

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

**CONTRACT NUMBER: CLH31027**

**AMENDMENT NUMBER: 13**

**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.


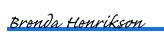
**IT IS MUTUALLY AGREED:** That the contract is hereby amended as follows:

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:
  - Amends Statements of Work for the following programs:  
 Foundational Public Health Services (FPHS) - Effective July 1, 2022  
 Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022  
 Zoonotic Disease Program-WNV Mosquito Surveillance - Effective June 1, 2022
  - Deletes Statements of Work for the following programs:
2. Exhibit B-13 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-12 Allocations as follows:
  - Increase of **\$353,000** for a revised maximum consideration of **\$24,421,617**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  <small>Lacey Harper (Jun 27, 2023 11:20 PDT)</small>	Signature:  <small>Brenda Henriksen (Jun 27, 2023 11:44 PDT)</small>
Date: Jun 27, 2023	Date: Jun 27, 2023

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Snohomish County Health Department

EXHIBIT B-13  
ALLOCATIONS  
Contract Term: 2022-2024

Page 2 of 17  
Contract Number:  
Date: April 1, 2023

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%  
Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimis

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period			
					Start Date	End Date	Start Date	End Date		
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5, 11	21.027	333.21.02	01/01/22	06/30/23	01/01/22	06/30/23	\$684,964	\$684,964
LHJ Vaccination ARPA	<b>SLFRP0002</b>	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$80,500	\$80,500
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$78,676	\$131,504
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$52,828	\$52,828
FFY22 PHEP CRI BP4	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$146,153	\$146,153
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$535,318	\$749,445
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$214,127	\$214,127
FFY23 TB Elimination-FPH	<b>NU52PS910221</b>	Amd 11	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$97,815	\$193,264
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449
FFY22 TB Uniting for Ukraine Supp	<b>NU52PS910221</b>	Amd 12	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$100,000	\$143,542
FFY22 TB Uniting for Ukraine Supp	<b>NU52PS910221</b>	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$43,542	\$43,542
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$59,687	\$209,687
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000	\$150,000
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175	\$113,175
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$22,748	\$2,092,701
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953	\$2,069,953
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$2,865,603
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603	\$2,860,603
Improving Vaccinations AA1	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$42,840	\$42,840
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$21,500	\$80,512
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$20,793	\$20,793
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$38,219	\$38,219
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$74,468	\$74,468
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$45,150	\$50,066
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$4,916	\$4,916
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$44,632)	\$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$5,736,112	\$5,736,112

**EXHIBIT B-13  
ALLOCATIONS**

Page 3 of 17  
Contract Number: CLH31027  
Date: April 1, 2023

Snohomish County Health Department

Contract Term: 2022-2024

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%  
Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimis

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Start Date	LHJ Funding End Date	Chart of Accounts Funding Start Date	Chart of Accounts Funding End Date			
FFY21 NH & LTC Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY21 SNF Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
<b>FFY23 Vector-borne T2&amp;3 Epi ELC FPH</b>	<b>NGA Not Received</b>	<b>Amd 13</b>	<b>93.323</b>	<b>333.93.32</b>	<b>08/01/23</b>	<b>09/30/23</b>	<b>08/01/23</b>	<b>09/30/23</b>	<b>\$1,200</b>	<b>\$1,200</b>	<b>\$6,000</b>
<b>FFY22 Vector-borne T2&amp;3 Epi ELC FPH</b>	<b>NU50CK000515</b>	<b>Amd 13</b>	<b>93.323</b>	<b>333.93.32</b>	<b>08/01/22</b>	<b>07/31/23</b>	<b>08/01/22</b>	<b>07/31/23</b>	<b>\$1,800</b>	<b>\$3,300</b>	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,500	\$1,500	\$1,500
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	\$1,500
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$10,379	\$10,379	\$10,379
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000	\$200,000	\$200,000
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 2, 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000		
FFY23 HIV Prev Grant -FPH	<b>NU62PS924528</b>	Amd 7	93.940	333.93.94	01/01/23	06/30/23	01/01/23	12/31/23	\$55,331	\$55,331	\$165,993
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	07/01/22	12/31/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY23 STD Prev PCHD-FPH	<b>NH25PS005146</b>	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$35,250	\$35,250	\$105,750
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY23 STD Prev Supplemental [PCHD]	<b>NH25PS005146</b>	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$173,112	\$173,112	\$507,676
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$173,111	\$173,111	
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453	
FFY23 MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$444,879	\$444,879	\$444,879
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$0	\$0	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659	\$333,659	
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$352,122	\$352,122	\$352,122
State Disease Control & Prev-FPH		Amd 7	N/A	334.04.91	07/01/22	12/31/22	07/01/21	06/30/23	\$151,496	\$151,496	\$244,293
State Disease Control & Prev-FPH		Amd 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$32,765	\$92,797	
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$60,032	\$60,032	
SPY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$14,658	\$14,658	\$14,658
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,000	\$10,000	\$10,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$60,000	\$60,000	\$75,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$15,000	\$15,000	

**EXHIBIT B-13  
ALLOCATIONS**

Page 4 of 17  
Contract Number: CLJH31027  
Date: April 1, 2023

Snohomish County Health Department

Contract Term: 2022-2024

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%  
Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Start Date	LHJ Funding End Date	Chart of Accounts Funding Start Date	Chart of Accounts Funding End Date			
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625	\$7,625
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858	\$27,706
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848	\$11,990
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$7,858	\$7,858	\$7,858
<b>FPHS-LHJ-Proviso (YR2)</b>		<b>Amd 13</b>	<b>N/A</b>	<b>336.04.25</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/21</b>	<b>06/30/23</b>	<b>\$350,000</b>	<b>\$5,566,000</b>	<b>\$8,716,000</b>
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$5,216,000		\$5,216,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$3,150,000)	\$0	(\$3,150,000)
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000		\$3,150,000
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000	\$3,150,000
YR25 SRF - Local Asst (15%) (FO-NW) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$6,000	\$6,000	\$11,200
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	\$1,600
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		\$3,600
Sanitary Survey Fees (FO-NW) SS-State		Amd 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$6,000	\$11,200	\$11,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 2, 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$1,600		\$1,600
Sanitary Survey Fees (FO-NW) SS-State		Amd 1, 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$3,600		\$3,600
YR25 SRF - Local Asst (15%) (FO-NW) TA		Amd 12	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	\$6,000
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	\$2,000

<b>TOTAL</b>									<b>\$24,421,617</b>	<b>\$24,421,617</b>	<b>\$24,421,617</b>
<b>Total consideration:</b>										<b>GRAND TOTAL</b>	<b>\$24,421,617</b>
<b>GRAND TOTAL</b>										<b>Total Fed</b>	<b>\$14,890,699</b>
										<b>Total State</b>	<b>\$9,530,918</b>

\*Catalog of Federal Domestic Assistance  
\*\*Federal revenue codes begin with "333". State revenue codes begin with "334".

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

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

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

**Contract Number:** CLH31027

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

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
---	---	---

**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

**Revision Purpose:** The purpose of this revision is to update allocation to match actual funds requested and distributed for SFY23. Task #1 increased by \$350,000 due to reallocation of unspent funds from other LHJs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FPHS - LHJ - Proviso (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	5,216,000	350,000	5,566,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>5,216,000</b>	<b>350,000</b>	<b>5,566,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<u>FPHS funds to each LHJ</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	<del>\$2,956,000</del> <b>\$3,306,000</b>
2	<u>Assessment funds to each LHJ</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	<u>Assessment funds to each LHJ – CHA/CHIP</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$164,000
5	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$1,079,000
6	<b>CD – TB – Part 2</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$50,000
7	<b>MCH – Child Death Review</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$158,000
8	<b>Lifecourse – Infrastructure &amp; Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$719,000

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

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

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPHS Policy Advisor, WSALPHO – [cgoodwin@wsac.org](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171
- ~~For other questions:~~
  - ~~Marie Flake, FPHS Lead, DOH – [marie-flake@doh.wa.gov](mailto:marie-flake@doh.wa.gov), 360-951-7566~~

#### **Program Specific Requirements**

The Steering Committee is engaged in a long-term, multi-biennial, phased, building-block approach to full funding and implementation of of FPHS statewide that includes:

- Full funding of FPHS with adequate, dedicated, stable funding that keeps pace with inflation and demand for services
- Full implementation of FPHS that includes system transformation and modernization to deliver services in the most equitable, effective, and efficient manner possible for the funds available

Foundational Public Health Services Definitions and related information can be found here: [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs) or [FPHS | Powered by Box](#).

**Stable funding and an iterative decision-making process** – The FPHS Steering Committee is the decision making body for FPHS. The Steering Committee provides oversight including determination of goals, priorities, budget request, funding allocation and accountability metrics. The Steering Committee relies on FPHS Subject Matter Expert (SME) Workgroups and other FPHS workgroups to ensure a collaborative, systemwide, decision making process. The Steering Committee use an iterative approach to decision making. This means that 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.

**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. FPHS funds can be applied retroactively to expenditures within the SFY for which they were allocated even if the expenditure occurred before the Steering Committee made the allocation decision or the agency contract was signed.

SFYs are named for the year in which they end. The state biennium is named for the year in which it begins and ends.

- SFY22 (July 1, 2021 – June 30, 2022); half of annual FPHS allocation disbursed July 1, 2021 and January 1, 2022
- SFY23 (July 1, 2022 – June 30, 2023); half of annual FPHS allocation disbursed July 1, 2022 and January 1, 2023
- SFY 22 & 23 comprise the 2021 – 2023 Biennium (21-23)

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

The Consolidated Contract (ConCon) is based on the calendar year and renewed every 3 years. FPHS statements of work may include reference information such as allocations, fund disbursement schedules, deliverable due dates, etc. that fall outside of the current 3-year contract period if they are part of the same state fiscal year. The purpose for including this information in the ConCon is to provide a) historical information from the previous ConCon cycle; and/or b) prospective information about future ConCon cycle, if they are part of the same SFY.

**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.

**Spending of FPHS funds** – The FPHS funds are for assuring FPHS services are available, and as reflected in the SOW. Each agency is responsible for deciding how to spend their funds within the parameters established by the FPHS Steering Committee and the SOW contract. Assurance includes providing the 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.

**Deliverables** – FPHS funds are to be used to increase the availability of FPHS services statewide. The FPHS accountability process measures how funds are sent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. Each part of the governmental public health system that receives FPHS funds must complete:

1. Routine reporting of spending and spending projections. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.  
  
Unspent or projected unspent funds may be reallocated by the Steering Committee to other FPHS activities in order to fully utilize funds within the state fiscal year timeframe to deliver services to Washington communities. Any FPHS funds unspent at the end of the state fiscal year (ending June 30) revert to the state treasury. Because LHJs receive funds up front, prospectively, any unspent funds and must be returned to DOH by end of July of each year for DOH to return to the Office of Financial Management.
2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs).

**BARS Revenue Code:** 336.04.25

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

**562.xx** BARS Expenditure Codes for FPHS activities: see below

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

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

**336.04.24 – County Public Health Assistance**

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



**336.04.25 – Foundational Public Health Services**

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

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: [www.doh.wa.gov/lhjfunding](http://www.doh.wa.gov/lhjfunding)

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

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

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

**Activity Special Instructions:**

**1. FPHS funds to each LHJ**

These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds may be used to provide any of the activities described in the most current version of FPHS definitions for foundational programs and foundational capabilities. 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.

Even if FPHS services are provided by another agency through a contract, new service delivery model, or centralized service delivery model (such as the State Public Health Lab), all agencies that receive FPHS funds are responsible for reporting progress on the availability and implementation within their jurisdiction using the FPHS Annual Assessment.

These funds are not intended for fee-based services such as selected environmental public health services, licensing of healthcare facilities, screening of newborn babies for congenital disorders, etc. 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.

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

**Pandemic Response** – These FPHS funds are to be used as directed and allocated by the FPHS Steering Committee to deliver FPHS services. As the global COVID-19 pandemic and the public health response to it continues to wane, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 6/30/23. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

**2. Assessment funds to each LHJ – (FPHS definition G.2)**

These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction – Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

**3. Assessment funds to each LHJ – CHA/CHIP (FPHS definitions G.3)**

These funds are allocated to each LHJ to assure FPHS are available in their own jurisdiction – 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. CD – Hepatitis C (FPHS definitions C.4.0-p)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions – Address Hepatitis C cases per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. Use BARS expenditure codes: 562.24.

The priorities for the 2021-2023 biennium (July 2021 – June 2023):

- Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.
- Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population and incorporate Hepatitis B work.

**5. CD – Case investigation Capacity (FPHS definitions C.2, C. 4)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions - 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.

**6. CD – TB – Part 2 (FPHS definition C.4.q-v)**

Funding allocated to LHJs with high Tuberculosis (TB) burden - 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. Use BARS expenditure codes: 562.23.

**7. 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 operating costs for 9 LHJs. Use BARS expenditure codes: 562.60.

**8. Lifecourse – Infrastructure & Workforce Capacity** (FPHS definitions D, E, F)

These funds are to each LHJ to assure FPHS are available in their own jurisdictions - 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 or 70 or 80.

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

**DOH Program Name or Title:** Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022      **Local Health Jurisdiction Name:** Snohomish County Health Department      **Contract Number:** CLH31027

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

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

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

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

**Revision Purpose:** The purpose of this revision is to remove contingency language around naloxone purchase. Program specific requirements like restrictions on funds and billing requirements have been updated.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change None	Total Allocation
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22 08/31/23	209,687	0	209,687
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>209,687</b>	<b>0</b>	<b>209,687</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Maintain current partnerships with Providence Regional Medical Center Everett, and Swedish Edmonds for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the OD2A logic model.	Quarterly progress reports to DOH for all tasks.  Due Dates: September-November due December 9, 2022. December-February due March 10, 2023. March-May due June 9, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Total of all invoices will not exceed \$209,687 through August 31, 2023.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	<p>Strategy 5: Maintain involvement and leadership roles in ESF #8 – Public Health &amp; Medical Services and ESF #15 – External Affairs within the Snohomish County Opioid Response Multi-Agency Coordination (MAC) Group. The LHJ will continue to be a key partner in capacity building, sharing lessons learned, and other information with cities, counties, and the state, as well as public health and public safety counterparts throughout the country.</p> <p>Utilize data collected through the MAC Group and additional partners, such as hospitals, DOH, ODMAP, first responders, treatment providers and the local syringe exchange to develop joint prevention and response strategies focused on decreasing the rate of hospital emergency department (ED) visits and deaths due to opioid misuse or opioid use disorder and increasing the provision of evidence-based services.</p> <p>Extend annual contracts for the maintenance, development, and hosting of the county’s opioid data dashboard.</p>	<p>Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes. What information has been shared with partners? Demonstrate how work aligns with the OD2A logic model.</p> <p>Provide the prevention and response strategies being developed with partners. Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes. Share data informed findings, recommendations, and next steps. Demonstrate how work aligns with the OD2A logic model.</p> <p>Share updates and developments with the county’s dashboard. Demonstrate how data informs Snohomish County overdose prevention activities and how work aligns with the OD2A logic model.</p>	<p>June-August final report for this funding period due September 29, 2023.</p>	<p>(See Special Billing Requirements below.)</p>
3.	<p>Strategy 9: Develop prevention and harm reduction messaging and advertising with the Snohomish Overdose Prevention branding, such as hosting and maintaining our website, creating and boosting social media posts, and paying for billboards/bus advertisements.</p> <p>Translate prevention and harm reduction messaging online and in the community into the most commonly spoken languages in Snohomish County to increase the accessibility of opioid-related information and resources.</p>	<p>Progress report: Share updates and developments with the Snohomish Overdose Prevention website, social media posts, and paid advertisements. Demonstrate how work aligns with the OD2A logic model.</p>		
4.	<p>Strategy 5: Provide ongoing support to build an overdose fatality review (OFR) committee. The LHJ is in the early stages of establishing the structure of the OFR committee, and the partnerships with agencies that will comprise the review committee, as we now have the support of state legislation and resources with the Department of Health.</p>	<p>Progress report: Report on process and progress of establishing OFR committee. Once established, record # of OFRs completed, findings, recommendations, and next steps. Demonstrate how work aligns with OD2A logic model.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5.	<p>Strategy 9: Partner with schools, school districts, community groups, local businesses, pharmacies, and organizations that primarily serve unhoused and other high-risk populations, such as shelters and resource centers, to provide training on harm reduction, drug safety, and other related topics identified by those organizations.</p> <p>Provide interpretation during these trainings upon request. When focusing on opioids/substance-related topics with community partners who participate in our Equity Advisory Board, make stipends available to compensate for their time.</p> <p>Support these organizations in developing prevention and outreach strategies focused on harm reduction, decreasing opioid misuse, and overdose fatalities. Outreach with these partners will include the provision of educational giveaways in various community settings as well as naloxone distribution for community members and organizational use.</p> <p><del>Funding cannot be spent for naloxone until the LHH receives written approval from DOH. Reimbursement for naloxone purchases will be allowable after written approval is provided by DOH.</del></p>	<p>Progress report: Share the process and progress towards developing and maintaining partnerships. Share training materials and support given to partners. Report on how many trainings had interpretation provided and on how many community partners were compensated, and for how much.</p> <p>Share how many naloxone kits were distributed. Share which organizations naloxone was distributed to.</p> <p>Demonstrate how work aligns with OD2A logic model.</p> <p>For naloxone distribution, please report:</p> <ol style="list-style-type: none"> <li>a. Number of staff/volunteers trained to use and distribute naloxone kits</li> <li>i. If possible, please share the description/topics of the training</li> <li>b. Number of kits purchased and in inventory</li> <li>c. Number of people who received naloxone kits and education on use</li> <li>i. If possible, please share the description/contents of the provided education</li> <li>d. Number of nasal kits distributed</li> <li>i. If applicable, the number of kits distributed through vending machines and settings for vending machine locations</li> <li>ii. If possible, please share an average/estimate of number of kits/doses given per person</li> <li>e. Number of intramuscular kits distributed</li> <li>i. If possible, please share an average/estimate of number of kits/doses given per person</li> <li>f. Number of overdose reversals reported</li> <li>i. If known, please share the number of doses used per overdose reversal</li> </ol>		

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

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

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

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

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

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

**Program Specific Requirements**

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

- Subrecipients may not use funds for research.

- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
  - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additional-requirements/index.html>).
- Program funds cannot be used for ~~purchase of naloxone~~; implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO). *As of November 2022, FFY22 Overdose Data to Action Funds may be used to purchase naloxone. Programs must receive prior approval from CDC, delivered as written approval from DOH, before purchasing naloxone.*

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

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

#### **Billing Requirements:**

Billing on an A19-1A invoice voucher must be received by DOH monthly. *DOH must receive correct and complete invoices within 45 days of the end of the period of performance for this statement of work.*

#### **Special Instructions:**

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

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

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

**DOH Program Name or Title:** Zoonotic Disease Program-WNV Mosquito Surveillance - Effective June 1, 2022

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

**Contract Number:** CLH31027

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

**Period of Performance:** June 1, 2022 through September 30, 2023

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

**Statement of Work Purpose:** The purpose of this statement of work is for Snohomish Health District to conduct weekly mosquito surveillance for West Nile virus (WNV) in Snohomish County during mosquito season, June through September. The detection of the virus in mosquito populations serves as an early warning of disease risk in the localized area. It alerts the local health department to strengthen educational outreach and mosquito control to minimize the health impact of mosquito-borne disease on communities. In addition, data generated by surveillance advances our understanding of the emergence and spread of vector mosquitoes and pathogens in western Washington.

**Revision Purpose:** Extend the period of performance from September 30, 2022 to September 30, 2023, add funding and extend FFY22 funding end date from 09/30/22 to 07/31/23, add FFY23 funding from 08/01/23 to 09/30/23, and add task language and Program Specific Requirements for continuation of WNV surveillance activities.

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
FFY21 Vector-borne T2&3 Epi ELC FPH	1882121B	93.323	333.93.32	06/01/22 07/31/22	1,500	0	1,500
FFY22 Vector-borne T2&3 Epi ELC FPH	1882122B	93.323	333.93.32	08/01/22 07/31/23	1,500	1,800	3,300
FFY23 Vector-borne T2&3 Epi ELC FPH	TBD	93.323	333.93.32	08/01/23 09/30/23	0	1,200	1,200
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>3,000</b>	<b>3,000</b>	<b>6,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct weekly mosquito trapping at two (2) site locations in Snohomish County. <ul style="list-style-type: none"> <li>· Purchase of dry ice <i>and CO2 canisters</i>, as needed</li> <li>· Set and collect traps</li> </ul> Record field data on DOH-provided reporting forms, including zero catch information.	Submit two weekly collections of mosquitoes along with complete corresponding data on reporting forms for trapping events to DOH.  Should no mosquitoes be collected during a trapping event, the data reporting form documenting the effort is to be emailed to the DOH Program contact.	Weekly by Thursday during mosquito season, June through September	Payment for task will be reimbursed for actual expenses up to the maximum available within the funding periods described in the Funding Table above.  See below <b>Restrictions on Funds.</b>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<del>Reimbursement up to \$3,000 (including staff time, transportation, and costs related to mosquito surveillance activities)</del>

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

**Federal Funding Accountability and Transparency Act (FFATA)**

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

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

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

**Program Specific Requirements**

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

*The current project period is June 1, 2023 – September 30, 2023. Billing outside this date range will be provided to DOH at no cost.*

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

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