

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

CONTRACT NUMBER: CLH32067

AMENDMENT NUMBER: 12

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 HAI & AR MDRO Mitigation - Effective December 1, 2025
 - Amends Statements of Work for the following programs:
 DCHS-Emerging Infections Program RESP-NET - Effective January 1, 2025
 Office of Drinking Water Group A Program - Effective January 1, 2025
 - Deletes Statements of Work for the following programs:

2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:
 - Increase of **\$133,455** for a revised maximum consideration of **\$24,116,201**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: <i>Lacey Harper</i>	Signature: <i>David Hinkley</i>
Date: Feb 9, 2026	Date: Feb 9, 2026

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Start Date	End Date			
PS SSI2 Sub Award Management Task 3	01J89801	Amd 9	66.123	333.66.12	01/01/25	07/30/27	07/01/21	08/31/28	\$636,990	\$711,990	\$711,990
PS SSI2 Sub Award Management Task 3	01J89801	Amd 1	66.123	333.66.12	01/01/25	07/30/27	07/01/21	08/31/28	\$75,000		
FFY23 CRI BP5 LHJ Funding	NU90TP922043	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/23	06/30/25	\$3,511	\$3,511	\$3,511
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/23	06/30/25	\$147,955	\$147,955	\$147,955
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$232,763	\$535,318	\$1,518,331
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 9	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$302,555		
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$447,695	\$447,695	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$321,191	\$535,318	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$214,127		
FFY25 PHEP CRI BP2-CDC-LHJ Partners	NU90TU000055	Amd 9	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$172,813	\$172,813	\$417,582
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$71,956	\$71,956	
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$103,688	\$172,813	
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$69,125		
FFY25 TB Elimination CDC	NU52PS910277	Amd 11	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$28,391	\$99,666	\$99,666
FFY25 TB Elimination CDC	NU52PS910277	Amd 2	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$71,275		
FFY25 CDC IQIP Regional Reps	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$68,262	\$68,262	\$109,714
FFY24 CDC IQIP Regional Reps	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$41,452	\$41,452	
FFY25 CDC VFC Ops	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$24,659	\$24,659	\$24,659
COVID 19 Vaccines R4	NH23IP922619	Amd 4, 5	93.268	333.93.26	01/01/25	06/30/25	01/01/25	06/30/25	\$2,050,170	\$2,050,170	\$2,050,170
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 11	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$11,250	\$15,000	\$15,000
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$3,750		
FFY26 Immunizations IQIP CDC YR1	NH23IP922680	Amd 11	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$111,267	\$148,357	\$148,357
FFY26 Immunizations IQIP CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$37,090		
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 12	93.317	333.93.31	01/01/25	12/31/26	01/01/25	06/30/27	\$39,255	\$172,005	\$172,005
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 6, 12	93.317	333.93.31	01/01/25	12/31/26	01/01/25	06/30/27	\$2,436		
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 1, 12	93.317	333.93.31	01/01/25	12/31/26	01/01/25	06/30/27	\$130,314		
FFY25 EIP FluSurv AIM CDC	NU50CK000642	Amd 6	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$42,648	\$42,648	\$42,648
FFY25 ELC Core Vector Borne CDC	NU51CK000364	Amd 11	93.323	333.93.32	08/01/25	09/30/25	08/01/25	07/31/26	\$656	\$656	\$3,000
FFY24 ELC Core Vector Borne CDC	NU51CK000364	Amd 11	93.323	333.93.32	05/01/25	07/31/25	08/01/24	07/31/25	(\$656)	\$2,344	
FFY24 ELC Core Vector Borne CDC	NU51CK000364	Amd 6	93.323	333.93.32	05/01/25	07/31/25	08/01/24	07/31/25	\$3,000		

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ 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			
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1, 9	93.323	333.93.32	01/01/25	12/31/25	01/15/21	07/31/26	\$1,122,598	\$1,122,598	\$1,122,598
FFY20 ELC EDE Refugee CDC	NU50CK000515	Amd 8	93.323	333.93.32	07/01/25	06/30/26	01/15/21	07/31/26	\$120,000	\$120,000	\$120,000
FFY19 ELC ED Immunizations CDC	NU50CK000515	Amd 11	93.323	333.93.32	07/01/25	06/30/26	07/01/25	07/30/26	\$45,150	\$45,150	\$45,150
FFY21 ELC SHARP HAI	NU50CK000515	Amd 12	93.323	333.93.32	01/01/25	07/31/26	08/01/21	07/31/26	\$80,000	\$80,000	\$80,000
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 6	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$20,882	\$20,882	\$20,882
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 6	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$101,938	\$239,438	\$239,438
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500		
FFY25 Hi-Imp HIV Dis Ctrl Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	07/01/25	05/31/26	06/01/25	05/31/26	\$101,440	\$101,440	\$110,662
FFY25 Hi-Imp HIV Dis Ctrl Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	06/01/25	06/30/25	06/01/25	05/31/26	\$9,222	\$9,222	
FFY24 Hi-Imp HIV Prev CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$46,109	\$46,109	\$46,109
FFY24 Hi-Imp HIV Prevention CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$33,334	\$33,334	\$33,334
FFY25 Hi-Imp HIV Testing Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	07/01/25	05/31/26	06/01/25	05/31/26	\$73,333	\$73,333	\$73,333
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 11	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$200,000	\$391,366	\$391,366
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 6	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$89		
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$191,277		
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 11	93.977	333.93.97	07/01/25	02/28/26	01/01/23	02/28/26	\$17,621	\$46,990	\$82,264
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 8, 11	93.977	333.93.97	07/01/25	02/28/26	01/01/23	02/28/26	\$29,369		
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 6	93.977	333.93.97	01/01/25	06/30/25	01/01/23	01/31/26	\$23,496	\$35,274	
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 1, 6	93.977	333.93.97	01/01/25	06/30/25	01/01/23	01/31/26	\$11,778		
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$333,660	\$333,660	\$333,660
FFY25 MCHBG Special Pr HRSA 2	B04MC54583	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$36,079	\$36,079	\$36,079
FFY26 MCHBG LHJ Contracts HRSA YR1	NGA Not Received	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	(\$444,879)	\$0	\$0
FFY26 MCHBG LHJ Contracts HRSA YR1	NGA Not Received	Amd 9	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$444,879		
SFY26 HIV Prevention RW Match		Amd 11	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$38,800	\$38,800	\$38,800
SFY25 State Disease Control & Prev		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$75,748	\$75,748	\$75,748
SFY26 State Dis Cntrl Prev RW Match		Amd 8	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$146,951	\$146,951	\$146,951

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ 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			
SFY25 STD Prevention		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$26,666	\$26,666	\$26,666
SFY26 STD Prevention RW Match		Amd 11	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	(\$38,800)	\$0	\$0
SFY26 STD Prevention RW Match		Amd 8	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$38,800		
SFY25 STI Program Expansion Proviso		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$307,389	\$307,389	\$307,389
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$24,500	\$56,000	\$56,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500		
Rec Shellfish/Biotoxin		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$7,500	\$7,500	\$10,500
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,000	\$3,000	
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/25	06/30/27	\$6,572	\$6,572	\$56,046
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$36,968	\$36,968	
Small Onsite Management (ALEA)		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,307	\$12,506	
Small Onsite Management (ALEA)		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	(\$3,226)		
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$14,425		
FY26 Snohomish Co STI Program Proviso		Amd 11	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$689,000	\$689,000	\$689,000
SFY27 Wastewater Management-GFS		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/26	06/30/27	\$31,821	\$31,821	\$31,821
SFY25 Wastewater Management-GFS		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$31,968)	\$0	
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,968		
ADAP State (Rebate)		Amd 1	N/A	334.04.98	01/01/25	06/30/25	07/01/23	06/30/25	\$86,555	\$86,555	\$86,555
Prev ADAP State (Rebate)		Amd 8	N/A	334.04.98	07/01/25	06/30/26	07/01/25	06/30/27	\$335,835	\$335,835	\$335,835
FFY25 RW Grant Year Rebate		Amd 1	N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$43,277	\$43,277	\$86,554
FFY24 RW Grant Year Rebate		Amd 1	N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$43,277	\$43,277	
SFY26 FPHS-LHJ Funds-GFS		Amd 11	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$1,000	\$6,832,000	\$13,838,000
SFY26 FPHS-LHJ Funds-GFS		Amd 9	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$6,831,000		
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$7,006,000	\$7,006,000	
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$90,000	\$90,000	\$90,000
SFY25 Lead Management (FPHS)		Amd 6	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$13,873	\$13,873	\$13,873
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 12	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$5,900	\$10,300	\$10,300
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$4,400		

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		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			
YR 28 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$1,200	\$1,200	\$1,200
YR 28 SRF - Local Asst (15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,400)	\$0	
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$4,400		
YR 27 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,400)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$4,400		
Sanitary Survey Fees SS-State		Amd 12	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$7,100	\$11,500	\$11,500
Sanitary Survey Fees SS-State		Amd 1, 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$4,400		
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000	\$4,000	\$4,000
YR 28 SRF - Local Asst (15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$4,000		
YR 27 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$4,000		
TOTAL									\$24,116,201	\$24,116,201	
Total consideration:				\$23,982,746						GRAND TOTAL	\$24,116,201
				\$133,455							
GRAND TOTAL				\$24,116,201						Total Fed	\$8,199,463
										Total State	\$15,916,738

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through December 31, 2026

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

Statement of Work Purpose: The 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: To extend Period of Performance and LHJ Funding Period for FFY25 EIP COVID AIM CDC from 12/31/25 to 12/31/26, add funding, and update Program Specific Requirements.

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
				Start Date	End Date			
FFY25 EIP COVID AIM CDC	1761025C	93.317	333.93.31	01/01/25	12/31/26	132,750	39,255	172,005
FFY25 EIP FLUSURV AIM CDC	1712025F	93.317	333.93.31	01/01/25	12/31/25	42,648	0	42,648
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						175,398	39,255	214,653

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	<p>Reimbursement of actual costs incurred, not to exceed allocation amount described above in Total Allocation section.</p> <p>- RSV and COVID-related costs should be billed to FFY25 EIP AIM COVID</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				- Flu-related costs should be billed to FFY25 EIP FLUSURV AIM CDC
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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Data Sharing Agreements (DSAs) Collaborate with WA DOH to review and approve DSAs as required to facilitate case matching and other activities.	Signed and finalized DSA	June 2025	See above
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) 	- LHJ-WADOH Coordination Meeting: every other week, or as deemed necessary by WADOH (virtual) <ul style="list-style-type: none"> - 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

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

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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

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

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

CDC Funding Regulations and Policies

https://www.cdc.gov/grants/documents/General_Terms_and_Conditions_Non_Research_Awards.pdf

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements:

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

Submission of Invoice Vouchers: The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH *within 45 days of the end of billing month.* ~~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: HAI & AR MDRO Mitigation - Effective December 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

Period of Performance: December 1, 2025 through July 31, 2026

Statement of Work Purpose: The purpose of this SOW is to provide local healthcare and long-term care facilities with in-person, onsite support with multidrug-resistant organisms (MDRO) mitigation and outbreak response. Examples of applicable MDRO-centered activities include infection prevention consultations; tabletop exercises; training; educational workshops for staff, residents & visitors; and activities to enhance interfacility communications, patient intake, & transfer protocols.

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
				Start Date	End Date			
FFY21 ELC SHARP HAI	1831342R	93.323	333.93.32	12/01/25	07/31/26	0	80,000	80,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	80,000	80,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Designate the Infection Preventionist(s) (IP) [if multiple, please specify # permitted] who will participate in this program. Designated staff members must be qualified in Infection Prevention, an existing employee, and able to dedicate the appropriate time to healthcare-associated infections (HAI) and multidrug resistant organisms (MDRO).	Identify the qualified infection preventionist (IP) or equivalent via email to DOH HAI Contract manager	Within one (1) week of contract amendment Date of Execution (DOE).	Reimbursement of actual costs incurred, not to exceed: \$80,000 FFY21 ELC SHARP HAI ALLOCATION Funding end date 07/31/26
2	During the life of this contract, designated IPs will coordinate with the DOH MDRO section to identify and prioritize the facilities most at-risk or in need. Designated IP will then conduct in-person infection prevention and control (IPC) outreach to at least 5 (five) separate, local healthcare	Regularly report all site visits in DOH REDCap instance Email findings or guidance to the facility	Within two (2) weeks of the visit. Within five (5) business days and follow up via	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>or long-term care facilities to support MDRO prevention or outbreak response, including but not limited to:</p> <ul style="list-style-type: none"> - Non-regulatory IPC consultations - Collaborative tabletop exercises - Training for healthcare workers - Use of an observational audits form to measure the quality of infection prevention practices (e.g., hand hygiene, PPE, cleaning) - Educational demonstrations or workshops for staff, residents & visitors - Activities to enhance interfacility communications, patient intake, & transfer protocols <p>*If the designated LHJ IP or equivalent does not have previous experience conducting independent, non-regulatory site visits for IPC consultation, they must first shadow DOH IPs on two (2) or more such visits. Shadowing opportunities are to be coordinated between DOH & LHJ IPs and may occur within local or neighboring jurisdictions. Regardless of the level of experience, a shadowing opportunity with DOH IPs may be arranged at the request of the LHJ.</p>	<p>The need for shadowing will be disclosed to the DOH HAIAR Contract Manager within ten (10) business days of the contract amendment DOE.</p>	<p>telephone, email, or in person, within 30 days.</p>	
3	<p>On an as-needed basis, the designated IP(s) will coordinate with WA DOH HAI AR to collaborate with regional LHJs, long-term care organizations and tribal public health to enhance the quality of cross-jurisdictional communications, safe patient transfers, and outbreak investigations.</p>	<p>Include detailed summary of collaborative efforts to DOH HAIAR team in quarterly report.</p>	<p>Quarterly</p>	
4	<p>On an as-needed basis, the designated IP(s) will collaborate with community and tribal partners in healthcare & public health to develop culturally informed, accessible, and standardized educational materials for providers, patients and families. Such materials may include but are not limited to: newsletters or similar distributions, web pages, pamphlets, advertisements, and social media posts.</p>	<p>Developed materials will be shared with the DOH HAIAR team via inclusion in quarterly report.</p>	<p>Quarterly</p>	
5	<p>The designated IP shall facilitate recurring community infection prevention meetings at intervals no fewer than four (4) times per year, for the benefit of local infection preventionists who work in healthcare, long-term care, and tribal public health. Invitations to such meetings must be distributed and available to healthcare and long-term care professionals in all setting types.</p>	<p>Include DOH HAI AR IPs assigned to Snohomish County on the distribution list and invitation for these calls</p> <p>Report meeting cadence, progress, agenda, outcomes, in quarterly report and check-ins with HAI contract manager.</p>	<p>First meeting to occur before January 30th, 2026.</p>	
6	<p>Meet with DOH HAIAR Contract Manager at least once per quarter to review a summary written by the designated IP of</p>	<p>Attend meeting</p>	<p>Quarterly</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	activities conducted each quarter and progress on each task listed in the Statement of Work.			
7	Submit a final written report including detailed summaries of activities completed over the life of this contract, along with tracked outcomes, achievements, and lessons learned.	Final report	July 15th, 2026	
8	Meet with the WA DOH HAIAR Program to review program outcomes	Attend meeting	Between July 1-15th, 2026	

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

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

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

Program Specific Requirements

Billing Requirements

A19 Invoices for this program are to be submitted no later than 45 days after work is completed. Final and complete invoice for this contract must be submitted no later than September 15, 2026, to be reimbursed.

Other

Any alteration to designated staff participating in this program must be submitted via written notice to DOH HAI Contract Manager, including attestation that the individual meets qualifications to participate in this program. Notice must be provided to and confirmed by WA DOH HAI AR Contract Manager at least seven (7) business days prior to changes being implemented/[reflected] on A19s. Inclusion of costs associated with an employee without following these steps will result in the denial of payment by the Washington State Department of Health.

Staffing Requirements

The employee assigned to this program must be an existing full-time employee with the Snohomish County Health Department who meets CIC qualifications. [CIC Eligibility Guidelines] CIC credentials are not required. This staff member must have leadership support and be able to dedicate 1.0 FTE to HAI&AR activities with a focus on multidrug resistant organism (MDRO) response and in-person support for healthcare & long-term care facilities.

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

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: Correct YR 28 SRF - Local Asst (15%) SS by adding 1,200 back to cover invoice from June 2025. Increase to 2 the number of Transient Non Community Surveys. Increase to 14 the number of Non Transient Non Community Surveys. Update rate of reimbursement for each sanitary survey of Transient Non Community (TNC) systems to \$1,000. Update rate of reimbursement to \$1,500 for each sanitary survey of a Non Transient Non Community (NTNC) system of 499 connections and less. Update rate of reimbursement for Special Purpose Investigations (SPI) to \$750 for each SPI on Transient Non Community Systems. Update rate of reimbursement for technical assistance to an hourly rate of \$250.00 for each hour spent, rather than the tiered system of hourly reimbursement. Change quarterly invoicing to monthly.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SANITARY SURVEY FEES	24112522	N/A	346.26.65	01/01/25	12/31/27	4,400	7,100	11,500
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	0	0
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	0	0
YR 28 SRF - LOCAL ASST (15%) SS	24119228	N/A	346.26.64	01/01/25	12/31/27	0	1,200	1,200
YR1 STIMULUS - LOCAL ASST (10% OF 15%) SS	24144240	N/A	346.26.64	01/01/25	12/31/27	4,400	5,900	10,300
YR 28 SRF - LOCAL ASST (15%) TA	24119228	N/A	346.26.66	01/01/25	12/31/27	0	0	0
YR1 STIMULUS - LOCAL ASST (10% OF 15%) TA	24144240	N/A	346.26.66	01/01/25	12/31/27	4,000	0	4,000
						0	0	0
TOTALS						12,800	14,200	27,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	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. See Special Instructions for task activity.	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	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. \$1,000 for each sanitary survey of a Transient Non-Community (TNC) system.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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	<ol style="list-style-type: none"> 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. 6. *Final Reports reviewed and accepted by the ODW Regional Office. 		<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- <i>\$1,500 for each sanitary survey of a non-Transient Non-Community (NTNC) and Community systems with 499 and less connections.</i></p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>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.</p> <p>See Special Instructions for task activity.</p>	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.	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid-\$800 for each SPI- <i>\$750 for each SPI on Transient Non-Community (TNC) system.</i> 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.</p>
3	<p>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.</p> <p>See Special Instructions for task activity.</p>	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.	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <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 <p><i>\$250 per hour for each technical assistance activity.</i></p> <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
4	<p>LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH.</p> <p>See Special Instructions for task activity.</p>	<p>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).</p>	Annually	<p>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</p>

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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~~ *monthly* invoices within 30 days following the end of the ~~quarter~~ *month* in which work was completed, noting on the invoice the ~~quarter~~ *month* and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$8,800~~ *\$23,000* 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 be completed between January 1, 2025, and December 31, 2025.
- *No more than 2 surveys of Transient Non-Community (TNC) systems to be completed between January 1, 2026, and December 31, 2026.*
- *No more than 14 surveys of Non-Transient Non-Community (NTNC) and Community systems with 499 and less connections to be completed between January 1, 2026, and December 31, 2026.*

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2 Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3 Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4 LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.