indirect Rate January 1, 2022-December 31, 2022: **10.50%**

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
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	\$8,366,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$0	(\$3,150,000)
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	\$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
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	\$5,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 2	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600	\$5,200
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

\$23,470,955

\$23,470,955

Total consideration:

\$24,547,008
(\$1,076,053)

GRAND TOTAL

\$23,470,955

GRAND TOTAL

\$23,470,955

*Catalog of Federal Domestic Assistance

Total Fed

\$14,306,037

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

Total State

\$9,164,918

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

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

SOW Type: Revision **Revision # (for this SOW)** 4

Funding Source <input checked="" type="checkbox"/> Federal Contractor <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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Period of Performance: January 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance from September 30, 2022 to June 30, 2023, add funding details for MASS VACCINATION CATZ 100%, add language to task 1, add a new task 2 for documentation, and add language to 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 None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22 09/30/22	0	0	0
*MASS VACCINATION CATZ 100%	934G0200	97.036	333.97.03	07/02/22 06/30/23	0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</p> <p>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local</p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1A	<p>Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</p> <p>Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.).</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. <i>Contracted partners need to be prepared to receive direction and updates at least monthly from COVID-19 Vaccine Information for Healthcare Providers Washington State Department of Health on operational and regulatory guidance from CDC and DOH.</i></p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations. 	<p>Within 30 days of contract amendment execution.</p>	
	<p>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county.</p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1B	<p>guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p> <p>Provide any information as requested by the regional IMT.</p> <p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</p> <p>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</p>	<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	
1C	<p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.</p>	<p>Submission of vaccine use into WA IIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	<p>Daily</p>	
1D	<p>Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).</p>	<p>Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.</p>	<p>Monthly</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p><i>Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under \$5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.</i></p>	<ul style="list-style-type: none"> • Payroll Policies • Pull payroll documents from your system of record • Time sheets • Receipts/Invoices for any expenses that are not payroll related • Executed Contract Documents with Sub-Contractors • Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs 	<p><i>Monthly</i></p>	<p><i>*Reimbursement of eligible costs.</i></p> <p><i>MASS VACCINATION CATZ 100% Funding (MI 934G0200)</i></p> <p><i>(See Program Specific Requirements below)</i></p>

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](https://www.doh.wa.gov/finance) 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)

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
 Emergency Response Plan (or equivalent)
 Medical Countermeasure/Mass Vaccination Plan
[Language Access Planning Tool](#)

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
 Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
 BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH *using CATZ funds for documentation from July 2, 2022 through June 30, 2023.*

Eligible costs from the timeframe of January 1, 2022 through September 30, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

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

DOH Program Name or Title: Executive Office of Resiliency and Health Security- PHEP - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

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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Period of Performance: July 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22 06/30/23	0	535,318	535,318
FFY22 PHEP CRI BP4	31102490	93.069	333.93.06	07/01/22 06/30/23	0	146,153	146,153
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	681,471	681,471

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				
1	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	Reimbursement for actual costs not to exceed total funding consideration amount.
All LHJs	Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Additional reporting may be required if federal requirements change.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>2 All LHJs</p>	<p>Across Domains and Capabilities</p> <p>Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.</p>	<p>Submit information by August 1, 2022, and any changes within 30 days of the change.</p> <p>Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.</p>	<p>August 1, 2022</p> <p>Within 30 days of the change.</p> <p>December 31, 2022</p> <p>June 30, 2023</p>	
<p>3 All LHJs</p>	<p>Across Domains and Capabilities</p> <p>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Input provided to DOH upon request from DOH.</p>	<p>December 31, 2022</p> <p>June 30, 2023</p>	
<p>4 All LHJs</p>	<p>Domain 1 Community Resilience</p> <p>Capability 1 Community Preparedness</p> <p>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.</p> <p>Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022</p> <p>June 30, 2023</p>	
<p>5 All LHJs</p>	<p>Domain 1 Community Resilience</p> <p>Capability 1 Community Preparedness</p> <p>Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022</p> <p>June 30, 2023</p>	
<p>6 All LHJs</p>	<p>Domain 1 Community Resilience</p> <p>Capability 1 Community Preparedness</p> <p>DOH/EPRR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas:</p> <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Trauma-Informed Systems 	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022</p> <p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7	<p>All LHJs</p> <ul style="list-style-type: none"> • Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from EPRR required for training topics other than those listed above. <p>Note: Prior approval from DOH/EPRR is required for any out-of-state travel.</p>			
<p>7</p> <p>All LHJs</p> <p>Note for RERCs</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional Community Health Workers (CHWs). • Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (For RERCs, this may include some or all the groups identified in Activity 8) 	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>8</p> <p>RERCs for their LHJ</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.</p> <p>8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plans available upon request.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>9 All LHJs</p>	<ul style="list-style-type: none"> Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). <p>8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident.</p> <p>8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident.</p> <p>8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.</p>	<p>LHJ performance measure data (PM 1)</p>	<p>June 30, 2023</p>	
<p>10 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> “Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. The target is to mobilize a response within 45 minutes. DOH will provide additional guidance about submitting performance measure data. <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response.</p> <p>Note: DOH will provide additional guidance about submitting performance measure data.</p>	<p>LHJ performance measure data (PM 2)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>11 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). DOH will provide additional guidance about submitting performance measure data. 	<p>LHJ performance measure data (PM 3)</p>	<p>June 30, 2023</p>	
<p>12 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> DOH will work with regions and LHJs to customize and schedule training(s). Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. For Seattle-King County and Tacoma-Pierce County, the LHJ is the region 	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>13 RERCs for their PHEP region</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in quarterly DOH Training & Exercise Call (unless cancelled). Call topics may include, but not limited to:</p> <ul style="list-style-type: none"> Training and exercise opportunities. Delivery of training and exercises. Training and exercise opportunities. 	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
14 LERCs	<p>Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.</p> <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</p> <p>14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>14.2 Input to RERCs Mid-year report on template provided by DOH</p> <p>14.3 Participation in IPPW.</p>	<p>14.2 As requested by RERCs December 31, 2022</p> <p>14.3 As requested by DOH.</p>	
15 RERCs with their PHEP region except Seattle-King and Tacoma-Pierce	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p> <p>15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>Mid-year report on template provided by DOH.</p> <p>15.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>15.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>15.3 As requested by DOH.</p>	
16 Seattle-King and Tacoma-Pierce	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</p>	<p>Mid-year report on template provided by DOH.</p> <p>16.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>16.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>16.3 As requested by DOH.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>17 RERCs for their LHH</p>	<p>16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p> <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Note: The communication drill (Activity 22) does not meet the requirement for participation in an exercise or real world event.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>18 All LHHs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>18.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>18.2 Produce and provide situation reports (sitreps) documenting LHH activity during all incidents. Sitrep may be developed by the LHH or another jurisdiction that includes input from LHH.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>19 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> • An AAR may be completed part-way through an extended response, for example, COVID-19. • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report(s)/Improvement Plan(s)</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>20 All LHJs except Seattle-King</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>21 Seattle-King</p>	<ul style="list-style-type: none"> • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response. • This AAR may be used to meet the requirement above as well (Activity 19). <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>21.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.</p> <p>21.2 Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs</p> <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #19). 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>22 All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>22.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>If you use a real-world event to meet 22.2, 22.3, and 22.4, submit hotwash or AAR with report.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>information on the public health communicator online collaborative workspace (for example, Basecamp).</p> <p>22.2 Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023.</p> <p>22.3 Conduct a hot wash evaluating LHJ participation in the drill (22.2).</p> <p>22.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Participation in a real world event may meet the requirement for 22.2, 22.3, and 22.4. • If the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date or include a summary of communication activities and one sample of communication in mid-year or end-of year report. 	<p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>		
<p>23 All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The target is within the first six hours. • DOH will provide additional guidance about submitting performance measure data. 	<p>LHJ performance measure data (PM 7)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>24 All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>24.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>24.2 Participate in DOH-led notification drills.</p> <p>24.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>25 RERCs for their PHEP region</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>25.1 Participate in quarterly DOH-led WASECURES Users Group,</p> <p>25.2 Provide technical assistance to LHJs in PHEP region as needed. (Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.)</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>26 All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEl)s during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>27 All LHJs RERCs additional activity Note for CRI LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p>RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> • Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #28) <p>Notes</p> <ul style="list-style-type: none"> • DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28. • CRI LHJs – See also CRI activity #4. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	<p>December 31, 2022 June 30, 2023 June 30, 2023</p>	
<p>28 All LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution</p> <p>Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).</p>	<p>LHJ performance measure data (PM 5)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>29 RERCs for their LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. LHJ may also conduct a drill or tabletop exercise to exercise plans. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Plans available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>30 RERCs for their LHJ</p>	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plan available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>31 All LHJs</p>	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> Northwest Healthcare Response Network (Network) Regional Emergency and Disaster (REDi) Healthcare Coalition Healthcare Alliance (Alliance) <p>During each reporting period (see notes below), participate in one or more of the following activities:</p> <ul style="list-style-type: none"> Meetings - Communication <ul style="list-style-type: none"> Regional meeting, in person or virtually. Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities. Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. 	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Planning <ul style="list-style-type: none"> ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. • Drills and Exercises <ul style="list-style-type: none"> ○ Drill or exercise, including redundant communications, WA Trac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. • Response <ul style="list-style-type: none"> ○ Information sharing process during incidents. ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. <p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023 • LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. 			
32 All LHJs	Domain 5 Surge Management Capability 10 Medical Surge Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency. Notes: <ul style="list-style-type: none"> • “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. 	LHJ performance measure data (PM 8)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
33 RERCs for their LHJ	<ul style="list-style-type: none"> DOH will provide additional guidance about submitting performance measure data. <p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Agreements available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
34 RERCs for their LHJ	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum:</p> <ul style="list-style-type: none"> Biohazard/Waste Management Feeding Laundry Communications Sanitation 	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Lists available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	<p>Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps.</p> <p>Note: PHEP Region 4: Clark, Cowlitz, Skamania and Wahkiakum LHJs.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Sign in sheets and agendas for trainings conducted by Clark County available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Kitsap 1	<p>Provide information and warnings to community and response partners.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Kitsap 2	<p>Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ Request Kitsap 3	<p>3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.</p> <p>3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Website screenshots available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 1	<p>Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 2	<p>As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 3	<p>Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Agreements and subcontracts available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 2	<p>Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 3	<p>Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 4	<p>Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Thurston 1	<p>Domain 5 Surge Management Capability 15 Volunteer Management</p> <p>1.1 Maintain a Medical Reserve Corps (MRC) unit.</p> <p>1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>local jurisdiction to support health and medical response operations.</p> <p>1.3 Identify target mission sets for development within the MRC unit.</p>			
<p>CDC Cities Readiness Initiative (CRI) FFY22 PHEP CRI BP4 - Clark, Snohomish, Seattle-King, and Tacoma-Pierce</p>				
CRI 1	<p>Participate in webinars with CDC and DOH regarding the ORR (operational readiness review) requirements.</p>	<p>Mid- and end-of-year reports on templates provided by DOH, include summary of webinar participation</p>	<p>December 30, 2022, June 30, 2023</p>	
CRI 2	<p>Gain access to CDC’s PORTS (PHEP ORR Reporting and Tracking System). Participate in PORTS trainings offered by CDC.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 30, 2022, June 30, 2023</p>	
CRI 3	<p>3.1 Submit the Integrated Action Plan into PORTS. This includes attending seminars and trainings, and reading guidance issued by CDC.</p> <p>3.2 Participate in quarterly conference calls with DOH.</p>	<p>Integrated action plan submitted in PORTS.</p>	<p>June 30, 2023</p>	
CRI 4	<p>Update and maintain MCM plan.</p> <p>Note: See also activities #27 and 28 above. CRI LHs may use PHEP and/or CRI funds to update and maintain their MCM plans.</p>	<p>Updated MCM plan.</p>	<p>June 30, 2023</p>	

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

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

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

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

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

Program Specific Requirements

Special Requirements:

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Exhibit A, Statement of Work

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Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=L&SID=58ffddb5363a27f26e9d12eccc462549&ty=HTML&h=L&mc=true&t=PART&n=pt2.1.200#se2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS. For SFY22, the Steering Committee is using an iterative approach to decision making. Determining investments for SFY22 (July 1, 2021 – June 30, 2022). This means that additional tasks and/or funds may be added to an LHJ’s FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total SFY22 funding allocation is for the period of July 1, 2021 through June 30, 2022. The funding allocations will be divided into two six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022. The July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only. FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year. (RCW 43.88.140)

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management.

Revision Purpose: Changing Period of Performance end date to June 30, 2022 to reflect this work and funding associated to SFY22. Also removing the funds associated with FPHS-LHJ-PROVISO (YR2) as it's now reflected in the Statement of Work effective July 1, 2022.

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 Decrease (-)	Total Allocation
FPHS-LHU-PROVISO (YR1) Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)		99202111	N/A	336.04.25	01/01/22	06/30/22	3,150,000	0	3,150,000
FPHS-LHU-PROVISO (YR2)		99202112	N/A	336.04.25	07/01/22	06/30/23	3,150,000	-3,150,000	0
							0	0	0
							0	0	0
							0	0	0
							0	0	0
TOTALS							6,300,000	-3,150,000	3,150,000

BARS Expenditure Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22	SFY23	21-23 BIEANNUUM
			Your jurisdiction	Other jurisdictions			
10-17, 20, 21, 23-29, 40-53, 93	All - CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		1,279,000	1,279,000	2,558,000
10	Assessment	CHA/CHIP	X		30,000	30,000	60,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		497,000	497,000	994,000
24	CD	Hepatitis C	X		164,000	164,000	328,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		1,180,000	1,180,000	2,360,000
TOTAL					\$3,150,000	\$3,150,000	\$6,300,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Results are published in the annual FPHS Investment Report. FPHS indicator metrics available here .	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. FPHS annual reporting (template provided by the FPHS Steering Committee via DOH).	TBD For SFY22 (07/01/21 – 06/30/22) due by 08/15/22 For SFY23 (07/01/22 – 06/30/23) due by 08/15/23	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Reinforcing Capacity – These funds are to each LHJ to deliver FPHS in their own jurisdiction – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPHS definitions.</p> <p>Suggested BARS expenditure codes: 652.xx – 10-17, 20, 21, 23-29, 40-53.</p>			
2	<p>Assessment – CHA/CHIP (FPHS definitions G.3) – These funds are to each LHJ to deliver FPHS in their own jurisdiction – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPHS definitions.</p> <ul style="list-style-type: none"> • Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. • Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. <p>These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services. Coordinate with the Spokane Regional Health District to participate in County Health Insights.</p> <p>Suggested BARS expenditure codes: 562.11.</p>			
3	<p>Communicable Disease (CD) (FPHS definitions C.1, 2, 3, 4, 6) – These funds are to each LHJ to deliver FPHS in their own jurisdiction – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS CD services as defined in the most current version of the FPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPHS funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed and/or contract with other LHJs for staff time or services for delivering FPHS CD. As the pandemic response wains, staff funded with FPHS funds are to shift focus to providing some or all of the FPHS CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases.</p> <ol style="list-style-type: none"> 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. <p>Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.</p>			
4	<p>Communicable Disease – Hepatitis C (FPHS definitions C.4.o-p) – These funds are to select LHJs to deliver FPHS in their own jurisdiction. – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>The priorities for the 2021-2023 biennium (July 2021 – June 2023):</p> <ul style="list-style-type: none"> • Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. • Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color, or other historically marginalized population, and incorporate Hepatitis B work. <p>Suggested BARS expenditure codes: 562.24.</p> <p>Environmental Public Health (EPH) (FPHS definitions B.3 & 4) – These funds are to each LHJ to deliver services in their own jurisdiction. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for:</p> <ul style="list-style-type: none"> • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) <p>These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue):</p> <ul style="list-style-type: none"> • Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) – Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permissible systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: <ul style="list-style-type: none"> ○ Work with partners to educate and inform public on OSS monitoring and maintenance ○ Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. ○ Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. ○ Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources. ○ Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage. 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Activity</p> <ul style="list-style-type: none"> ○ Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law. ● Schools Safety (FPHS definition B.3.g) – Assure safe and effective learning environments for children attending K-12 schools – public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include: <ul style="list-style-type: none"> ○ Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities. ○ Participate with statewide public health groups to standardize school program implementation. ○ Focus on schools that have not previously been inspected to assess current conditions ○ Focus on existing elementary schools for first phase of inspections program <ul style="list-style-type: none"> ■ Indoor Air Quality ■ Classroom ■ Healthy cleaning and indoor environments ■ Playground ■ Drinking water (lead) <p>Suggested BARS expenditure codes: 562.xx – 40-53.</p>	<p>Deliverables/Outcomes</p>	<p>Due Date/Time Frame</p>	<p>Payment Information and/or Amount</p>

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Program Specific Requirements

Program Manual, Handbook, Policy References:

All FPHS Resources – www.doh.wa.gov/fphs or [FPHS | Powered by Box](#)

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

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent. \(wa.gov\)](#)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](#)

Definitions:

FPHS Definitions – <https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfzohk>

Special Instructions:

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: www.doh.wa.gov/lhjfundings

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health
Mobile Phone 360-951-7566 / marie.flake@doh.wa.gov

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

DOH Program Name or Title: Infectious Disease Prevention Services - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

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

Period of Performance: July 1, 2022 through June 30, 2023

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

Revision Purpose: 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
STATE DISEASE CONTROL AND PREV - FPH	12411100	N/A	334.04.91	07/01/22 12/31/22	0	151,496	151,496
FFY22 HIV PREV GRANT - FPH	12411220	93.940	333.93.94	07/01/22 12/31/22	0	55,331	55,331
FFY23 HIV PREV GRANT - FPH	12411TBD	93.940	333.93.94	01/01/23 06/30/23	0	55,331	55,331
FFY22 STD PREV PCHD - FPH	12411225	93.977	333.93.97	07/01/22 12/31/22	0	35,250	35,250
FFY23 STD PREV PCHD - FPH	12411TBD	93.977	333.93.97	01/01/23 06/30/23	0	35,250	35,250
FFY22 STD PREV SUPPLEMENTAL [PCHD]	12408320	93.977	333.93.97	07/01/22 12/31/22	0	173,111	173,111
FFY23 STD PREV SUPPLEMENTAL [PCHD]	12408TBD	93.977	333.93.97	01/01/23 06/30/23	0	173,112	173,112
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	678,881	678,881

Task #	Activity	Deliverables/ Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
HIV/STD Prevention				
HIV/STI Prevention, Treatment, and Surveillance	Deliver partner services to people diagnosed with HIV/STI per CDC and state guidelines. Ensure timely, correct reporting, testing and treatment of STIs or exposure to STIs for diagnosed patients and identified contacts. Reporting and investigative guidelines for conditions can be found on DOH Notifiable Conditions page.	Submit Quarterly Contractor Report to Office of Infections Disease (OID) Contract manager using standard template.	Quarterly Reports are due 30 days after the quarter has closed: October 31, 2022 January 31, 2023	Total reimbursement not to exceed \$647,449. See split out below by code \$120,064 - MI 12411100 - State Disease Control & Prev - FPH

Task #	Activity	Deliverables/ Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>Refer at-risk people identified through HIV/STI testing and/or partner services for medical and supportive services to prevent HIV acquisition.</p> <p>Ensure timely referral and testing for people identified as exposed to HIV.</p> <p>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.</p> <p>The contractor will document all outputs for this reporting period in Quarterly Contractor Report.</p>		<p>April 30, 2023 July 31, 2023</p>	<p>\$120,064 for 7/1/22-6/30/23</p> <p>\$55,331 – MI 12411220 FFY22 HIV Prevention Grant - FPH</p> <p>\$55,331 for 7/1/22-12/30/22</p> <p>\$55,331 – MI 12411TBD FFY23 HIV Prevention Grant - FPH</p> <p>\$55,331 for 1/1/23-6/30/23</p> <p>\$35,250 – MI 12411225- FFY22 STD Prevention PCHD</p> <p>\$35,250 for 7/1/22-12/30/22</p> <p>\$35,250 – MI 12411TBD- FFY23 STD Prevention PCHD</p> <p>\$35,250 for 1/1/23-6/30/23</p> <p>\$173,111 –MI 12408320- FFY22 STD Prevention Supplemental [PCHD]</p> <p>\$173,111 for 7/1/22-12/30/22</p> <p>\$173,112 –MI 12408TBD- FFY23 STD Prevention Supplemental [PCHD]</p> <p>\$173,112 for 1/1/23-6/30/23</p>

Task #	Activity	Deliverables/ Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
<p>Prevention Activities for People Living with HIV</p>	<p>Provide services to clients who are diagnosed with and/or living with HIV:</p> <ul style="list-style-type: none"> • Deliver partner services to people who are newly diagnosed with HIV • Deliver partner services to people previously diagnosed with HIV who are: <ul style="list-style-type: none"> ○ Diagnosed with a bacterial STI ○ Returning to or sub-optimally linked to medical care and have a detectable viral load • Ensure timely, correct reporting of cases of people diagnosed with HIV. • Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression and quality of life. <p>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.</p> <p>The contractor will document all outputs for this reporting period in Quarterly Contractor Report</p>	<p>Submit Quarterly Contractor Report to OID Contract manager using standard template.</p>	<p>Quarterly Reports are due 30 days after the quarter has closed:</p> <p>October 31, 2022 January 31, 2023 April 30, 2023 July 31, 2023</p>	<p>Total reimbursement not to exceed:</p> <p>\$31,432– MI 1241100– State Disease Control and Prev-FPH</p> <p>\$31,432 for 7/1/22-6/30/23</p>

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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.

Fiscal Guidance

- i) **Funding** –The LHJ shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2022. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All invoice vouchers must be submitted by the 25th of the following month.**

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

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

DOH Program Name or Title: Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

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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Period of Performance: September 1, 2022 through August 31, 2023

Statement of Work Purpose: The purpose of this statement of work (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Snohomish County Health District will support strategy 5 - Integration of State and Local Prevention and Response Efforts, strategy 6 - Establishing Linkages to Care, and strategy 9 - Empowering Individuals to Make Safer Choices.

Revision Purpose: N/A

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
77520272	93.136	333.93.13	09/01/22	08/31/23	0	150,000	150,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	150,000	150,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Maintain current partnerships with Providence Regional Medical Center Everett, and Swedish Edmonds for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the OD2A logic model.	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 9, 2022. December-February due March 10, 2023. March-May due June 9, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$150,000 through August 31, 2023. (See Special Billing Requirements below.)
2.	Strategy 5: Maintain involvement and leadership roles in ESF #8 – Public Health & Medical Services and ESF #15 – External Affairs within the Snohomish County Opioid Response Multi-Agency Coordination (MAC) Group. The LHJ will continue to	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes. What information has been		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>be a key partner in capacity building, sharing lessons learned, and other information with cities, counties, and the state, as well as public health and public safety counterparts throughout the country.</p> <p>Utilize data collected through the MAC Group and additional partners, such as hospitals, DOH, ODMAP, first responders, treatment providers and the local syringe exchange to develop joint prevention and response strategies focused on decreasing the rate of hospital emergency department (ED) visits and deaths due to opioid misuse or opioid use disorder and increasing the provision of evidence-based services.</p> <p>Extend annual contracts for the maintenance, development, and hosting of the county's opioid data dashboard.</p>	<p>shared with partners? Demonstrate how work aligns with the OD2A logic model.</p> <p>Provide the prevention and response strategies being developed with partners. Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes. Share data informed findings, recommendations, and next steps. Demonstrate how work aligns with the OD2A logic model.</p> <p>Share updates and developments with the county's dashboard. Demonstrate how data informs Snohomish County overdose prevention activities and how work aligns with the OD2A logic model.</p>	<p>June-August final report for this funding period due September 29, 2023.</p>	
3.	<p>Strategy 9: Develop prevention and harm reduction messaging and advertising with the Snohomish Overdose Prevention branding, such as hosting and maintaining our website, creating and boosting social media posts, and paying for billboards/bus advertisements.</p> <p>Translate prevention and harm reduction messaging online and in the community into the most commonly spoken languages in Snohomish County to increase the accessibility of opioid-related information and resources.</p>	<p>Progress report: Share updates and developments with the Snohomish Overdose Prevention website, social media posts, and paid advertisements. Demonstrate how work aligns with the OD2A logic model.</p>		
4.	<p>Strategy 5: Provide ongoing support to build an overdose fatality review (OFR) committee. The LHJ is in the early stages of establishing the structure of the OFR committee, and the partnerships with agencies that will comprise the review committee, as we now have the support of state legislation and resources with the Department of Health.</p>	<p>Progress report: Report on process and progress of establishing OFR committee. Once established, record # of OFRs completed, findings, recommendations, and next steps. Demonstrate how work aligns with OD2A logic model.</p>		
5.	<p>Strategy 9: Partner with schools, school districts, community groups, local businesses, pharmacies, and organizations that primarily serve unhoused and other high-risk populations, such as shelters and resource centers, to provide training on harm reduction, drug safety, and other related topics identified by those organizations. Support these organizations in developing prevention and outreach strategies focused on harm reduction,</p>	<p>Progress report: Share the process and progress towards developing and maintaining partnerships. Share training materials and support given to partners. Demonstrate how work aligns with OD2A logic model.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6.	<p>decreasing opioid misuse, and overdose fatalities. Outreach with these partners will include the provision of educational giveaways in various community settings.</p> <p>Strategy 9: Increase focus on two high-risk populations affected by the opioid epidemic: pregnant and parenting mothers, and babies born to women with opioid use disorder (OUD)</p> <p>The LHJ has a biennial Pregnancy and Beyond Conference co-hosted with Skagit County Public Health that focuses on improving outcomes for parents and infants affected by OUD/SUD. The next conference will occur in 2024. The year in-between will be used to develop partnerships to understand and collect existing data surveillance in the county and improve awareness of the service landscape for pregnant and parenting individuals with substance use disorders.</p> <p>Continued participation in the Department of Health's Pregnant & Parenting Women Workgroup and Homeward House's CORE Collaborative that focuses on providing services for parents and children with active dependency cases.</p>	<p>Progress report: Describe procedures, policies, and methods to increase focus on these populations.</p> <p>Share any recommendations or insights from partnerships, PPW Workgroup and any advancements from CORE collaborative.</p> <p>Demonstrate how work aligns with OD2A logic model.</p>		
7.	<p>Participate in quarterly calls with DOH and grant partners. Share lessons learned and successes. More frequent one on one calls with DOH when needed.</p>	<p>Collaboration with other grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.</p>		

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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

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

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
 - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additional-requirements/index.html>).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

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

DOH program staff may conduct site visits up to twice per funding year.

Billing Requirements:

Billing on an A19-1A invoice voucher must be received by DOH monthly.

Special Instructions:

The following funding statement must be used for media (publications, presentations, manuscripts, posters, etc.) created using OD2A funding:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NU17CE925007, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through September 30, 2023

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 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, 2022 to September 30, 2023 for continuation of MCHBG related activities.

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
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	0	0	0
FFY21 MCHBG SPECIAL PROJECTS	7811021A	93.994	333.93.99	01/01/22	09/30/22	352,122	0	352,122
FFY23 MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	0	444,879	444,879
						0	0	0
						0	0	0
						0	0	0
TOTALS						352,122	444,879	797,001

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
1c	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>Designated LHJ staff will attend regional meeting.</i>	<i>September 30, 2023</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>Id</i>	<i>Report actual expenditures for October 1, 2021 through September 30, 2022.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 2, 2022</i>	See Program Specific Requirements and Special Billing Requirements.
<i>Ie</i>	<i>Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 9, 2022</i>	
<i>If</i>	<i>Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 19, 2023</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
2c	<i>Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.</i>	<i>Submit monthly Action Plan reports to DOH Contract manager.</i>	<i>July-Sept 2022 quarterly report due October 15, 2022</i> <i>November 15, 2022</i> <i>December 15, 2022</i> <i>January 15, 2023</i> <i>February 15, 2023</i> <i>March 15, 2023</i> <i>April 15, 2023</i> <i>May 15, 2023</i> <i>June 15, 2023</i> <i>July 15, 2023</i> <i>August 15, 2023</i> <i>September 15, 2023</i>	
2d	<i>Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.</i>	<i>Submit MCHBG Action Plan to DOH contract manager.</i>	<i>Draft- August 18, 2023</i> <i>Final- September 8, 2023</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	<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.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023</i>	
3e	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.</i>	<i>30 days after forms are completed.</i>	
3f	<i>Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).</i>	<i>Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.</i>	<i>September 30, 2023</i>	

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Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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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

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in preapproved 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:

Children and Youth with Special Health Care Needs Manual - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form <http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

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

Monitoring Visits: Telephone calls with DOH contract manager 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 quarterly by the 30th of each month following the quarter in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the “Total Consideration” will not be accepted or approved.

Special Instructions: Contact DOH contract manager ~~before~~ for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

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

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

SOW Type: Revision **Revision # (for this SOW)** 4

Period of Performance: January 1, 2022 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 (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to add a new task and funding to conduct site visits at providers enrolled to provide COVID-19 vaccine.

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
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	2,865,603	0	2,865,603
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	2,069,953	22,748	2,092,701
						0	0	0
						0	0	0
						0	0	0
TOTALS						4,935,556	22,748	4,958,304

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.B	<p>Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p> <p>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.</p>	<p>Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)</p>	<p>June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.C	<p>Catalog activities and conduct an evaluation of the strategies used</p>	<p>Final written report, showing the strategies used and the final progress of the reach (template to be provided)</p>	<p>December 31, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.D	<p>Between January 1, 2022, and June 30, 2022, <i>December 31, 2022</i> perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</p>	<p>a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</p>	<p>a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.E	<p>As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)</p>	<p>Quarterly reports summarizing quantity, type, and frequency of activities</p>	<p>March 31, Annually June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	<p>At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.</p>	<p>a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed</p>	<p>a. Prior to implementing b. March 31, Annually June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.G	<p><i>Conduct assigned site visits at 47 enrolled COVID-19 provider sites within the assigned region. All visits must be conducted in person separate from VFC and IQIP visits.</i></p> <p><i>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 shared with DOH COVID-19 Vaccine Program.</i></p>	<p>a) Complete COVID-19 Site Visit Training per the training checklist. b) Based upon the contracted number of COVID-19 Site Visits provide a tentative plan of how many will be conducted per month over the course of the contract period. c) Email request to DOH Compliance Specialist and/or Site Visit Coordinator for: Provider Agreement, IIS inventory and temperature log submission. d) Enter responses from the Compliance Site Visit Reviewer Guide into the CDC REDCap Tool for each compliance site visit. Follow all corrective action and follow-up guidance for each incorrect response. e) Using the DOH follow-up plan template, create plan in a MS Word document and email to DOH Site Visit Coordinators f) Email the signed Acknowledgement of Receipt form to the COVID-19 Vaccine Coordinator. g) Email follow-up plan (approved by DOH Site Visit Coordinator) to provider.</p>	<p>a) 10/31/2022 b) 10/31/2022 c) At least two (2) days prior to scheduled site visit. d) Online at the time of the Compliance Site Visit or within 24 hours of the site visit e) Within two (2) business days of the site visit. f) Within five (5) business days of the site visit. g) Within five (5) business days of the site visit.</p>	<p><i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</i></p>

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Federal Funding Accountability and Transparency Act (FFATA)

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

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

Program Specific Requirements

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

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

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

DOH Program Name or Title: Office of Immunization - Perinatal Hepatitis B - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

SOW Type: Original **Revision # (for this SOW)** 0

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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Period of Performance: July 1, 2022 through June 30, 2023

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: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 PPHF Ops	74310226	93.268	333.93.26	07/01/22	06/30/23	0	21,500	21,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	21,500	21,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>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:</p> <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • 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. 	Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information 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
	<p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</p>			

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Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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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

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

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

DOH Program Name or Title: 01-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

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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Period of Performance: July 1, 2022 through June 30, 2023

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

Revision Purpose: The purpose of this revision is to change the Statement of Work

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY23 VFC Ops	74310222	93.268	333.93.26	07/01/22	06/30/23	45,150	0	45,150
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						45,150	0	45,150

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (<i>can use pre and post qualitative or quantitative collection methods</i>). The proposal must meet guidelines outlined in the Local Health Jurisdiction Funding Opportunity; Promotion of Immunizations to Increase Vaccination Rates announcement. <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) 	Written proposal and a report that shows starting immunization rates for the target population <i>Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)</i>	August 1, 2022	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	<ul style="list-style-type: none"> ▪ <i>Analytic tools (i.e., google analytics measuring website traffic, page views etc.)</i> <p>Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.</p>	<p>Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)</p>	<p>November 30, 2022 March 31, 2023</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3	<p><i>Perform data collection necessary to enable a comparison of immunization rates from the start of the project.</i></p> <p><i>Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates]</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> ▪ <i>Increased partner knowledge on immunization guidelines</i> ▪ <i>Change in attitudes about childhood vaccines</i> ▪ <i>Increase in school district immunization coverage rates</i> 	<p><i>Final written report, including a report showing ending immunization rates for the target population (template will be provided)</i></p> <p><i>Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].</i></p> <p><i>(Template will be provided)</i></p>	<p>June 15, 2023</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

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Federal Funding Accountability and Transparency Act (FFATA)

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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

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

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

DOH Program Name or Title: Office of Immunization Regional Representatives - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

SOW Type: Original **Revision # (for this SOW)** 0

Period of Performance: July 1, 2022 through June 30, 2023

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 define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2022 - June 30, 2023

Revision Purpose: N/A

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
74310224	93.268	333.93.26	07/01/22	06/30/23	0	74,468	74,468
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	74,468	74,468

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted) New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement - DOH 348-576	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.</p>	<p>Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.</p>	<p>Within ten (10) days of provider disenrollment</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3	<p>Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with 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) follow-up action was completed.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
4	<p>Complete the Compliance Site 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 Compliance 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 and Chart Review Worksheet to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p>	<p>a) By July 31, 2022</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) follow-up action was completed.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>a) Complete Project Management Scheduling Tool</p> <p>b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region. Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site.</p> <p>c) 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>a) Copy of project management plan (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up</p>	<p>a) Within five (5) business days of the IQIP Annual Training</p> <p>b) Within five (5) business days of visit</p> <p>c) Within five (5) business days of contact</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

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Program Specific Requirements

- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.
- Regional representatives must have access to a digital data logger with current certificate of calibration and qualified packouts or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan)