

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

CONTRACT NUMBER: CLH32067

AMENDMENT NUMBER: 1

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 - Continuation of Care & Services: CHW Outreach-Refugee Health Promo - Effective January 1, 2025
 - DCHS - ELC COVID-19 Response - Effective January 1, 2025
 - DCHS-Emerging Infections Program RESP-NET - Effective January 1, 2025
 - Foundational Public Health Services (FPHS) - Effective January 1, 2025
 - Infectious Disease Prevention Services-FPHS - Effective January 1, 2025
 - Infectious Disease-STI Program Expansion - Effective January 1, 2025
 - Infectious Disease-Syndemic Prevention Services - Effective January 1, 2025
 - Injury & Violence Prevention-LHJ Opioid Campaign Proviso – Effective January 1, 2025
 - Maternal & Child Health Block Grant – Effective January 1, 2025
 - National Estuary Program Shellfish Strategic Initiative 2.0 - Effective January 1, 2025
 - Office of Drinking Water Group A Program - Effective January 1, 2025
 - Office of Resiliency & Health Security-PHEP-CRI - Effective January 1, 2025
 - Recreational Shellfish Activities - Effective January 1, 2025
 - ☐ Amends Statements of Work for the following programs:
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-0 Allocations as follows:
 - ☒ Increase of **\$9,899,757** for a revised maximum consideration of **\$9,899,757**.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

CONTRACT NUMBER: CLH32067**AMENDMENT NUMBER: 1**

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: <i>Lacey Harpoe</i>	Signature: <i>Dwight Harpoe</i>
Date: Mar 6, 2025	Date: Mar 6, 2025

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2023-Indefinite: MTDC De Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
PS SSI2 Sub Award Management Task 3	01J89801	Amd 1	66.123	333.66.12	01/01/25	07/30/27	07/01/21	08/31/28	\$75,000	\$75,000	\$75,000
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$214,127	\$214,127	\$214,127
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$69,125	\$69,125	\$69,125
FFY25 EIP COVID AIM CDC	NGA Not Received	Amd 1	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$130,314	\$130,314	\$130,314
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1	93.323	333.93.32	01/01/25	06/30/25	01/15/21	07/31/25	\$1,122,598	\$1,122,598	\$1,122,598
FFY23 Refugee Health Promo DSHS IAR	NGA Not Received	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500	\$137,500	\$137,500
FFY24 Hi-Imp HIV Prev CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$46,109	\$46,109	\$46,109
FFY24 Hi-Imp HIV Prevention CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$33,334	\$33,334	\$33,334
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 1	93.977	333.93.97	01/01/25	02/28/25	01/01/23	01/31/26	\$11,778	\$11,778	\$11,778
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$333,660	\$333,660	\$333,660
SFY25 State Disease Control & Prev		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$75,748	\$75,748	\$75,748
SFY25 STD Prevention		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$26,666	\$26,666	\$26,666
SFY25 STI Program Expansion Proviso		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$307,389	\$307,389	\$307,389
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500	\$31,500	\$31,500
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,000	\$3,000	\$3,000
ADAP State (Rebate)		Amd 1	N/A	334.04.98	01/01/25	06/30/25	07/01/23	06/30/25	\$86,555	\$86,555	\$86,555
FFY25 RW Grant Year Rebate		Amd 1	N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$43,277	\$43,277	\$86,554
FFY24 RW Grant Year Rebate		Amd 1	N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$43,277	\$43,277	
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$7,006,000	\$7,006,000	\$7,006,000
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$90,000	\$90,000	\$90,000
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$4,400	\$4,400	\$4,400

Indirect Rate January 1, 2023-Indefinite: MTDC De Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
Sanitary Survey Fees SS-State		Amd 1	N/A	346.26.65	01/01/25	06/30/25	07/01/23	06/30/25	\$4,400	\$4,400	\$4,400
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$4,000	\$4,000	\$4,000
TOTAL									\$9,899,757	\$9,899,757	
Total consideration:	\$0									GRAND TOTAL	\$9,899,757
GRAND TOTAL	\$9,899,757									Total Fed	\$2,173,545
										Total State	\$7,726,212

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Continuation of Care & Services: CHW Outreach-
Refugee Health Promo - Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

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 and an overview of duties for Snohomish County Health Department (SCHD) under the Refugee Community Health Worker Outreach project through Refugee Health Promotion which was awarded to WA DOH by Department of Social and Health Services (DSHS) Office of Refugee and Immigrant Assistance (ORIA). This includes hiring culturally and linguistically appropriate Community Health Workers (CHW) who will serve the refugees and humanitarian immigrants by providing health navigation and health education to Office of Refugee Resettlement (ORR)-eligible populations.

NOTE: The CHW Project began on September 1, 2024. DOH intends to include unspent funding from 2024 in an amendment during this period of performance. Deliverables with due dates before December 31, 2024, are shown for information purposes only.

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
FFY23 REFUGEE HEALTH PROMO DSHS IAR	18502931	93.566	333.93.56	01/01/25	09/30/26	0	137,500	137,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	137,500	137,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	SCHD will onboard a CHW to provide health education and health navigation to eligible clients to expand health knowledge and literacy.	Onboard one (1) CHW to serve eligible clients.	Onboard a CHW by November 30, 2024.	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.
2	CHW will host one-on-one education focused on vaccines and other health education topics based on client needs. Topics will consist of the importance and safety of COVID-19 and Flu vaccines and necessary vaccines for school enrollment as well as other relevant topics such as accessing	Education sessions will utilize culturally and linguistically appropriate materials and will serve at least 10 eligible clients per month.	Monthly report (reference Program Requirements, appendix A for timeline)	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	healthcare. Education sessions will be both in-person and virtual for all ORR eligible clients. Education materials will be translated into appropriate languages and will include handouts and graphic novel style booklets.	Client level data will be reported via monthly reporting template.		
3	CHW will host walk-in group health education sessions for eligible clients at local community centers. Topics will include addressing misconceptions about vaccines, reasons for required of recommended vaccines, benefits of receiving recommended vaccines, and other topics based on client needs. Preventative healthcare will also be addressed during these conversations. Services will be provided to all ORR eligible clients.	Will host at least one (1) event per month to increase vaccine education and confidence in vaccine safety. Client level data will be reported via monthly reporting template. This will include documentation of pre- and post-assessments for eligible clients.	Monthly report (reference Program Requirements, appendix A for timeline)	
4	CHW will host one-time, one-on-one, health navigation services focused on connecting clients to vision/dental/medical providers and other services as per client needs. Services will be provided to all ORR eligible clients.	Will serve at least 10 eligible clients per month. Client level data will be reported via monthly reporting template. This will include documentation of completion of service.	Monthly report (reference Program Requirements, appendix A for timeline)	
5	CHW will attend/host back-to-school immunization clinics for all ORR-eligible clients, primarily focused on childhood vaccines. CHW will also attend community-led back-to-school and other health related events/fairs to connect with ORR-eligible clients and provide program specific services.	Will attend/host at least one (1) event per year.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
6	CHW will attend required meetings and support other grant related deliverables.	Attendance of at least 80% of CHW Check-In meetings. Attendance at other refugee services provider meetings as needed.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
7	Develop a flyer with the proposed service details. The service details will include, at minimum, the service available, how to access services, hours of operations and applicants contact information.	A flyer will be shared with community in appropriate language.	Within the first quarter of hiring CHW position.	
8	CHW will complete (or show proof of completion) of the DOH CHW Training.	Provide proof of completion of training.	Complete training by December 31, 2025.	
9	CHW will develop and share translated health materials to eligible clients including factsheets and other resources as requested by the clients.	Materials will be shared in a culturally and linguistically appropriate way as per clients' needs.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	

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

LHJ will reference and abide by all policies outlined in the manual provided by WA DOH upon execution of this agreement, titled '[Connection to Health Care and Services: Community Health Worker Outreach through Refugee Health Promotion – Program Requirements](#)' and '[Community Health Worker Outreach through Refugee Health Promotion – Application for LHJs](#)'. Included within are staffing and administrative requirements, LHJ responsibilities, subcontracting requirements, reporting timeline, and documentation and reporting details.

Funding Restrictions: There are specific funding restrictions associated with this funding source. Please reference “Funding and Funding Restriction” section in the '[Community Health Worker Outreach through Refugee Health Promotion – Application for LHJs](#)'.

Billing Requirements: LHJ may bill monthly. Invoices must be received no more than 60 days after the billing period.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: DCHS-Emerging Infections Program RESP-NET -
Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

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 describe the activities that the LHJ is funded to do as part of the CDC-sponsored, Washington State Department of Health (WADOH) administered Emerging Infections Program (EIP) RESP-NET project. RESP-NET, a general term for three separate projects (COVID-NET, FluSurv-NET, RSV-NET), is a population-based surveillance of hospitalizations associated with COVID-19, influenza (flu), and RSV.

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
FFY25 EIP COVID AIM CDC	1712025C	93.317	333.93.31	01/01/25	12/31/25	0	130,314	130,314
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	130,314	130,314

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Surveillance Activity Implementation</p> <p>Implement state and federal protocols to conduct local active, population-based surveillance for hospitalizations associated with COVID-19, flu, and RSV.</p> <p>The LHJ is responsible for facilitating reporting from facilities in their jurisdiction (through line lists, other data sources as needed) to enable weekly case ascertainment for COVID-19, flu and RSV.</p>	Percentage of non-federal hospitals and laboratories within the catchment area reporting to the LHJ on a weekly basis: target = 100%.	Weekly	Reimbursement of actual costs incurred, not to exceed allocation amount described above in budget section.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Data Collection and Reporting</p> <p>The LHJ is responsible for completing and reviewing weekly and end-of-season data elements for all identified cases, and entering data into WDRS following protocols established by WADOH.</p>	<p>Timeliness and completeness of case reporting:</p> <p>Weekly data elements: 95% of weekly data elements for 95% of cases reported within 1 week of identification.</p> <p>Annual end-of-season data elements: 95% of data elements for 95% of cases reported by end-of-season deadline (typically in spring/summer after the end of the respiratory season)</p>	<p>Weekly data elements: 95% of weekly data elements for 95% of cases reported within 1 week of identification</p> <p>Annual end-of-season data elements: 95% of data elements for 95% of cases reported by end-of-season deadlines (typically in spring/summer after the end of the respiratory season)</p>	See above
3	<p>Participation in Quality Assurance Activities</p> <p>Active participation in data quality assurance activities, including data validation and correction following feedback from WA DOH and/or CDC per established deadlines, case ascertainment audits, and data review meetings with WA DOH, LHJs and other stakeholders.</p>	Attendance and participation in QA activities, including data validation and correction, case ascertainment audits, and data review meetings.	As scheduled	See above
4	<p>Laboratory Surveillance and Diagnostic Testing</p> <p>LHJ will work with WADOH to identify laboratories that provide services to healthcare facilities in their catchment area.</p> <p>WA DOH will distribute an annual survey of laboratory practices (e.g. testing for COVID, flu, RSV) to all identified laboratories in the catchment area. The LHJ will work with DOH to follow up with laboratories and ensure completion of the survey.</p>	List of laboratories that provide services to healthcare facilities in LHJ catchment area.	By September each year	See above
5	<p>Data Sharing Agreements (DSAs)</p> <p>Collaborate with WA DOH to review and approve DSAs as required to facilitate case matching and other activities.</p>	Signed and finalized DSA	January 2025	See above

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	Coordination with WADOH and other LHJs Participation in the following meetings to coordinate RESP-NET activities, deliverables, and plan future activities, including: <ul style="list-style-type: none"> - LHJ – WADOH Workgroup Meetings (virtual) - Annual WA RESP-NET Planning Meeting (in-person) - Annual national RESP-NET Surveillance Officers meeting (in-person) 	Attendance of 1-2 staff at: <ul style="list-style-type: none"> - LHJ-WADOH Workgroup Meeting: every other week, or as deemed necessary by WADOH (virtual) - Annual WA RESP-NET Planning Meeting: once a year, time/date TBD (in-person) - Annual national RESP-NET Surveillance Officers meeting, date/time TBD (in-person) 	<ul style="list-style-type: none"> - LHJ-WADOH Coordination Meeting: every other week, or as deemed necessary by WADOH (virtual) - Annual WA RESP-NET Planning Meeting: once a year, time/date TBD (in-person) - Annual national RESP-NET Surveillance Officers meeting, date/time TBD (in-person) 	See above
7	Adaptability to Emerging Health Threats Demonstration of flexibility to rapidly respond and adapt surveillance strategies to emerging health threats following CDC and WA DOH protocols.	Implementation of modified surveillance strategies within agreed-upon timeframes following identification of emerging health threats.	- As scheduled	See above

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

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

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

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

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

Program Specific Requirements

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

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

CDC Funding Regulations and Policies

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements:

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

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 supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

Revision Purpose: 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
FFY20 ELC EDE LHJS CDC	1897140E	93.323	333.93.32	01/01/25	06/30/25	0	1,122,598	1,122,598
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	1,122,598	1,122,598

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

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

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

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

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

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

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

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

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

Program Specific Requirements

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

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

CDC Funding Regulations and Policies

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements:

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Foundational Public Health Services (FPHS) -
Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

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: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide. This SOW also includes one-time investments from the vape tax account.

NOTE: The full State Fiscal Year (SFY) 2025 (07/01/24-06/30/25) disbursement of FPHS funds for this statement of work (01/01/25-06/30/25) was made in July/August 2024 during the 2022-2024 consolidated contract term and is being included in this statement of work for informational purposes only. There will not be a reconciliation of these funds between the 2022-2024 consolidated contract and the new 2025-2027 consolidated contract. There is no requirement to report unused funds from the 07/01/24-12/31/24 period. It is acknowledged that existing obligations for this funding continue forward and remain in effect in the new contract. These obligations include, but are not limited to, completion of the annual report due after 06/30/25 and fulfillment of all contractual terms and conditions as specified in the prior consolidated contract term that ended 12/31/24.

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
SFY25 FPHS-LHJ FUNDS-GFS Note: Total SFY25 Allocation is for 07/01/24-06/30/25	99210850	N/A	336.04.25	01/01/25	06/30/25	0	7,006,000	7,006,000
SFY25 FPHS - LHJ - REDIRECT FUNDS	99210841	N/A	336.04.25	01/01/25	06/30/25	0	90,000	90,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	7,096,000	7,096,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$2,957,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,409,000
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$300,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$62,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$237,000
11	CD – Hepatitis C – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$164,000
12	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,079,000
13	CD – Tuberculosis Program – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$50,000
14	MCH – Child Death Review – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$158,000
15	STI surveillance, prevention and control: existing staff time support	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$50,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16	Equity Action Planning Retreat	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$40,000

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

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

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

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 2024-December 31, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations

51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

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

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

Targeted Investments to Each LHJ:

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

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

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

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

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

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

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

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

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

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded

roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16
8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13
9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

11. **CD – Hepatitis C (FPHS definitions C.4.o-p)**
Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and DOH’s Hepatitis C Prioritization document with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.
12. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**
Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
13. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**
Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.
14. **MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**
This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.
15. One-time funds to support STI surveillance, prevention, and control activities.
16. One-time funds to host a equity action planning retreat.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Infectious Disease Prevention Services-FPHS - Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to 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
SFY25 STATE DISEASE CONTROL & PREV	12411150	N/A	334.04.91	01/01/25	06/30/25	0	75,748	75,748
FFY23 PCHD STD PREV DIS CONTROL CDC	12411235	93.977	333.93.97	01/01/25	02/28/25	0	11,778	11,778
FFY24 HI-IMP HIV PREV CDC	12411240	93.940	333.93.94	01/01/25	05/31/25	0	46,109	46,109
ADAP STATE (REBATE)	12617523	N/A	334.04.98	01/01/25	06/30/25	0	86,555	86,555
FFY24 RW GRANT YEAR REBATE	12618540	N/A	334.04.98	01/01/25	03/31/25	0	43,277	43,277
FFY25 RW GRANT YR REB	12618550	N/A	334.04.98	04/01/25	06/30/25	0	43,277	43,277
						0	0	0
TOTALS						0	306,744	306,744

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>HIV/STI Prevention, Treatment, and Surveillance:</p> <p>Deliver partner services to people diagnosed with HIV/STI per CDC and state guidelines.</p> <p>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.</p> <p>Ensure timely referral and testing for people identified as exposed to HIV.</p>	<p>Quarterly report information to be gathered via quarterly program meetings with DOH staff.</p> <p>Track and report data for all activity related to this Service Category, within DOH approved data system.</p> <p>Submit monthly data report(s) for HCV and any other rapid testing activities.</p>	<p>Scheduled approximately 30 days after each quarter period:</p> <p>April 30, 2025 July 31, 2025</p> <p>Submit all data by the 10th of each month for the month prior.</p>	<p>Reimbursement for actual costs incurred, not to exceed \$291,028. See split out below by code:</p> <p>\$60,032 – MI 12411150 SFY25 STATE DISEASE CONTROL & PREV for 1/1/25-6/30/25</p> <p>\$11,778 – MI 12411235 FFY23 PCHD STD</p>

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>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>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.</p> <p>Contractor must enter all DOH-funded HIV & STI testing data must be entered into Evaluation Web unless written exception is approved.</p> <p>All preliminary positive reports for HIV must be reported to the Office of Infectious disease within 30 days using the Preliminary Positive Reporting Form (provided by DOH).</p> <p>Conduct essential support services screening for a minimum of 85% of testing clients.</p>	<p>Report all preliminary positives for HIV to OID, using the Preliminary Positive Reporting Form.</p>	<p>Report all preliminary positives for HIV to OID within 30 days.</p>	<p>PREV DIS CONTROL CDC for 1/1/25-2/28/25</p> <p>\$46,109 – MI 12411240 FFY24 HI-IMP HIV PREV CDC for 1/1/25-5/31/25</p> <p>\$86,555 – MI 12617523 ADAP STATE (REBATE) for 1/1/25-6/30/25</p> <p>\$43,277 – MI 12618540 FFY24 RW GRANT YEAR REBATE for 1/1/25-3/31/25</p> <p>\$43,277 – MI 12618550 FFY25 RW GRANT YEAR REBATE for 4/1/25-6/30/25</p>
2	<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>Quarterly report information to be gathered via quarterly program meetings with DOH staff.</p>	<p>Scheduled approximately 30 days after each quarter period:</p> <p>April 30, 2025 July 31, 2025</p>	<p>Reimbursement for actual costs incurred, not to exceed:</p> <p>\$15,716 – MI 12411150 SFY25 STATE DISEASE CONTROL & PREV for 1/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<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>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.</p> <p>Document case-based services provided to PWH in Provide data system to support use of Ryan White funds.</p>	<p>All client-level data must be entered into Provide™ within three (3) days of service provision.</p>	<p>Within three (3) days of service provision.</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

1. Definitions

- a. ANONYMOUS SERVICES- HIV Prevention services, including condom distribution and outreach.
- b. CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- c. CONTRACTOR – For the purposes of this Statement of Work only, the entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work, will be referred to as contractor.
- d. HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- e. INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- f. SOCIAL DETERMINANTS OF HEALTH - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- g. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

2. Submission of Invoice Vouchers –

- a. On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this Statement of Work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.

- i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
- ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

3. Program Organization – CONTRACTOR must

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart. Any new positions funded through the original contract funds must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

4. HIV, VIRAL HEPATITIS and STI Testing Services Requirements

- a. HIV testing services must follow [DOH Non-Clinical Integrated Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
- c. VIRAL HEPATITIS testing must follow the Hep C Overview Implementation plan. For more information contact the OID Integrated Testing Coordinator.
- d. Monthly data collection for Hep C testing submitted to DOH, including de-identified negatives reporting, as well as the appropriate case report form to the Local Health Jurisdiction for all HCV positive test results, include rapid positive results. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Integrated Testing Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g. Point of Care HIV, HCV and Syphilis test kits and controls should be procured through DOH. Please contact the DOH OID Integrated Testing Coordinator for more information.
- h. STI (GC/CT) test kits should be procured through PHSKC Lab, Molecular Testing Labs (MTL) and CDD. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
- j. In the event of a standalone HIV test, if STI testing is available at the Contractor's Organization, the reason for no accompanying STI test must be documented. If the Contractor does not offer either STI or VIRAL HEPATITIS testing, a referral for STI and/or VIRAL HEPATITIS testing must be documented.
- k. Contractor will ensure that staff performing HIV, Syphilis and VIRAL HEPATITIS testing are appropriately licensed and available to perform BOTH capillary and venous draws any time testing is being performed. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or MTL.
- l. Staff performing testing education and/or performing testing must have completed DOH-approved training, including DOH's "Integrated Infectious Disease Testing" training. Staff providing STI and Viral Hepatitis testing services must also attend and complete any additional training as determined necessary by DOH.
- m. For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
- n. Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.

- o. Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - p. Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
 - q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
 - r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. For additional information, please contact the DOH OID Integrated Testing Coordinator.
5. **Participation in program evaluation and monitoring activities** – The Contractor is expected to participate in program evaluation and monitoring activities, including evaluation planning, collecting and reporting qualitative and quantitative program data, and 340B medication tracking data, as deemed necessary by OID staff.
6. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of services**
- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
7. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](http://allianceforclas.org)
8. **Participation in Program Monitoring Activities** –
- a. As applicable, DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution program
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
 - vii. Prevention Activities for People Living with HIV
 - viii. HIV/STI Prevention, Treatment, and Surveillance
 - b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in § 200.208. If the Federal awarding agency or pass-through entity determines that

noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

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

9. Contract Management –

a. Fiscal Guidance

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

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

provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

- viii. Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices - <https://watech.wa.gov/policies>.

The Contractor shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the Contractor should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks. Contractor must include, at a minimum, the following assets with unit costs of \$300 or more:

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

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

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

- ix. Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.
- 1) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
 - 2) Food for staff meetings/training is unallowable.

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

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

b. Contract Modifications

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

- 2) Non- LHI Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).

Amendments must be signed prior to the end of the FFY or SFY end date.

EX. FFY end date is 12/31, contract amendment request is due to contract manager by 11/1

10. Content Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health
PO Box 47841
Olympia, WA 98504-7841
Phone: 360-810-1880
Email: Michael.Barnes@doh.wa.gov

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs <https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf>

11. Youth and Peer Outreach Workers

All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

12. Whistleblower

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

13. Allowable Costs

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Infectious Disease-STI Program Expansion -
Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY25 STI PROGRAM EXPANSION PROVISIO	12408850	N/A	334.04.91	01/01/25	06/30/25	0	307,389	307,389
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	307,389	307,389

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Provide targeted HIV/STI/viral hepatitis testing and patient centered education and risk reduction to ensure members of disparately affected communities become aware of their HIV/STI status. Treat people diagnosed with or exposed to STIs per CDC treatment guidelines and/or Washington state guidelines. Refer and, where possible, link or re-link people diagnosed with HIV or viral hepatitis to appropriate continuing medical care and other services. Refer and, where possible, link or re-link people at risk of acquiring HIV/STI/viral hepatitis to appropriate services to support prevention of infection. Where appropriate and available, provide vaccines to people at risk of acquiring vaccine preventable infections.	The LHJ will ensure timely reporting of diagnosed cases and enter all case documentation into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and/or other data systems as appropriate.	Submit all data by the 15 th of each month for the month prior.	Reimbursement of actual costs incurred, not to exceed \$307,389.

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

Program Specific Requirements

Special Requirements, Terms and Conditions

1) Submission of Invoice Vouchers –

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

2) HIV, VIRAL HEPATITIS and STI Testing Services Requirements

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

- n) Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
 - o) Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - p) Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
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 - r) Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners. For additional information, please contact the DOH OID Integrated Testing Coordinator.
- 3) **Participation in program evaluation activities** – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.
- 4) **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**
- a. Opportunities for capacity building and technical assistance for CONTRACTOR will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
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- 6) **Participation in Program Monitoring Activities** –
- Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in § 200.208. If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

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

- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

7) Contract Management –

a) Fiscal Guidance

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

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

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

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

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

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

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

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

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

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

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

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

b) Contract Modifications

- i) Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii) Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendment from DOH.
 - (1) Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
 - (2) Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).
 - (a) Amendments must be signed prior to the end of the FFY or SFY end date.

EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1

8) Whistleblower

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

9) Allowable Costs

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Infectious Disease-Syndemic Prevention Services -
Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" 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 Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID 2024 Syndemic RFA process.

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
FFY24 HI-IMP HIV PREVENTION CDC	12401241	93.940	333.93.94	01/01/25	05/31/25	0	33,334	33,334
SFY25 STD PREVENTION	12408150	N/A	334.04.91	01/01/25	06/30/25	0	26,666	26,666
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	60,000	60,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Community-based integrated infectious disease testing and linkage to services in high-impact settings:</p> <p>Provide education and testing services at sites where medical, diagnostic and/or treatment services are not routinely provided, but where select diagnostic services, including HIV, STI and Viral Hepatitis testing, are offered. Employ strategic targeting & recruitment efforts and service monitoring. The Contractor will use DOH-supported testing technologies that are most sensitive, cost-effective, and feasible. Confidential testing is the default. Incentives for testing services must be pre-approved by the contract manager prior to initiation of such testing. Activities must include the following:</p>	<p>Track and report data for all activity related to this Service Category, within DOH approved data system. Submit monthly data report(s) for HCV and any other rapid testing activities.</p> <p>Quarterly Reports are Required to be submitted - Deliverables for this reporting period will be determined collaboratively with OID staff during first six months of contract period and reported using OID's approved Service Deliverables Grid.</p>	<p>Submit all data by the 15th of each month for the month prior.</p> <p>Quarterly reports are due by the 30th of April, 2025, and July, 2025.</p>	<p>Reimbursement of actual costs incurred, not to exceed \$60,000 based on funding split below:</p> <p>\$33,334 – MI 12401241 FFY24 HI-IMP HIV PREV CDC for 1/1/25-5/31/25</p> <p>\$26,666 – MI 12408150</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Pre-test education describing the tests offered, the testing process, and how results will be provided. • Receipt of informed consent to test from the client. • Post-test education about the meaning of the test results. • Linkage to preventive services (e.g., PrEP, syringe service programs, condoms), as relevant. • Linkage to care services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant. • Appropriate public health reporting of testing to local health jurisdiction. <p>Testing programs should adhere to DOH Non-Clinical Testing Guidance.</p> <p>Integrated infectious disease testing, including HIV, STI and viral hepatitis testing, should be default. Standalone HIV testing will not fulfill SOW requirements (<i>See Section 6(j) below</i>).</p> <p>The Contractor will develop an Integrated Testing Quality Assurance Plan in coordination with OID Integrated Testing Coordinator.</p> <p>The Contractor will conduct monthly data reporting for HIV, STI and HCV testing, and surveillance reporting, using the template(s) provided by OID in accordance with OID reporting guidelines and state notifiable conditions rule.</p> <p>The Contractor will ensure the testing program aligns with the Testing Compliance Checklist at all times with applicable federal, state and local laws/regulations and ensure testing program complies with all DOH/OID test project requirements.</p> <p>The Contractor will provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of testing should be conducted in outreach settings outside of the primary office.</p> <p>The Contractor will provide hours of operation that meet the needs of the population(s) you work for and with. Non-</p>	<p>Submit reviewed and updated Finalized Integrated Testing Quality Assurance Plan annually.</p> <p>Review and update as needed the Performance Objectives & Work Plan that was created in previous contract period and includes:</p> <ul style="list-style-type: none"> • Outcomes aligned with program strategies and activities. • SMART objectives aligned with performance targets • Activities aligned with program outcomes • Timeline for implementation (including staffing of the proposed program, training, etc.) • Anticipated capacity building or technical assistance needs. <p>Achieve a minimum of 50% of established deliverables within the first year.</p> <p>Establish and maintain MOUs/MOAs with key partner agencies in jurisdiction(s) throughout contract period.</p> <p>Participate in monthly program check-ins with OID staff.</p> <p>Participate in collaborative meetings, training, technical assistance, and capacity building activities, as required.</p> <p>Conduct 80% of testing within identified WA State priority population groups.</p> <p>Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis</p>	<p>Integrated Test Quality Assurance Plan due by July 1, 2025.</p> <p>Performance Objectives & Work Plan by January 31, 2025</p> <p>Throughout period of performance.</p> <p>Throughout period of performance.</p> <p>Throughout period of performance.</p> <p>Monthly throughout period of performance.</p> <p>As needed.</p>	<p>SFY25 STD PREVENTION for 1/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>traditional service times are encouraged (e.g., evenings, early morning hours, weekends).</p> <p>The Contractor will work with local health jurisdiction(s) or DOH to acquire and use local data to guide testing approaches and locations and be willing to shift testing locations in response to changes to the syndemic, including supporting infection cluster and outbreak response.</p> <p>The Contractor will review program data on a regular basis, in collaboration with OID staff, and adjust testing efforts as needed (e.g., shifting testing locations to reach priority populations).</p> <p>Priority populations for non-clinical testing services include:</p> <ul style="list-style-type: none"> • People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region. • Gay, bi, and other men who have sex with men. • Gender expansive/transgender individuals. • People who use drugs. • People engaged in sex work. • People experiencing homelessness. <p>The Contractor should partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; and additional health and support services as needed or requested by priority populations. Partnerships should be documented with an MOU/MOA.</p> <p>NOTE: See Special Requirements, Terms and Conditions – Section 4 HIV, VIRAL HEPATITIS and STI Testing Services Requirements</p>	<p>testing across all integrated testing programs.</p> <p>At least 50% of test events must be done through venue-based/ mobile/ outreach-based testing, unless written exception provided by OID.</p> <p>Please note: This task requires client level data to be entered into Provide, EvaluationWeb, or OID-approved EMR/EHR.</p>	<p>Throughout period of performance.</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, Terms and Conditions

1. Definitions

- a. ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- b. CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- c. CONTRACTOR – For the purposes of this Statement of Work Only, the entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- d. HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- e. INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- f. SOCIAL DETERMINANTS OF HEALTH - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- g. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

2. Submission of Invoice Vouchers

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

3. Program Organization – CONTRACTOR must

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart. Any new positions funded through the original contract funds, must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

4. HIV, VIRAL HEPATITIS and STI Testing Services Requirements

- a. HIV testing services must follow [DOH Non-Clinical Integrated Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).

- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (e.g.: all tests conducted in January but be entered by February 10th).
- c. VIRAL HEPATITIS testing must follow the Hep C Overview Implementation plan. For more information contact the OID Integrated Testing Coordinator.
- d. Monthly data collection for Hep C testing submitted to DOH, including de-identified negatives reporting, as well as the appropriate case report form to the Local Health Jurisdiction for all HCV positive test results, include rapid positive results. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Integrated Testing Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g. Point of Care HIV, HCV and Syphilis test kits and controls should be procured through DOH. Please contact the DOH OID Integrated Testing Coordinator for more information.
- h. STI (GC/CT) test kits should be procured through PHSKC Lab, Molecular Testing Labs (MTL) and CDD. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
- j. In the event of a standalone HIV test, if STI testing is available at the Contractor's Organization, the reason for no accompanying STI test must be documented. If the Contractor does not offer either STI or VIRAL HEPATITIS testing, a referral for STI and/or VIRAL HEPATITIS testing must be documented.
- k. Contractor will ensure that staff performing HIV, Syphilis and VIRAL HEPATITIS testing are appropriately licensed and available to perform BOTH capillary and venous draws any time testing is being performed. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or MTL.
- l. Staff performing testing education and/or performing testing must have completed DOH-approved training, including DOH's "Integrated Infectious Disease Testing" training. Staff providing STI and Viral Hepatitis testing services must also attend and complete any additional training as determined necessary by DOH.
- m. For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
- n. Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
- o. Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
- p. Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
- q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
- r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in Evaluation Web. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners. For additional information, please contact the DOH OID Integrated Testing Coordinator.

5. Performance Objectives & Work Plan:

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the first year of the contract period. The work plan should incorporate related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance

outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.

- b. The applicant should address the following outline in their work plan:
 - i. Contract Year 1 Detailed Work Plan (For each funded service category)
 - ii. Program strategies and activities
 - iii. Outcomes aligned with program strategies and activities
 - iv. SMART objectives aligned with performance targets
 - v. Activities aligned with program outcomes
 - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
 - vii. Anticipated capacity building or technical assistance needs.
- c. Performance Objectives & Work Plans should be submitted by July 1, 2024.
- d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
- e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

6. Participation in program evaluation activities – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.

7. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services

- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
- b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
- c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.

8. CLAS Standards – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](https://allianceforclas.org/)

9. Participation in Program Monitoring Activities –

- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution programs
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in § 200.208. If the Federal awarding agency or pass-through entity determines that

noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

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

10. Contract Management –

a. Fiscal Guidance

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

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

- viii. Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices - <https://watech.wa.gov/policies>.

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

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

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

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

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

- ix. Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.
- 1) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
 - 2) Food for staff meetings/training is unallowable.

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

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

11. Content Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health
PO Box 47841
Olympia, WA 98504-7841
Phone: 360-810-1880
Email: Michael.Barnes@doh.wa.gov

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs <https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf>

12. Youth and Peer Outreach Workers

All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

13. Whistleblower

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

14. Allowable Costs

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Injury & Violence Prevention-LHJ Opioid Campaign
Proviso – Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: Opioid abatement settlement account—state appropriation is provided solely for the department to administer grants to local health jurisdictions for opioid and fentanyl awareness, prevention, and education campaigns.

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
SFY25 LHJ OPIOID CAMPAIGN PROVISIO	77550853	N/A	334.04.93	01/01/25	06/30/25	0	31,500	31,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	31,500	31,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	The LHJ will have a kickoff marketing/ planning meeting with 3 community members and brainstorm the development of the program and the possible contributions of art and messaging.	<ul style="list-style-type: none"> The agenda for the kickoff/planning meeting. How were the community members picked? Notes from the meeting. How the messaging and art are chosen. 	Monthly progress reports to DOH for updates on the implementation of all tasks. Due Dates: January due February 1, 2025. February due March 1, 2025 March due April 1, 2025 April due May 1, 2025 May due June 1, 2025 All June due June 30, 2025	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$31,500 through June 30, 2025.
2	The LHJ will refresh the top 5 performance ads from the previous year in English and Spanish across social media.	<ul style="list-style-type: none"> The progress of the refresh timeline. What digital source is being used? Source of printed materials. Targeted areas. 		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	The LHJ will Produce two (2) 15-second user-generated- videos 1 interview in Spanish and 1 interview in English.	<ul style="list-style-type: none"> What kinds of messaging was developed Target areas to be reached. Message source. Picking of the people interviewed and topics they spoke of. 		
4	: The LHJ will develop 4-5 Vietnamese ads (paid media activation to be determined)	<ul style="list-style-type: none"> Development of an ad campaign The types of messaging being developed and goals of this messaging How messaging is being tailored for that specific groups 		
5	The LHJ will purchase advertising placement across digital and social media platforms in 3 languages, Spanish, Vietnamese and English.	<ul style="list-style-type: none"> Development of an ad campaign The types of messaging being developed and goals of this messaging What social media platforms are being used? How messaging is being tailored for specific groups 		
6	The LHJ will report, analyze, and an optimization report of the paid digital and social media platforms.	<ul style="list-style-type: none"> Source of data Areas that were checked and targeted Outcome of data 		

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

Program Specific Requirements

Billing Requirements:

DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher. DOH must receive all complete final invoices within 60 days of the end of the budget period for this statement of work.

Special Instructions:

This SOW is the Consolidated Contracts period 2025-2027 that ends on June 30, 2025. Activities and due dates in this SOW are for the state fiscal year 25 that ends on 6/30. The budget allocation in this contract reflects a portion of the total budget shown in the below budget table.

Budget Table

Line Item	Allocation	Justification
Subcontracts	\$50,910	Contractor: Quinn Thomas Scope of Work: Creative Deliverables, and Account Management + Community Engagement.
Administrative costs/indirect	\$5,090	10% indirect cost
TOTAL	\$56,000	

The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

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: 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
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25 09/30/25	0	333,660	333,660
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	333,660	333,660

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 from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				See Program Specific Requirements and Special Billing Requirements.
Implementation				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
MCHBG Assessment and Evaluation				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.

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:

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

Program Manual, Handbook, Policy References:

CYSHCN Information and Resources:

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

[Health Services Authorization \(HSA\) Form](#)

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

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

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

Check-ins with DOH Community Consultant as needed.

Billing Requirements:

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

Special Instructions:

Contact DOH Community Consultant for approval of expenses not reflected in approved budget workbook.

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

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

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

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

Revision Purpose: 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
PS SSI2 SUB AWARD MANAGEMENT TASK 3	261K1213	66.123	333.66.12	01/01/25	07/30/27	0	75,000	75,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	75,000	75,000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

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

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

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

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

Billing Requirements:

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

Special Instructions:

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

Program Specific Requirements/Narrative:

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

EPA Terms and Administrative Conditions

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

Administrative Conditions

National Administrative Terms and Conditions General Terms and Conditions

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

The subrecipient agrees to comply with the current EPA general terms and conditions available at: https://www.epa.gov/system/files/documents/2022-9/fy_2022_epa_general_terms_and_conditions_effective_october_1_2022_or_later.pdf

These terms and conditions are binding for disbursements and are in addition to or modify the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award. The EPA repository for the general terms and conditions by year can be found at: <https://www.epa.gov/grants/grant-terms-and-conditions#general>.

Programmatic Conditions

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

A. Semi-Annual Performance Reports

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

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

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

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

B. Final Performance Report

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

C. Program Income – Addition

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

D. Information Collection Requirements

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

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

E. Recognition of EPA Funding

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

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

F. Annual Conferences

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

G. Peer Review

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

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

In accordance with Agency Policy Directive Number FEM-2012-02, Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements, subrecipient shall maintain competency for the duration of the project period of this agreement and this will

be documented during the annual reporting process. A copy of the Policy is available online at <http://www.epa.gov/fem/lab> or a copy may also be requested by contacting the NEP contract manager for this award.

Federal Assistance Agreement Funds Up To \$200,000

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

I. WQX Requirement

Subrecipients are required to institute standardized reporting requirements into their work plans and include such costs in their budgets. All water quality data generated in accordance with an EPA approved Quality Assurance Project Plan as a result of this assistance agreement, either directly or by subaward, will be required to be transmitted into the Water Quality Portal (WQP) using either WQX or WQX web. Water quality data appropriate for the Water Quality Portal (WQP) include physical, chemical, and biological sample results for water, sediment and fish tissue. The data include toxicity data, microbiological data, and the metrics and indices generated from biological and habitat data. The Water Quality Exchange (WQX) is the water data schema associated with the EPA, State and Tribal Exchange Network. Using the WQX schema partners map their database structure to the Water Quality Portal structure. WQX web is a web-based tool to convert data into the WQX format for smaller data generators that are not direct partners on the Exchange Network. More information about WQX, WQX web, and the Water Quality Portal, including tutorials, can be found at <https://www.epa.gov/waterdata/water-quality-data-wqx>

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

J. Riparian Buffers

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

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

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

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

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

L. Geospatial Data Standards

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

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

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

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

- a. The chief executive officer of this subrecipient agency shall ensure that no grant funds awarded under this assistance agreement are used to engage in lobbying of the Federal Government or in litigation against the U.S. unless authorized under existing law. The subrecipient shall abide by the Cost Principles available at 2 CFR 200 which generally prohibits the use of federal grant funds for litigation against the U.S. or for lobbying or other political activities.
- b. The subrecipient agrees to comply with Title 40 CFR Part 34, New Restrictions on Lobbying. The recipient shall include the language of this provision in award documents for all subawards exceeding \$100,000, and require that subrecipients submit certification and disclosure forms accordingly.
- c. In accordance with the Byrd Anti-Lobbying Amendment, any subrecipient who makes a prohibited expenditure under Title 40 CFR Part 34 or fails to file the required certification or lobbying forms shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.
- d. Contracts awarded by a subrecipient shall contain, when applicable, the anti-lobbying provision as stipulated in the Appendix II to Part 200—Contract Provisions for Non-Federal Entity Contracts Under Federal Awards.
- e. Pursuant to Section 18 of the Lobbying Disclosure Act, the subrecipient affirms that it is not a nonprofit organization described in Section 501(c)(4) of the Internal Revenue Code of 1986; or that it is a nonprofit organization described in Section 501(c)(4) of the Code but does not and will not engage in lobbying activities as defined in Section 3 of the Lobbying Disclosure Act. Nonprofit organizations exempt from taxation under section 501(c)(4) of the Internal Revenue Code that engage in lobbying activities are ineligible for EPA subawards.

O. EPA's Substantial Involvement

EPA will be substantially involved in this project by participating in the following activities: (1) Within the first nine months of the project, EPA reserves the right to negotiate work plan and budget; (2) monitor the project management and execution throughout the assistance agreement's project and budget period; (3) provide

technical assistance and coordination as requested or needed by the subrecipient; and (4) review and approve technical deliverables, including 30-day preaward review of subaward agreements to ensure consistency with the collaborative intent of the National Estuary Program.

P. Quality Assurance Requirements (2 CFR 1500.11)

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

Q. ULO Stretch Goal:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOR STATE CONTINUING ENVIRONMENTAL PROGRAM GRANT SUBRECIPIENTS EXCLUDING STATE UNIVERSITIES: If the state maintains systems capable of complying with federal grant regulations at 2 CFR 200.432 and 200.438, EPA has waived the prior approval requirements for the use of EPA funds for light refreshments and/or meals served at meetings, conferences, and training, as described above. The state may follow its own procedures without requesting prior approval from EPA. However, notwithstanding state policies, EPA funds may not be used for (1) evening receptions, or (2) other evening events

(with the exception of working meetings). Examples of working meetings include those evening events in which small groups discuss technical subjects on the basis of a structured agenda or there are presentations being conducted by experts. EPA funds for meals, light refreshments, and space rental may not be used for any portion of an event (including evening working meetings) where alcohol is served, purchased, or otherwise available as part of the event or meeting, even if EPA funds are not used to purchase the alcohol. By accepting this award, the state is certifying that it has systems in place (including internal controls) to comply with the requirements described above.

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

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of Drinking Water Group A Program -
Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through December 31, 2027

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
SANITARY SURVEY FEES	24112522	N/A	346.26.65	01/01/25	06/30/25	0	4,400	4,400
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	4,400	4,400
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	4,000	4,000
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	12,800	12,800

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p>

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

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$8,800 for Task 1**, and **\$4,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

Special Instructions

Task 1

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

- No more than **0** surveys of non-community systems with three or fewer connections be completed between January 1, 2025 and December 31, 2025.
- No more than **11** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2025 and December 31, 2025.

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

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

This Statement of Work includes 40% of the total allocation of these funds. Once all invoices from the July - December 2024 Statement of Work have been submitted and paid, any funds remaining from the previously awarded 60% will be added in an amendment to this January - June 2025 Statement of Work.

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

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	01/01/25	06/30/25	0	214,127	214,127
FFY24 PHEP CRI BP1 - CDC - LHJ PARTNERS	31607242	93.069	333.93.06	01/01/25	06/30/25	0	69,125	69,125
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	283,252	283,252

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
1 Contact Information Framework 2 – Enhance Partnerships	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.	Submit any changes within 30 days of the change. End-of-year reports on template provided by DOH. Note any changes or no changes.	Within 30 days of the change. June 30, 2025	Reimbursement for actual costs not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
2 LHJ Performance Measures Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements. Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ. DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
5 Planning Framework 4 – Improve administrative and budget preparedness systems Framework 8 –	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles. Including (but not limited to): <ul style="list-style-type: none"> • Administrative preparedness plans. • Recovery operations. • Incident response improvement plan data elements. 	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
Incorporate health equity practices				
6 Planning - IPPW Framework 2 – Enhance Partnerships Framework 5 – Build workforce capacity Framework 10 – Prioritize community recovery efforts	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs. Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	End-of-year reports on template provided by DOH. Participation in IPPW.	June 30, 2025	
7 Communication & Planning Framework 7 – Strengthen risk communication activities	Develop or update crisis and emergency risk communication and information dissemination plans.	End-of-year reports on template provided by DOH.	June 30, 2025	
8 Training Framework 5 – Build workforce capacity	Complete training to ensure baseline competency and integration with preparedness requirements. Participate in at least one public health emergency preparedness, response, or recovery training. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement. Work with Public Health Emergency Response Coordinators to review public health preparedness and response plans and identify gaps, priorities, and training needs. Integrate administrative and budget preparedness recommendations into training.	End-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>Recommended Training:</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> • Incident Command System (ICS) 100: Introduction to ICS • ICS 700: An Introduction to the National Incident Management System (NIMS) • ICS 800: National Response Framework. An Introduction • IS-120.C: An Introduction to Exercise • IS-2900.A: National Disaster Recovery Framework (NDRE) Overview • Homeland Security Exercise and Evaluation Program • Preparation for Resource Providers <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> • ICS 200: Basic ICS for Initial Response • Independent Study (IS)-2200: Basic Emergency Operations Center Functions <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> • ICS 300: Intermediate ICS for Expanding Incidents • Crisis and Emergency Risk Communication (CERC) <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> • ICS 400: Advanced ICS <p>Notes:</p> <p>Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>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.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
9 Exercising Framework 2 – Enhance Partnerships Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Participate in at least one exercise by June 30, 2025. <ul style="list-style-type: none"> • Include critical response and recovery partners. • Engage partners to incorporate health equity principles. • Integrate administrative and budget preparedness recommendations. • Complete AAR/IP for the exercise by June 30th, 2025. Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.	End-of-year reports on template provided by DOH. Improvement Plans available upon request.	June 30, 2025	
10 Communication & Exercising Framework 7 – Strengthen risk communication activities	Identify and implement communication monitoring media relations, and digital communication strategies in exercises. Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.	End-of-year reports on template provided by DOH.	June 30, 2025	
11 MCM – Non-CRI LHJs Framework 1 – Develop threat-specific approach Framework 10 – Prioritize community recovery efforts	Note: This activity applies to non-CRI LHJs only. Maintain ability to procure, store, manage, and distribute medical materiel. Maintain ability to dispense and administer medical countermeasures (MCM). Attend an MCM quarterly meeting for the non-CRI LHJs. Continue to show capabilities by submitting updated MCM plans as needed.	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
12 DOH Duty Officer Framework 7 – Strengthen risk communications activities	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. Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.	End-of-year reports on template provided by DOH.	June 30, 2025	
13 WASECURES Framework 7 – Strengthen risk communication activities	Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system. Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system. Notes: <ul style="list-style-type: none"> • Registered users must log in (or respond to an alert) 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. 	End-of-year reports on template provided by DOH.	June 30, 2025	
14 Communication & Communities of Focus Framework 10 – Prioritize community recovery efforts	Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster. DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.	End-of-year reports on template provided by DOH.	June 30, 2025	
15 Healthcare Coalition (HCC) Participation Framework 3 – Expand local support	During each reporting period (Jul – Dec and Jan- Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> • Meetings • Communication 	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Planning • Training • Exercises 			
CRI 1 Framework 5 – Build workforce capacity	Participate in required exercises per PHEP Notice of Funding Opportunity (NOFO) hosted by DOH, or other LHJ exercises or host their own exercise. Participate in at least one discussion based drill by 6/30/2025. Discussion Based <ul style="list-style-type: none"> • Admin Preparedness • Biological Incident • Chemical Incident • Radiological/Nuclear Incident • Natural Disasters • Capstone (100): Discuss what elements are necessary for a full-scale exercise based on risk assessment Operations Based <ul style="list-style-type: none"> • Capstone (200) Drill: Operation or function necessary for capstone (400) • Critical Contacts Drill • Inventory Data Exchange Drill • Functional Biological Incident (200) • Functional Capstone (300): Validate multiple response capacities required for capstone (400) • Full-Scale Exercise Capstone (400) 	End-of-year reports on template provided by DOH.	June 30, 2025	
CRI 2 Framework 7 – Strengthen risk communication activities Framework 8 – Health Equity	Include the following in exercises: <ul style="list-style-type: none"> • Communication surveillance, media relations, and digital communication strategies. • Health equity that prioritizes communities of focus identified in the risk assessment and preparedness plans. 	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
CRI 3 Framework 7 – Strengthen risk communication activities	Coordinate with DOH on Risk Assessment that includes public health and communities of focus when available and/or requested.	End-of-year reports on template provided by DOH.	June 30, 2025	
CRI 4 Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Create training materials or attend an approved training related to medical countermeasures. Work with DOH training and exercise team to develop tools to support MCM plans. Provide example training materials for Local Health Jurisdictions that can be developed into a template for all LHJs to apply. Verify that key LHJ staff, involved in an MCM response including the local health officer, and leadership staff are trained to implement the jurisdiction MCM plan. Require MCM coordinators and MCM logistics staff support in CRI jurisdictions to complete the CDC Strategic National Stockpile (SNS) training.	End-of-year reports on template provided by DOH.	June 30, 2025	
CRI 5 Framework 1 – Develop threat specific approach Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Create, update, and maintain public health medical countermeasures (MCM) plans for their LHJ.	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
CRI 6 Framework 2 – Enhance partnerships Framework 5 – Build workforce capacity	Participate in DOH-hosted quarterly CRI conference calls, if available.	End-of-year reports on template provided by DOH.	June 30, 2025	
CRI 7 Framework 2 – Enhance partnerships Framework 3 – Expand local support Framework 5 – Build workforce capacity	Participate in the DOH Integrated Preparedness Plan Workshop (IPPW) as it applies to the CRI work. The IPPW is scheduled for early 2025.	End-of year report	June 30, 2025	

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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

Special Requirements:

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work:

Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.
DOH will provide a copy.

Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations
[Implementing Public Health Response Readiness Framework | State and Local Readiness | CDC](#)

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health
[Public Health Emergency Preparedness and Response Capabilities | State and Local Readiness | CDC](#)

2024 PHEP Cooperative Agreement Guidance/Budget Period 1

[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC](#)

Follow all Federal requirements for use of Federal funds:

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

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

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

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

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

BILLING:

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

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

- If invoices include indirect costs, there must be a DOH approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Recreational Shellfish Activities -
Effective January 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

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
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	01/01/25	06/30/25	0	3,000	3,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	3,000	3,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Conduct emergency biotoxin sampling when needed. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. Issue biotoxin news releases during biotoxin closures in Snohomish County. This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 18, 2025 (See Special Instructions below.)	\$2,900

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Outreach <ul style="list-style-type: none"> • Staff educational booths at local events. • Distribute safe shellfish harvesting information. 	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 18, 2025 (See Special Instructions below.)	\$100

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

Department of Health's Biotoxin Monitoring Plan

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

Chapter 246-280 WAC

<https://doh.wa.gov/community-and-environment/shellfish/recreational-shellfish>

<https://doh.wa.gov/about-us/programs-and-services/environmental-public-health/environmental-health-and-safety/about-shellfish-program/about-biotoxins-and-illness-prevention-program>

Special Instructions:

Report for work performed in 2024 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 18, 2025.

The report format will be provided by DOH and may be modified throughout the period of performance via email announcement.