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

**CONTRACT NUMBER: CLH32067** **AMENDMENT NUMBER: 11**

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:

   Infectious Disease–STI Program Expansion - Effective July 1, 2025
   Office of Immunizations–ELC - Effective July 1, 2025

   ☒ Amends Statements of Work for the following programs:

   Foundational Public Health Services - Effective July 1, 2025
   Infectious Disease Prevention Services FPHS - Effective July 1, 2025
   Infectious Disease Syndemic Prevention Services - Effective July 1, 2025
   Maternal & Child Health Block Grant – Effective January 1, 2025
   Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025
   Office of Immunization-Regional Representatives - Effective July 1, 2025
   Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025
   Office of Resiliency & Health Security-PHEP-CRI - Effective July 1, 2025
   OSS LMP Implementation - Effective July 1, 2025
   TB Program – Effective January 1, 2025
   Zoonotic Disease Program-WNV Mosquito Surveillance - Effective May 1, 2025

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:

   ☒ Increase of **$1,447,293** for a revised maximum consideration of **$23,982,746**.

   ☐ 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.

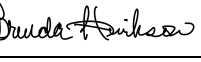
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

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

**CONTRACT NUMBER: CLH32067** **AMENDMENT NUMBER: 11**

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

| SNOHOMISH COUNTY | STATE OF WASHINGTON<br>DEPARTMENT OF HEALTH |
|---|---|
| Signature:<br>Lacey Harper | Signature:<br>  |
| Date:<br>Jan 15, 2026 | Date:<br>Jan 15, 2026 |

APPROVED AS TO FORM ONLY
Assistant Attorney General

**Snohomish County Health Department**

**EXHIBIT B-11**
**ALLOCATIONS**
**Contract Term: 2025-2027**

**Contract Number:** **CLH32067**
**Date:** **October 1, 2025**

**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 Start Date | Statement of Work LHJ Funding Period End Date | DOH Use Only Chart of Accounts Funding Period Start Date | DOH Use Only Chart of Accounts Funding Period End Date | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 6 | 93.317 | 333.93.31 | 01/01/25 | 12/31/25 | 01/01/25 | 12/31/25 | $2,436 | $132,750 | $132,750 |
| FFY25 EIP COVID AIM CDC | NU50CK000642 | Amd 1 | 93.317 | 333.93.31 | 01/01/25 | 12/31/25 | 01/01/25 | 12/31/25 | $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 | | |

**Snohomish County Health Department**

**EXHIBIT B-11**
**ALLOCATIONS**
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|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 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 |

**Snohomish County Health Department**

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 8 | N/A | 346.26.64 | 01/01/25 | 12/31/27 | 07/01/23 | 06/30/28 | $4,400 | $4,400 | $4,400 |

**Snohomish County Health Department**

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| 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 | $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 1, 8 | N/A | 346.26.65 | 01/01/25 | 12/31/27 | 07/01/23 | 12/31/27 | $4,400 | $4,400 | $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** | | | | | | | | | **$23,982,746** | **$23,982,746** | |

| | | | |
|---|---|---|---|
| **Total consideration:** | **$22,535,453** | **GRAND TOTAL** | **$23,982,746** |
| | **$1,447,293** | | |
| **GRAND TOTAL** | **$23,982,746** | **Total Fed** | **$8,080,208** |
| | | **Total State** | **$15,902,538** |

*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:** Foundational Public Health Services - Effective July 1, 2025

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

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☐ Federal <Select One> | ☐ FFATA (Transparency Act) | ☐ Reimbursement |
| ☒ State | ☐ Research & Development | ☒ Periodic Distribution |
| ☐ Other | | |

**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:** Correcting allocation

| 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 |
|---|---|---|---|---|---|---|---|---|
| SFY26 FPHS - LHJ FUNDS - GFS | 99210860 | N/A | 336.04.25 | 07/01/25 | 06/30/26 | 6,831,000 | 1,000 | 6,832,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **6,831,000** | **1,000** | **6,832,000** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **FPHS funds to each LHJ** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | ~~$2,832,000~~ *$2,833,000* |
| 2 | **Assessment Reinforcing Capacity** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $60,000 |
| 3 | **Assessment – CHA/CHIP** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $30,000 |
| 4 | **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $1,409,000 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 5 | **CD - NEW SFY 24 Immunization Outreach, Education & Response –** See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $300,000 |
| 6 | **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity –** See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $150,000 |
| 7 | **FC - NEW SFY 24 Strengthening Local Finance Capacity –** See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $62,000 |
| 8 | **FC - NEW SFY 24 Public Health Communications –** See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $200,000 |
| 9 | **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response –** See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $150,000 |
| 10 | **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability –** See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $237,000 |
| 11 | **CD – Hepatitis C** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $164,000 |
| 12 | **CD – Case Investigation Capacity** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $1,079,000 |
| 13 | **MCH – Child Death Review** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $158,000 |

**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.

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

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

The intent of FPHS funding is outlined in RCW 43.70.512.

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 2025-June 30,2026 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.

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

**BARS Revenue Code:** 336.04.25

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

| 562.xx | BARS Expenditure Codes for FPHS activities: see below |
|---|---|
| 10 | FPHS Epidemiology & Surveillance |
| 11 | FPHS Community Health Assessment |
| 12 | FPHS Emergency Preparedness & Response |
| 13 | FPHS Communication |
| 14 | FPHS Policy Development |
| 15 | FPHS Community Partnership Development |

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

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

FPHS Intent - RCW 43.70.512
FPHS Funding – RCW 43.70.515
FPHS Committee & Workgroup Charter
FPHS Steering Committee Consensus Decision Making Model

**Activity Special Instructions:**

**Investments to Each LHJ:**

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

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

**Targeted Investments to Each LHJ:**

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**
   Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. **Assessment – CHA/CHIP (FPHS definitions G.3)**
   Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

4. **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**
   Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

5. **CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**
   Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

6. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**
   These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
   Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16

8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
   Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13

9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
   Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80

10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
    Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

11. **CD – Hepatitis C (FPHS definitions C.4.o-p)**
    Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and DOH's Hepatitis C Prioritization document with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.

12. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**
    Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

13. **MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**
    This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.

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

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

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

**Contract Number:** CLH32067

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☒ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Period of Performance:** July 1, 2025 through June 30, 2026

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

**Revision Purpose:** To add $17,621 in FFY23 PCHD STD PREV DIS CONTROL CDC funds and extend the funding period end date from 11/30/25 to 02/28/26.

| 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 |
|---|---|---|---|---|---|---|---|---|
| SFY26 STATE DIS CNTRL PREV RW MATCH | 12422160 | N/A | 334.04.91 | 07/01/25 | 06/30/26 | 146,951 | 0 | 146,951 |
| FFY23 PCHD STD PREV DIS CONTROL CDC | 12411235 | 93.977 | 333.93.97 | 07/01/25 | 02/28/26 | 29,369 | 17,621 | 46,990 |
| PREV ADAP STATE (REBATE) | 12417563 | N/A | 334.04.98 | 07/01/25 | 06/30/26 | 335,835 | 0 | 335,835 |
| FFY25 HI-IMP HIV DIS CTRL PREV CDC | 12411250 | 93.940 | 333.93.94 | 07/01/25 | 05/31/26 | 101,440 | 0 | 101,440 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **613,595** | **17,621** | **631,216** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **HIV/STI Prevention, Treatment, and Surveillance:**<br><br>Deliver partner services to people diagnosed with HIV/STI per CDC and state guidelines.<br><br>Ensure timely, correct reporting, testing and treatment of STIs or exposure to STIs for diagnosed patients and identified contacts. Reporting and investigative guidelines for conditions can be found on DOH Notifiable Conditions page.<br><br>Ensure timely referral and testing for people identified as exposed to HIV. | Quarterly report information to be gathered via quarterly program meetings with DOH staff.<br><br>Track and report data for all activity related to this Service Category, within DOH approved data system. | Scheduled approximately 30 days after each quarter period:<br><br>• October 30, 2025<br>• January 31, 2026<br>• April 30, 2026<br>• July 31, 2026<br><br>Submit all data by the 10th of each month for the month prior. | **Reimbursement for actual costs incurred, not to exceed ~~$583,106.~~ *$600,727.***<br><br>**See breakdown by MI code below:**<br><br>SFY26 STATE DIS CNTRL PREV RW MATCH<br>MI 12422160<br>$116,462<br>for 7/1/25-6/30/26 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Refer at-risk people identified through HIV/STI testing and/or partner services for medical and supportive services to prevent HIV acquisition.<br><br>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.<br><br>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.<br><br>Contractor must enter all DOH-funded HIV & STI testing data must be entered into Evaluation Web unless written exception is approved.<br><br>All preliminary positive reports for HIV must be reported to the Office of Infectious disease within 30 days using the Preliminary Positive Reporting Form (provided by DOH).<br><br>Conduct essential support services screening for a minimum of 85% of testing clients. | Submit monthly data report(s) for HCV and any other rapid testing activities.<br><br>Report all preliminary positives for HIV to OID, using the Preliminary Positive Reporting Form. | Report all preliminary positives for HIV to OID within 30 days. | FFY23 PCHD STD PREV DIS CONTROL CDC<br>MI 12411235<br>~~*$29,369*~~ *$46,990*<br>for 7/1/25-~~*11/30/25*~~ *2/28/26*<br><br>FFY25 HI-IMP HIV DIS CTRL PREV CDC<br>MI 12411250<br>$101,440<br>for 7/1/25-5/31/26<br><br>PREV ADAP STATE (REBATE)<br>MI 12417563<br>$335,835<br>for 7/1/25-6/30/26 |
| 2 | **Prevention Activities for People Living with HIV:**<br><br>Provide services to clients who are diagnosed with and/or living with HIV:<br><br>• Deliver partner services to people who are newly diagnosed with HIV.<br>• Deliver partner services to people previously diagnosed with HIV who are:<br>  ○ Diagnosed with a bacterial STI.<br>  ○ Returning to or sub-optimally linked to medical care and have a detectable viral load.<br>• Ensure timely, correct reporting of cases of people diagnosed with HIV.<br>• Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression and quality of life. | Quarterly report information to be gathered via quarterly program meetings with DOH staff. | Scheduled approximately 30 days after each quarter period:<br><br>• October 30, 2025<br>• January 31, 2026<br>• April 30, 2026<br>• July 31, 2026 | **Reimbursement for actual costs incurred, not to exceed $30,489.**<br><br>SFY26 STATE DIS CNTRL PREV RW MATCH<br>MI 12422160<br>for 7/1/25-6/30/26 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.<br><br>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.<br><br>Document case-based services provided to PWH in Provide data system to support use of Ryan White funds. | All client-level data must be entered into Provide™ within three (3) days of service provision. | Within three (3) days of service provision. | |

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

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

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

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

**Program Specific Requirements**

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

2. **Submission of Invoice Vouchers** –
   - **a.** On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this Statement of Work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
     - **i.** The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
     - **ii.** DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
   - **b.** The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2026. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

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

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

**m.** For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.

**n.** Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.

**o.** Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.

**p.** Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.

**q.** Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.

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   - **a.** As applicable, DOH will conduct semi-annual or annual performance site visits in the following areas:
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     - **iii.** PrEP Housing
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**1)** Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.

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**3)** The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

**v. Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.

**vi. Travel** – Out of staff travel requires prior approval from DOH and must follow GSA guidelines and reimbursement rates.

**vii. Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

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

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

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

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

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

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

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

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

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

**10. Content Review and Website Disclaimer Notice**

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

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

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs https://www.cdc.gov/nchhstp/media/pdfs/2024/08/cdc-hiv-content-review-program-guidance-2016.pdf

**11. Youth and Peer Outreach Workers**

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

**12. Whistleblower**

**a.** Whistleblower statue, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statue (41 U.S.C. & 4712) states that an "employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.

**b.** The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:

**i.** Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program

**ii.** Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,

**iii.** CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

**13. Allowable Costs**

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

For information in determining allowable costs, please reference OMB Circulars:
2 CFR200 (State, Local and Indian Tribal governments) at: https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards

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

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

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

**DOH Program Name or Title:** Infectious Disease–STI Program Expansion - Effective July 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 |
|---|---|---|
| ☐ Federal <Select One> | ☐ FFATA (Transparency Act) | ☒ Reimbursement |
| ☒ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Period of Performance:** July 1, 2025 through June 30, 2026

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide targeted human immunodeficieny virus (HIV)/sexually transmitted infections (STI)/viral hepatitis testing and patient-centered education and risk reduction to ensure members of disparately affected communities become aware of their HIV/STI status.

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FY26 SNOHOMISH CO STI PROG PROVISO | 12408860 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 0 | 689,000 | 689,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **0** | **689,000** | **689,000** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | Provide targeted HIV/STI/viral hepatitis testing and patient centered education and risk reduction to ensure members of disparately affected communities become aware of their HIV/STI status. Treat people diagnosed with or exposed to STIs per Centers for Disease Control and Prevention (CDC) treatment guidelines and/or Washington state guidelines. Refer and, where possible, link or re-link people diagnosed with HIV or viral hepatitis to appropriate continuing medical care and other services. Refer and, where possible, link or re-link people at risk of acquiring HIV/STI/viral hepatitis to appropriate services to support prevention of infection. Where appropriate and available, provide vaccines to people at risk of acquiring vaccine preventable infection and provide doxy PEP to people at risk of acquiring STIs. | Provide quarterly report of patients served, including number of patients served, demographic characteristics of patients served, cases of disease diagnosed, proportion of cases of diagnosed disease treated (STI) or linked to further care (HIV), patients preventively treated, and patients provided vaccines or doxy PEP. | Submit all data by the 15th of each month for the month prior.<br><br>Scheduled approximately 30 days after each quarter period:<br>• October 30, 2025<br>• January 31, 2026<br>• April 30, 2026<br>• July 31, 2026 | Reimbursement of actual costs incurred, not to exceed **$689,000.**<br><br>FY26 SNOHOMISH CO STI PROG PROVISO |

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

**Program Specific Requirements**

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

2) **Submission of Invoice Vouchers** –
   - **a)** On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this Statement of Work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
     - **i)** The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
     - **ii)** DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
   - **b)** The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2026. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

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

4) **HIV, VIRAL HEPATITIS and STI Testing Services Requirements**
   - **a)** HIV testing services must follow DOH Non-Clinical Integrated Testing Guidance.
   - **b)** All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
   - **c)** VIRAL HEPATITIS testing must follow the Hep C Overview Implementation plan. For more information contact the OID Integrated Testing Coordinator.
   - **d)** Monthly data collection for Hep C testing submitted to DOH, including de-identified negatives reporting, as well as the appropriate case report form to the Local Health Jurisdiction for all HCV positive test results, include rapid positive results. Please contact the DOH OID Integrated Testing Coordinator for more information.

**e)** Any funds generated from payment for services should be reinvested with program intent.

**f)** All testing contractors will have Integrated Testing Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.

**g)** Point of Care HIV, HCV and Syphilis test kits and controls should be procured through DOH. Please contact the DOH OID Integrated Testing Coordinator for more information.

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**(2)** General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

**(3)** The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

**v)** **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.

**vi)** **Travel** – Out of staff travel requires prior approval from DOH and must follow GSA guidelines and reimbursement rates.

**vii)** **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

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

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

**(1)** Laptops and Notebook Computers

**(2)** Tablets and Smart Phones

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

**1)** Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders

**2)** Cameras and Photographic Projection Equipment

**3)** Desktop Computers (PCs)

**4)** Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

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

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

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

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

**10) Content Review and Website Disclaimer Notice**

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

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

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

**11) Youth and Peer Outreach Workers**

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

**12) Whistleblower**

**a)** Whistleblower statue, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statue (41 U.S.C. & 4712) states that an "employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.

**b)** The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:

**i)** Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program
**ii)** Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
**iii)** CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

**13) Allowable Costs**

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

For information in determining allowable costs, please reference OMB Circulars:
2 CFR200 (State, Local and Indian Tribal governments) at: https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards

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

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

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

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

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

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☒ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID 2024 Syndemic RFA process.

**Revision Purpose:** To update language in task table and move funding ($38,800) from MI code 12428160 to MI Code 12421160

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change None | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY25 HI-IMP HIV TESTING PREV CDC | 12408251 | 93.940 | 333.93.94 | 07/01/25 | 05/31/26 | 73,333 | 0 | 73,333 |
| SFY26 STD PREVENTION RW MATCH | 12428160 | N/A | 334.04.91 | 07/01/25 | 06/30/26 | 38,800 | -38,800 | 0 |
| SFY26 HIV PREVENTION RW MATCH | 12421160 | N/A | 334.04.91 | 07/01/25 | 06/30/26 | 0 | 38,800 | 38,800 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **112,133** | **0** | **112,133** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **Community-based integrated infectious disease testing and linkage*/ ~~to~~ service~~s~~ navigation support* in high-impact settings**<br><br>Provide education and testing services at sites where medical, diagnostic and/or treatment services are not routinely provided, but where select diagnostic services, including HIV, STI and Viral Hepatitis testing, are offered. Employ strategic targeting & recruitment efforts and service monitoring. The Contractor will use DOH-supported testing technologies that are most sensitive, cost-effective, and feasible. Confidential testing is the default. Incentives for testing services must be pre-approved by the contract manager prior to initiation of such testing. | Track and report data for all ~~activity~~ *activities* related to this Service Category, within DOH approved data system. Submit monthly data report(s) for HCV and any other rapid testing activities.<br><br>Quarterly Reports are Required to be submitted - Deliverables for this reporting period will be determined collaboratively with OID staff during first six months of contract period and reported using OID's Service Deliverables Grid. | Submit all data by the 10th of each month for the month prior.<br><br>Scheduled approximately 30 days after each quarter period:<br><br>• October 30, 2025<br>• January 31, 2026<br>• April 30, 2026 | **Reimbursement for actual costs incurred, not to exceed $112,133.**<br><br>**See breakdown by MI code below:**<br><br>FFY25 HI-IMP HIV TESTING PREV CDC<br>MI 12408251<br>$73,333<br>for 7/1/25-5/31/26 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Activities must include the following:<br>• Pre-test education describing the tests offered, the testing process, and how results will be provided.<br>• Receipt of informed consent to test from the client.<br>• Post-test education about the meaning of the test results.<br>• Linkage to preventive services (e.g., PrEP, *doxy PEP, HIV PrEP,* syringe service programs, condoms), as relevant.<br>• Linkage to care *& treatment* services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant.<br>• Appropriate public health reporting of testing to local health jurisdiction.<br><br>Testing programs should adhere to DOH Non-Clinical Testing Guidance.<br><br>Integrated infectious disease testing, including HIV, STI and viral hepatitis testing, should be default. Standalone HIV testing will not fulfill SOW requirements (See Section 6(j) below). *At least 80% of test events must include at least three tests (HIV; syphilis; hepatitis C; gonorrhea/chlamydia). Integrated test event should be offered to clients as "opt-out" as a default. This means that HIV, syphilis, hepatitis C, and gonorrhea/chlamydia tests are planned and offered for every client test event unless a client selects not to obtain a certain test or tests. This is different from clients having to "opt in" to individual test types by selecting from a menu of choices.*<br><br>*The Contractor will link clients as needed to essential support services including, but not limited to: PrEP, HIV PrEP, and doxy PEP, including a warm hand-off to a clinic or medical provider providing PrEP, HIV PrEP, or doxy PEP; HIV community services, such as a warm hand-off to an HIV case manager or HIV navigation specialist, and/or a warm hand-off to a clinic or medical provider treating HIV; STI care and treatment services, including a warm hand-off to a clinic or medical provider treating STIs and support to complete the treatment; Viral hepatitis care and treatment, including a warm hand-off to a clinic or medical provider treating hepatitis B and/or hepatitis C, and* | Submit Finalized Integrated Testing Quality Assurance Plan.<br><br>Submit Performance Objectives & Work Plan ~~within the first six months of contract period~~ that will include:<br>• Outcomes aligned with program strategies and activities.<br>• SMART objectives aligned with performance targets<br>• Activities aligned with program outcomes<br>• Timeline for implementation (including staffing of the proposed program, training, etc.)<br>• Anticipated capacity building or technical assistance needs.<br><br>Achieve a minimum of 50% of established deliverables within the ~~first year~~ *contract year.*<br><br>Establish and maintain MOUs/MOAs with key partner agencies in jurisdiction(s) throughout contract period.<br><br>Participate in monthly program check-ins with OID staff.<br><br>Participate in collaborative meetings, training, technical assistance, and capacity building activities, as required.<br><br>*Specific OID training modules must be completed and documented by all staff included in the integrated testing services budget or staff who are providing direct-client level testing services.*<br><br>Conduct 80% of testing within identified WA State priority population groups. | • July 31, 2026<br><br>Integrated Testing Quality Assurance Plan due by August 1, 2025.<br><br>Performance Objectives & Work Plan by August 1, 2026.<br><br>By June 30, 2026.<br><br>Throughout period of performance.<br><br>~~Monthly throughout period of performance.~~<br><br>Throughout period of performance.<br><br>~~Throughout period of performance.~~ | ~~SFY26 STD PREVENTION RW MATCH MI 12428160~~<br>*SFY26 HIV PREVENTION RW MATCH MI 12421160*<br>$38,800<br>for 7/1/25-6/30/26 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | *support to complete hepatitis C treatment through to cure' Harm reduction services, including a warm hand-off to harm reduction services inclusive of referrals and/or provision of syringe services programs (SSP); Behavioral health services, such as mental health counseling and substance use threatment services, including medications for opioid use disorder and contingency management services where possible; Health benefits navigation and enrollment (e.g. Insurance navigation, enrollment, and utilization). Linkages should be documented in OID-approved data system.*<br><br>*The Contractor will submit client-level information for all positive test results for HIV, syphilis, hepatitis C, and gonorrhea/chlamydia using the OID Positive Reporting Process (guidance forthcoming).*<br><br>*The Contractor must receive prior approval by OID to implement incentivized prevention services. The Contractor will document all incentivized test events in compliance with OID Incentivized Prevention Services Guidelines (guidance forthcoming).*<br><br>*The Contractor will collect all testing and linkage/navigation related data variables as outlined in OID Standardized Data Collection Guidelines (guidance forthcoming).*<br><br>The Contractor will develop an Integrated Testing Quality Assurance Plan in coordination with OID Integrated Testing Coordinator.<br><br>The Contractor will conduct monthly data reporting for HIV, STI and HCV testing, and surveillance reporting, using the template(s) provided by OID in accordance with OID reporting guidelines and state notifiable conditions rule.<br><br>The Contractor will ensure the testing program aligns with the Testing Compliance Checklist at all times with applicable federal, state and local laws/regulations and ensure testing program complies with all DOH/OID test project requirements. | Achieve *0*.5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs.<br><br>At least 50% of test events must be done through venue-based/ mobile/ outreach-based testing, unless written exception provided by OID.<br><br>*At least 80% of test events must include at least three tests (HIV; syphilis; hepatitis C; gonorrhea/chlamydia)*<br><br>**Please note: This task requires client level data to be entered into Provide, EvaluationWeb, or OID-approved EMR/EHR.** *Failure to submit required data by the due dates may result in withholding of test kits and/or payment of invoices until data is submitted.*<br><br>*Via email, report any staffing changes related to this scopf of work to OID within 2 weeks of the staff change (this includes position changes, termination of employees, layoffs, resignations, etc.)*<br><br>*The program will maintain an online and accessible resource for community members to find service location(s), days, and times of services, and other program information. The program will also provide this information to OID inclusion on the DOH website.* | Throughout period of performance.<br><br>*As needed.*<br><br>Throughout period of performance.<br><br>*Throughout period of performance.* | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | The Contractor will provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of testing should be conducted in outreach settings outside of the primary office.<br><br>The Contractor will provide hours of operation that meet the needs of the population(s) you work for and with. Non-traditional service times are encouraged (e.g., evenings, early morning hours, weekends).<br><br>The Contractor will work with local health jurisdiction(s) or DOH to acquire and use local data to guide testing approaches and locations and be willing to shift testing locations in response to changes to the syndemic, including supporting infection cluster and outbreak response.<br><br>The Contractor will review program data on a regular basis, in collaboration with OID staff, and adjust testing efforts as needed (e.g., shifting testing locations to reach priority populations).<br>Priority populations for non-clinical testing services include:<br>• People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region.<br>• Gay, bi, and other men who have sex with men.<br>• Gender expansive/transgender individuals.<br>• People who use drugs.<br>• People engaged in sex work.<br>• People experiencing homelessness.<br><br>The Contractor should partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; and additional health and support services as needed or requested by priority populations.<br>Partnerships should be documented with an MOU/MOA. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | **NOTE: See Special Requirements, Terms and Conditions – Section 4 HIV, VIRAL HEPATITIS and STI Testing Services Requirements** | | | |

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

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

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

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

**Program Specific Requirements**

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

2. **Submission of Invoice Vouchers** –
   - **a.** On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this Statement of Work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
     - **i.** The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
     - **ii.** DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
   - **b.** The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2026. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

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

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

any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.

**r.** Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. For additional information, please contact the DOH OID Integrated Testing Coordinator.

*The Contractor will link clients as needed to essential support services including, but not limited to: PrEP, HIV PrEP, and doxy PEP, including a warm hand-off to a clinic or medical provider providing PrEP, HIV PrEP, or doxy PEP; HIV community services, such as a warm hand-off to an HIV case manager or HIV navigation specialist, and/or a warm hand-off to a clinic or medical provider treating HIV; STI care and treatment services, including a warm hand-off to a clinic or medical provider treating STIs and support to complete the treatment; Viral hepatitis care and treatment, including a warm hand-off to a clinic or medical provider treating hepatitis B and/or hepatitis C, and support to complete hepatitis C treatment through to cure' Harm reduction services, including a warm hand-off to harm reduction services inclusive of referrals and/or provision of syringe services programs (SSP); Behavioral health services, such as mental health counseling and substance use treatment services, including medications for opioid use disorder and contingency management services where possible; Health benefits navigation and enrollment (e.g. Insurance navigation, enrollment, and utilization). Linkages should be documented in OID-approved data system.*

***s.*** *Contractor should offer test events clients as "opt-out" as a default. This means that HIV, gonorrhea/chlamydia, syphilis, and hepatitis C tests are planned and offered for every client testing event unless a client selects not to obtain a certain test or tests. This is different from clients having to "opt in" to individual test types by selecting from a menu of choices. At least 80% of test events must include at least three tests (HIV; syphilis; hepatitis C; gonorrhea/chlamydia).*

***t.*** *The Contractor will submit client-level information for all positive test results for HIV, syphilis, hepatitis C, and gonorrhea/chlamydia using the OID Positive Reporting Process (guidance forthcoming).*

***u.*** *The Contractor will collect all navigation-related data variables as outlined in OID Standardized Data Collection Guidelines (guidance forthcoming).*

***v.*** *The Contractor must receive prior approval by OID to implement incentivized prevention services. The Contractor will document all incentivized prevention services in compliance with OID Incentivized Prevention Services Guidelines (guidance forthcoming).*

***5. Performance Objectives & Work Plan:***

***a.*** *Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the first year of the contract period. The work plan should incorporate related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.*

***b.*** *The applicant should address the following outline in their work plan:*

- ***i.*** *Contract Year 2 Detailed Work Plan (For each funded service category)*
- ***ii.*** *Program strategies and activities*
- ***iii.*** *Outcomes aligned with program strategies and activities*
- ***iv.*** *SMART objectives aligned with performance targets*
- ***v.*** *Activities aligned with program outcomes*
- ***vi.*** *Timeline for implementation (including staffing of the proposed program, training, etc.)*
- ***vii.*** *Anticipated capacity building or technical assistance needs.*

***c.*** *Performance Objectives & Work Plans should be submitted by September 1, 2025.*

***d.*** *OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.*

***e.*** *Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.*

**6. Participation in program evaluation and monitoring activities –** The Contractor is expected to participate in program evaluation and monitoring activities, including evaluation planning, collecting and reporting qualitative and quantitative program data, and 340B medication tracking data, as deemed necessary by OID staff.

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

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

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

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

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

10. **Contract Management –**
    - **a.** **Fiscal Guidance**
      - **i.** **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or De Minimus certification on file.
      - **ii.** **Advance Payments Prohibited** – DOH funds are "cost reimbursement" funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of "one-twelfth" of the current fiscal year's funding.
      - **iii.** **Duplication of EIP Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR's providing case management services shall make every effort to enroll clients in EIP.

iv. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.

**1)** Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.

**2)** General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

**3)** The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.

vi. **Travel** – Out of staff travel requires prior approval from DOH and must follow GSA guidelines and reimbursement rates.

vii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

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

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

**1)** Laptops and Notebook Computers

**2)** Tablets and Smart Phones

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

**1)** Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders

**2)** Cameras and Photographic Projection Equipment

**3)** Desktop Computers (PCs)

**4)** Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

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

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

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

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

**11. Content Review and Website Disclaimer Notice**

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

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

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs https://www.cdc.gov/nchhstp/media/pdfs/2024/08/cdc-hiv-content-review-program-guidance-2016.pdf

**12. Youth and Peer Outreach Workers**

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

**13. Whistleblower**

**a.** Whistleblower statue, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statue (41 U.S.C. & 4712) states that an "employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.

**b.** The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:

i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program
ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

**14. Allowable Costs**

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

For information in determining allowable costs, please reference OMB Circulars:
2 CFR200 (State, Local and Indian Tribal governments) at: https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards

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

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

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

**DOH Program Name or Title:** Maternal & Child Health Block Grant – 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 September 30, 2026

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

**Revision Purpose:** The purpose of this revision is to remove FFY26 MCHBG LHJ CONTRACTS HRSA YR1 funding as the Department of Health has not received the FFY26 funding, add FFY25 MCHBG SPECIAL PR HRSA 2 funds and change language in task 3f.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Decrease (–) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY25 HRSA MCHBG LHJ CONTRACTS | 78101251 | 93.994 | 333.93.99 | 01/01/25 | 09/30/25 | 333,660 | 0 | 333,660 |
| FFY26 MCHBG LHJ CONTRACTS HRSA YR1 | 78101261 | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 444,879 | -444,879 | 0 |
| FFY25 MCHBG SPECIAL PR HRSA 2 | 7810125A | 93.994 | 333.93.99 | 10/01/25 | 09/30/26 | 0 | 36,079 | 36,079 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **778,539** | **-408,800** | **369,739** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **Maternal and Child Health Block Grant (MCHBG) Administration** | | | | |
| 1a | Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025. | Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant. | May 16, 2025 | Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. |
| 1b | Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template. | Submit MCHBG Budget Workbook to DOH Community Consultant. | September 5, 2025 | |
| 1c | Participate in DOH-sponsored annual MCHBG meeting. | LHJ Contract Lead or designee will attend meeting. | September 30, 2025 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1d | Report actual expenditures for October 1, 2024 through September 30, 2025. | Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant. | December 5, 2025 | See Program Specific Requirements and Special Billing Requirements. |
| 1e | Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026. | Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant. | May 15, 2026 | |
| 1f | Report annual FTE billed to MCHBG. | Submit FTE information on DOH-provided template. | July 1, 2026 | |
| 1g | Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template. | Submit MCHBG Budget Workbook to DOH Community Consultant. | September 4, 2026 | |
| 1h | Participate in DOH-sponsored MCHBG fall regional meeting. | LHJ Contract Lead or designee will attend regional meeting. | September 30, 2026 | |
| **Implementation** | | | | |
| 2a | Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes. | Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes. | January 15, 2025<br>February 15, 2025<br>March 15, 2025<br>April 15, 2025<br>May 15, 2025<br>June 15, 2025<br>July 15, 2025<br>August 15, 2025<br>September 15, 2025 | Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.<br><br>See Program Specific Requirements and Special Billing Requirements. |
| 2b | Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template. | Submit MCHBG reporting document to DOH Community Consultant. | Draft – August 15, 2025<br>Final – September 12, 2025 | |
| 2c | Report 2025-26 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes. | Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes. | September report due<br>October 15, 2025<br>November 15, 2025<br>December 15, 2025<br>January 15, 2026<br>February 15, 2026<br>March 15, 2026<br>April 15, 2026<br>May 15, 2026<br>June 15, 2026<br>July 15, 2026<br>August 15, 2026<br>September 15, 2026 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 2d | Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template. | Submit MCHBG reporting document to DOH Community Consultant. | Draft – August 14, 2026<br>Final – September 11, 2026 | |
| **Children and Youth with Special Health Care Needs (CYSHCN)** | | | | |
| 3a | Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served. | Submit data to DOH per CYSHCN Program guidance. | January 15, 2025<br>April 15, 2025<br>July 15, 2025 | Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.<br><br>See Program Specific Requirements and Special Billing Requirements. |
| 3b | Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed. | Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed. | 30 days after forms are completed.<br>Through September 30, 2025 | |
| 3c | Review your program's entry on ParentHelp123.org annually for accuracy. | Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow. | September 30, 2025 | |
| 3d | Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas. | Submit updates as part of monthly reporting document. | January 15, 2025<br>February 15, 2025<br>March 15, 2025<br>April 15, 2025<br>May 15, 2025<br>June 15, 2025<br>July 15, 2025<br>August 15, 2025<br>September 15, 2025 | |
| 3e | Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served. | Submit data to DOH per CYSHCN Program guidance. | October 15, 2025<br>January 15, 2026<br>April 15, 2026<br>July 15, 2026 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 3f | Review your program's entry on ~~ParentHelp123.org~~ *Help Me Grow's ParentHelp123 Resource Finder* annually for accuracy. | Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow. | September 30, 2026 | |
| 3g | Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas. | Submit updates as part of monthly reporting document. | September report due October 15, 2025<br><br>November 15, 2025<br>December 15, 2025<br>January 15, 2026<br>February 15, 2026<br>March 15, 2026<br>April 15, 2026<br>May 15, 2026<br>June 15, 2026<br>July 15, 2026<br>August 15, 2026<br>September 15, 2026 | |
| **MCHBG Assessment and Evaluation** | | | | |
| 4a | As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template. | Submit documentation as requested by DOH. | September 30, 2025 | Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.<br><br>See Program Specific Requirements and Special Billing Requirements. |
| 4b | Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template. | Submit documentation as requested by DOH. | November 21, 2025 | |
| 4c | As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template. | Submit documentation as requested by DOH. | September 30, 2026 | |

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

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

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

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

**Program Specific Requirements**

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

**Program Manual, Handbook, Policy References:**
CYSHCN Information and Resources:

Children and Youth with Special Health Care Needs Website(wa.gov)

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**
1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used for services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high-risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low-income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

**Monitoring Visits (i.e., frequency, type, etc.):**
Check-ins with DOH Community Consultant as needed.

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

**Special Instructions:**
Contact DOH Community Consultant for approval of expenses not reflected in pre-approved Budget Workbook.

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

**DOH Program Name or Title:** Office of Immunizations–ELC - Effective July 1, 2025

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

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to conduct activities related to health education and promotion of COVID-19, long COVID and other vaccine-preventable diseases for at-risk populations, including strengthening bi-directional relationships with health care providers and increasing access to care.

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY19 ELC ED IMMUNIZATIONS CDC | 7431025E | 93.323 | 333.93.32 | 07/01/26 | 06/30/26 | 0 | 45,150 | 45,150 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **0** | **45,150** | **45,150** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1. | Implement communication, health education and other strategies or other activities, working with health care providers, community-based organizations or other partners to reach the locally identified population. | Written report describing activity/activities expected to be implemented on provided document.<br><br>Implementation plan of activities to be conducted as part of activity on DOH provided document.<br><br>Forecast of expected spending of funds through remainder period of performance (June 2025) on provided document. | Within 30 days of execution of contract.<br><br>Within 30 days of execution of contract.<br><br>Within 30 days of execution of contract. | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 2. | Catalog activities and conduct an evaluation of the strategies used to increase access to services. | Written report, showing the strategies used and the final progress of the reach (template to be provided) | June 30, 2026 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 3. | Co-sponsor one mobile health event with Care-a-Van in their jurisdiction including planning, outreach, and logistics to reach the locally identified population. | Plan to incorporate to be added to implementation plan.<br><br>Written report describing the mobile health event including date, location, services offered, partners, and number of attendees. | June 30, 2026 | |
| 4. | Provide culturally and linguistically appropriate information about vaccine preventable diseases and Long COVID to reach locally identified populations. | Written report describing outreach and education strategies.<br><br>Copies of any developed materials. | June 30, 2026 | |
| 5. | Other activities to consider, with support provided by DOH:<br><br>• Consider adding activities that assess the need for Long COVID screening and treatment, distribute Long COVID clinical education resources to providers in each jurisdiction, and support linkages between social care and clinical care.<br>• Consider hosting Mental Health First Aid training for the public health and health care workforce to increase skill and response capability.<br>Contact Jennifer Robinson at: jenirobinson@wsu.edu<br>Website: https://www.mentalhealthfirstaid.org/<br>• Consider hosting virtual or in-person training for health care leaders to support the workforce and reduce burnout.<br>o Example: Leading in Healthcare: Contributing to more health within the system<br>o Description: This workshop focuses on simple and accessible best-practices for supervisors and managers on leading through crisis and developing healthy team / work group culture. We will cover communication tactics and strategies during times of adversity or high-intensity, crisis recovery, and grief and loss. We will focus on actionable steps that those in leadership positions can take to improve the wellness and functionality of their teams from a behavioral health lens, and the specific strategies used by highly successful teams during and after recovery from adverse events.<br>Distribute and promote provider behavioral health and wellbeing resources from DOH. | Written report, showing the strategies used and the final progress of the reach (template to be provided) | June 30, 2026 | |

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

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

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

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

**Program Specific Requirements**

**Invoicing:**
Invoices must be submitted monthly to include the previous month's reimbursements/costs to DOH using a Contract A19-1A invoice voucher form and required back-up documentation. Final invoices are due within 45 days of the end of the contract.

**Unallowable Costs:**
There are limitations from the funding source on allowable costs for this statement of work. If the LHJ is unsure if a cost is allowable, they should contact the DOH contract manager for approval of the cost prior to making the purchase or charge.

· Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
· Alcoholic beverages
· Building, purchases, construction, capital improvements
· Clinical care (non-immunization services)
· Entertainment costs
· Fundraising Cost
· Goods and services for personal use
· Honoraria
· Independent Research
· Land acquisition
· Legislative/lobbying activities
· Interest on loans for the acquisition and/or modernization of an existing building
· Payment of a bad debt, collection of improper payments
· Promotional and/or incentive materials (e.g. plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
· Purchase of food/meals (unless part of required travel per diem costs)
· Vehicle Purchase
· Vaccine Purchase

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

**DOH Program Name or Title:** Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025

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

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

**Revision Purpose:** The purpose of this revision is to add additional funds.

| 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 |
|---|---|---|---|---|---|---|---|---|
| FFY26 IMMUNIZATIONS DISCRE CDC YR1 | 74610269 | 93.268 | 333.93.26 | 07/01/25 | 06/30/26 | 3,750 | 11,250 | 15,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **3,750** | **11,250** | **15,000** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds. | 1. Review previously submitted preliminary budget for changes and return to DOH.<br>2. Using DOH provided forecast template, submit the forecast for expenditure of contract. | July 30, 2025 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 2 | 1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: | Enter information for each case identified into the Washington Disease Reporting System. | By the last day of each month | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status.<br>• Reporting of HBsAg-positive women and their infants.<br>• Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.<br><br>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.<br><br>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Washington Disease Reporting System. | | | |
| 3 | Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period. | Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds. | January 15, 2026 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |

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

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

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

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

**Program Specific Requirements**

**Invoicing:**
Invoices must be submitted monthly to include the previous month's reimbursements/costs to the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

**Unallowable Costs:**

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

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

**DOH Program Name or Title:** Office of Immunization-Regional Representatives - Effective July 1, 2025

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

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives

**Revision Purpose:** The purpose of this revision is to add additional funds, add a deliverable/outcome, and add to program specific requirements.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY26 IMMUNIZATIONS IQIP CDC YR1 | 74610263 | 93.268 | 333.93.26 | 07/01/25 | 06/30/26 | 37,090 | 111,267 | 148,357 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **37,090** | **111,267** | **148,357** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| Perform as the regional representative for Region One (Island County, San Juan County, Skagit County, Snohomish County, and Whatcom County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program | | | | |
| 1. | Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds. | 1. Deliverable: Review previously submitted preliminary budget for changes and return to DOH.<br>2. Deliverable: Using DOH provided forecast template, submit forecast for expenditure of contract. | July 30, 2025 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 2. | Conduct enrollment site visits with all new providers and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with the CVP Operations Guide. | a) Email Provider Agreement New Enrollment Packet with provider's original or electronic signature – DOH 348-022 if<br>1. Provider did not previously submit the provider agreement to DOH.<br>2. Changes are made to the provider agreement during the enrollment visit.<br><br>b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures | Within ten (10) days after the date of the provider enrollment visit | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 3. | Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program and when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines. | Email completed Provider Disenrollment form DOH 348-423 or list to verify vaccine inventory transferred/removed from provider site. | Within ten (10) days of vaccine transfer or removal | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 4. | Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide.<br><br>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR. | a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.<br><br>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.<br><br>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR | a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.<br><br>b) Within five (5) business days of the site visit.<br><br>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 5. | Conduct Announced Vaccine Storage and Handling (ASH) visits upon DOH request after an enrolled site moves to a new physical location. All visits must be conducted in person, within 60 days of DOH request, in accordance with the CVP Operations Guide.<br><br>If site is due for a compliance visit within the current project period, conduct a compliance visit instead of an ASH visit.<br><br>Complete Announced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR. | a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each announced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.<br><br>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.<br><br>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR | a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.<br><br>b) Within five (5) business days of the site visit.<br><br>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 6. | Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 6 months from new enrollment visit.<br><br>Conduct Compliance Site Visits at enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with the CVP Operations Guide.<br><br>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.<br><br>Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually. | a) Submit completed Combined Site Visit Project Schedule to DOH<br><br>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.<br><br>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.<br><br>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. | a) By July 31, 2025<br><br>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.<br><br>c) Within five (5) business days of the site visit.<br><br>d) Within five (5) business days of receiving the document(s) and | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | | | verifying follow-up actions were completed. | |
| | | e) Respond to requests from DOH to schedule observation visit. | e) Within five (5) business days of DOH request. | |
| 7. | <u>IQIP (Immunization Quality Improvement for Providers)</u><br><br>Complete Combined Site Visit Project Schedule<br><br>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2025. A minimum of 40% of total visits assigned per region must be initiated within the first half Project Year (Dec 31,2025) and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.<br><br>Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.<br><br>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur by Dec 31, 2025 | a) Copy of combined site visit project schedule (template will be provided)<br><br>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.<br><br>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up.<br><br>*IQIP Consultants must complete at least 85% of twelve (12) month follow-ups for IQIP visits initiated.* | a) By July 31, 2025<br><br>b) Within five (5) business days of visit<br><br>c) Within five (5) business days of contact<br><br>By Dec 31, 2025 | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 8. | Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period. | Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds | January 15, 2026 | |

**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.

**<u>Federal Funding Accountability and Transparency Act (FFATA)</u> (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**

- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunizations.
- Regional Representatives must have access to a digital data logger with current certificate of calibration and qualified pack outs or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan).
- Regional consultants will limit use of Immunization Information System (IIS) user accounts to view the data needed to conduct site visits with enrolled sites, and DOH reserves the right to limit regional consultant IIS access if used for unauthorized purposes, including but not limited to, editing, or approving Childhood Vaccine Program provider agreements or vaccine-related requests.
- *LHJs must notify DOH as soon as possible with staffing changes for site visit reviewers/consultants to develop a transition and training plan*

**Invoicing:**

Invoices must be submitted monthly to include the previous month's reimbursements/costs to the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

**Unallowable Costs:**

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

· Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
· Alcoholic beverages
· Building, purchases, construction, capital improvements
· Clinical care (non-immunization services)
· Entertainment costs
· Fundraising Cost
· Goods and services for personal use
· Honoraria
· Independent Research
· Land acquisition
· Legislative/lobbying activities
· Interest on loans for the acquisition and/or modernization of an existing building
· Payment of a bad debt, collection of improper payments
· Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
· Purchase of food/meals (unless part of required travel per diem costs)
· Vehicle Purchase

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

**DOH Program Name or Title:** Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025

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

**Contract Number:** CLH32067

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Period of Performance:** January 1, 2025 through November 30, 2027

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG).

**Revision Purpose:** Purpose of revision is to add second allocation of funding and update Task 2 and 3 due dates.

| 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 |
|---|---|---|---|---|---|---|---|---|
| PH INFRASTRUCTURE COMP A1-LHJ | 92321223 | 93.967 | 333.93.96 | 01/01/25 | 11/30/27 | 191,366 | 200,000 | 391,366 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **191,366** | **200,000** | **391,366** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **Develop a contact list of staff responsible for the statement of work (SOW).** | Submit to DOH Program Contact names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff. | Submit by email to DOH Program Contact any staff change(s) within 30 days | Reimbursement for actual costs not to exceed total funding allocation amount.<br><br>Invoice Vouchers must be billed monthly and received by DOH within 45 days of the close of the month in which services were provided. |
| 2 | **Develop an implementation plan to use these funds for one or more of the allowable costs listed below.**<br><br>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased retention of existing public health staff, and improved workforce systems | Submit initial implementation plan to the DOH Program Contact for review and prior approval as soon as possible. | Implementation plans must be submitted by email to DOH Program Contact before using funds. | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes.<br><br>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.<br><br>Allowable costs include:<br>• Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.<br>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.<br>• Training and education (and related travel) for new and existing staff on topics such as incident management training, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ.<br>• Costs of allowed contractors and contracted staff.<br><br>Notes:<br>• Preapproval from DOH is required to contract with these funds.<br>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of $5,000 or more.) | Revisions to the implementation plans are not required to be submitted to DOH for preapproval. Submit updated implementation plans at the end of the grant year with an overview of those changes. | Revised implementation plans are due a month and 10 days after the end of the grant year November 30th *except for the final year of the grant*:<br>• January 10, 2026<br>• January 10, 2027<br>• ~~January 10, 2028~~ *November 30, 2027* | |
| 3 | **Data collection, as applicable**, is based on:<br>• Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period.<br>• Hiring and retention activities the LHJ has at the end of the reporting period. | Data on form provided by DOH<br><br>Data collection includes:<br>• Number of funded positions filled by job classification and program area since the inception of the grant (December 1, 2022), as of the end of the reporting period. | Reporting periods are:<br>• December 1, 2024–May 31, 2025<br>• June 1, 2025–November 30, 2025<br>• December 1, 2025–May 31, 2026 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | | ○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period.<br>• Data Quality and Context<br>○ Are the data provided questionable or low/poor quality?<br>○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance?<br>○ Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.<br>○ Provide any additional context or information related to this measure.<br>Note: 6-month Reporting periods see Due Date/Time Frame | • June 1, 2026–November 30, 2026<br>• December 1, 2026–May 31, 2027<br>• June 1, 2027–November 30, 2027<br><br>Report due dates are a month and 10 days after the end of the reporting period *except for the final reporting period*:<br>• July 10, 2025<br>• January 10, 2026<br>• July 10, 2026<br>• January 10, 2027<br>• July 10, 2027<br>• ~~January 10, 2028~~ *November 30, 2027* | |

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

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

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

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

**Program Specific Requirements**
Follow all Federal requirements for use of Federal funds: Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

**The following expenses are not allowable with these funds:**
- Clothing (except for vests to be worn during exercises or response)

- Equipment not primarily used by or for public health employees.
- Food or beverages (unless employee is in travel status)
- Incentives (except for retention incentives)
- Items to be given to community members (members of the public)
- Salaries at a rate more than Executive Level II (Federal Pay Scale)
- Vehicles (with preapproval, funds may be used to lease vehicles)
- Capital expenses

**Preapproval from DOH is required to use these funds for:**

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of $5,000 or more.)
- Disposition of equipment with a current value of $5,000 or more. (Equipment is a tangible item with an original per-unit cost of $5,000 or more.)
- Leasing vehicles.
- Out-of-state travel.

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

**Billing Requirements:**
All expenses on invoices must be related to statement of work tasks.

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

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this statement of work for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 45 days of the end of the period of performance for this statement of work.

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

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

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

**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2026

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

This statement of work includes a partial allocation of PHEP funds because DOH has received a partial allocation from the CDC. DOH will add the remaining funds to the statement of work when they are received. If they are not received, DOH will review the statement of work and adjust actvities as needed.

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

**Revision Purpose:** The purpose of this revision is to add the remaining PHEP BP2 funds and PHEP and CRI BP1 carryover funds. This revision also adds Chart of Accounts Master Index Titles to the PHEP and CRI task and activity table, edits language in the Special Requirements section to reflect the funds added, and corrects an error in the deliverable for CRI task #3.

| 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 |
|---|---|---|---|---|---|---|---|---|
| FFY25 PHEP BP2 - CDC- LHJ PARTNERS | 31602254 | 93.069 | 333.93.06 | 07/01/25 | 06/30/26 | 302,555 | 232,763 | 535,318 |
| FFY25 PHEP CRI BP2 - CDC- LHJ PARTNERS | 31604250 | 93.069 | 333.93.06 | 07/01/25 | 06/30/26 | 172,813 | 0 | 172,813 |
| FFY24 PHEP BP1 - CDC- LHJ PARTNERS | 31602241 | 93.069 | 333.93.06 | 07/01/25 | 06/30/26 | 0 | 447,695 | 447,695 |
| FFY24 PHEP CRI BP1 - CDC - LHJ PARTNERS | 31604240 | 93.069 | 333.93.06 | 07/01/25 | 06/30/26 | 0 | 71,956 | 71,956 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **475,368** | **752,414** | **1,227,782** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **FFY25 PHEP BP2 - CDC- LHJ PARTNERS**<br>***FFY24 PHEP BP1 - CDC - LHJ PARTNERS*** | | | | Reimbursement for actual costs not to |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **1** | Maintain accurate and up-to-date contact information. This includes names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff. | Submit information by September 1, 2025, and any changes within 30 days of the change.<br><br>Mid-and end-of-year reports on template provided by DOH. Note any changes or no changes. | September 1, 2025<br>Within 30 days of the change.<br><br>December 31, 2025<br>June 30, 2026 | exceed total funding allocation amount. |
| **2** | As requested, submit additional information to DOH to comply with federal grant requirements and/or DOH requirements. | Information requested by DOH. | Upon request from DOH. | |
| **3** | Participate with DOH in a site visit (virtual or in person) to develop stronger relationships, enhance collaboration, and promote a unified approach to public health preparedness and response efforts. | Participation in site visit.<br><br>Preparation and follow-up activities as requested by DOH. | As requested by DOH. | |
| **4** | **Jurisdictional Risk Assessment**<br>Implementing the preparedness cycle in any organization or jurisdiction is dependent on information about jurisdictional hazards. DOH is providing every local health jurisdiction with access to the H2azaRDS tool that was developed by the University of Washington. This Jurisdictional Risk Assessment (JRA) identifies, analyzes, and prioritizes potential public health and medical threats and hazards within the jurisdiction. | | | |
| **4.1** | Participate in the public health disaster risk assessment tool/report (H2azaRDs tool) training. This training will provide a foundational understanding of the tool and the rollout of it.<br><br>Note: LHJs will be notified at least 30 days in advance of the training date. | Participation in training.<br><br>Mid-year reports on template provided by DOH (note participation in training). | December 31, 2025 | |
| **4.2** | Complete a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 Integrated Preparedness Planning Workshop (IPPW).<br>OR<br>Participate in a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 IPPW.<br><br>The completed risk assessment report will include:<br>• Documented risk profiles, capability gaps, and recommendations to inform planning and resource allocation.<br>• Preparedness strategies in alignment with local, state, and federal emergency management frameworks.<br>• A list of identified risks within the jurisdiction.<br>• A prioritized ranking of the top five risks. | Risk Assessment | December 31, 2025 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • A summary of how these risks impact the most affected populations. | | | |
| **5** | **Training**<br>Maintaining baseline training competency is essential for a coordinated and effective public health emergency response. Ensuring staff complete the appropriate Incident Command System (ICS) training enables them to operate within standardized response structures and communicate effectively during emergencies. Requiring sub-awardees to verify completion through a DOH-approved training plan promotes accountability and consistency across jurisdictions. | | | |
| **5.1** | Ensure baseline NIMS compliant training competency is maintained as determined by the LHJ.<br><br>PHEP funding may be used to support additional public health emergency response trainings identified by the LHJ. | Mid- and end-of-year reports on templates provided by DOH, including titles, dates, and sponsor of trainings. | December 31, 2025<br>June 30, 2026 | |
| **6** | **Exercising**<br>Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) principles. Assessing the effectiveness of our emergency response plans and the training of those who might respond to the public health impacts of disasters, is a core component of the preparedness cycle. The act of exercising combined with the learning as demonstrated by an After-Action Report (AAR) drives future planning and training. It is DOH's responsibility to meet the exercise requirements under our CDC PHEP Cooperative Agreement. DOH uses the Multi-Year Preparedness Activities Calendar (MYPAC) to demonstrate that sub-recipients of the PHEP funding are participating in, or leading exercises. Local Jurisdictions and Tribes may use PHEP funding for any exercise that furthers their preparedness. | | | |
| **6.1** | If DOH participation is requested, complete the WA DOH Exercise Notification Form prior to conducting an exercise that was not previously identified in the LHJ's MYPAC or led by DOH. | Exercise Notification Form | As soon as the LHJ is aware of the exercise date and details. | |
| **6.2** | Conduct, or participate in, at least one emergency response exercise by June 30, 2026.<br><br>LHJs should coordinate preparedness exercises with local partners, including Tribes, emergency management, healthcare facilities, and first responder agencies. Participation in exercises hosted by other organizations within the jurisdiction or geographic region is also strongly encouraged to support regional coordination and strengthen multi-agency response capabilities.<br><br>Note: A real-world response would meet this deliverable. | Submit a Completed After-Action Report/Improvement Plan (AAR/IP) | For AARs that the LHJ are responsible for, 90 days after exercise completion. For others, when the AAR is publicly available. | |
| **7** | **Public Health Emergency Response Planning**<br>A core component of every public health preparedness and response program is maintaining an up-to-date and complete emergency response plan that describes how the jurisdiction will respond to the public health impacts of the most likely threats faced by the jurisdiction. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **7.1** | Update or develop LHJ identified sections of the Comprehensive Emergency Response Plan addressing gaps/needs identified from an After Action Report from an exercise or a real-world response<br><br>Align the Plan with National Incident Management System/Incident Command System (NIMS/ICS) standards and coordinate with community-based organizations, healthcare, and local emergency response agencies. | Describe progress to date in the mid-year report on template provided by DOH.<br><br>Emergency Response Plan by June 30, 2026. | December 31, 2025<br>June 30, 2026 | |
| **8** | **Integrated Preparedness Planning**<br>Washington values the strengths of a decentralized public health system while recognizing that PHEP resources are limited. The Integrated Preparedness Planning (IPP) process is intended to promote inter-jurisdictional efficiency by aligning planning, training, and exercise efforts across the many public health jurisdictions in the state. | | | |
| **8.1** | To inform IPPW, develop a Multi-Year Preparedness Activities Calendar (MYPAC).<br><br>Use the following to inform development of your MYPAC: exercise plans, emergency response plans, AAR/IPs, IPPs, and response training plans. | MYPAC<br><br>Bring (or have available) your MYPAC to the IPPW (digital or on paper). Highlight activities that are new since January 2025. | January 5, 2026<br><br>January 13-14, 2026 | |
| **8.2** | Participate in both days of DOH Integrated Preparedness Planning Workshop (IPPW), with at least one representative (virtually or in person).<br><br>The IPPW is scheduled for January 13-14, 2026 (location TBD). | Participation in IPPW (DOH will be looking at sign in documents).<br><br>End-of-year report on template provided by DOH. | January 13-14, 2026<br><br>June 30, 2026 | |
| **8.3** | Develop or update a multi-year-integrated preparedness plan with critical response and recovery partners using the whole community approach.<br><br>Use the information gathered in tasks 8.1. and 8.2 to inform the development of this plan | Multiyear integrated preparedness plan that is aligned with HSEEP principles, developed or updated between February 1 and June 30, 2026 (after the IPPW). | June 30, 2026 | |
| **9** | **Emergency Information Sharing**<br>Effective emergency communication and notification are critical for ensuring a timely, coordinated response to public health incidents. Immediate notification and accurate situation reporting enable rapid decision-making, resource deployment, and situational awareness at the state, tribal, and local levels. Maintaining reliable communication systems and conducting regular drills help verify readiness, strengthen coordination, and ensure that response protocols function as intended during real-world emergencies. | | | |
| **9.1** | Notification Requirement: Notify the Washington State Department of Health (DOH) Duty Officer at **360-888-0838** or via email at **hanalert@doh.wa.gov** for any incident that involves the activation of | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | emergency response plans and/or the implementation of an incident command structure. | | | |
| **9.2** | Situation Reporting: Develop situation reports (sitreps) documenting jurisdictional activities during all response incidents that extend beyond two operational periods and require a written Incident Action Plan.<br><br>Situation reports may be prepared directly by the LHJ or by another jurisdiction, provided they include input from the LHJ to ensure accuracy and completeness.<br><br>Submit Situation Reports to DOH Duty Office (hanalert@doh.wa.gov) during LHJ response as soon as they are available. | Mid- and end-of-year reports on template provided by DOH. Note whether Situation Reports were submitted, or there was no need to submit them. | December 31, 2025<br>June 30, 2026 | |
| **9.3** | Maintain the Washington Secure Electronic Communications, Urgent Response, and Exchange System (WASECURES) as the primary platform for emergency notifications.<br><br>Participate in DOH-led notification drills.<br><br>Notes:<br>• Registered users must log in (or respond to an alert) quarterly at a minimum.<br>• DOH will provide technical assistance to LHJs on using WASECURES.<br>• LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |
| **9.4** | Participate in quarterly WASECURES notification drills coordinated by DOH to support statewide communication readiness. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |
| **9.5** | Conduct at least one Local Health Jurisdiction (LHJ)-led drill using the jurisdiction's preferred staff notification system to ensure operational effectiveness. | Submit results of the drill on the mid- OR end-of-year reports on template provided by DOH. | December 31, 2025 OR<br>June 30, 2026 | |
| **10** | **Medical Materiel and Volunteer Management**<br>Effective medical materiel and volunteer management are essential for ensuring timely access to critical supplies and skilled personnel during public health emergencies, enabling local health jurisdictions to respond quickly, coordinate resources efficiently, and maintain continuity of operations under surge conditions. While LHJs are not expected to sustain these capabilities independently, they must have plans in place to access and coordinate resources through local, mutual aid, and state systems when needed. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **10.1** | Maintain and update the LHJ's medical materiel management plan components, operational guide, or process document by verifying that the local agency's preferred large parcel delivery sites are accurate and operational and jointly confirmed with DOH, confirming that inventory tracking systems work as intended, and ensuring the LHJ can procure, store, manage, and distribute palletized and bulk medical supplies during a public health emergency when necessary. | Mid- and end-of-year reports on template provided by DOH that describe progress on this task.<br><br>Summary of medical materiel management plan components, operational guide, or process document. (You may submit the whole plan, guide, or document if you prefer.) | December 31, 2025<br>June 30, 2026<br><br>December 31, 2025 OR<br>June 30, 2026 | |
| **10.2** | Develop process/procedure to integrate clinical volunteers into your emergency response plan(s) including the process for management of volunteers during a public health emergency. This could be in partnership with other response partners (EM, Hospitals, Local Volunteer agencies, etc.).<br><br>This plan must identify a point of contact to collaborate with state volunteer registries and support volunteer vetting, credentialing, and response readiness.<br><br>If a Medical Reserve Corps (MRC) is housed within the Local Health Jurisdiction (LHJ), confirm a Point of Contact (POC).<br><br>For LHJs without an MRC, identify a POC to liaise with external volunteer management organizations, including the State Emergency Medical Reserve Corps. | Mid- and end-of-year reports on template provided by DOH, including identified volunteer management point of contact.<br><br>Volunteer management process, procedure, or plan, including the point of contact.<br><br>Updated volunteer management point of contact, as needed. | December 31, 2025<br><br>June 30, 2026<br><br>June 30, 2026<br><br>As changes occur. | |
| **11** | **Public Health Information and Warning**<br>Effectively communicating with the public about health risks during emergencies is essential for reducing morbidity and mortality. When people understand the nature of a threat and what actions they can take to stay safe, they are better equipped to protect themselves and others. Timely, clear, and culturally appropriate messaging helps minimize confusion, supports informed decision-making, and ultimately saves lives during public health emergencies. | | | |
| **11.1** | Incorporate communication strategies into exercises to strengthen your jurisdiction's capacity to manage and disseminate accurate information during emergencies to populations disproportionately affected by top public health hazards within jurisdiction. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |
| **12** | **Healthcare Coalition Partnerships**<br>Collaboration between local PHEP recipients and healthcare coalitions is essential to align public health and healthcare system preparedness capabilities, enhance interoperable response plans, and ensure efficient allocation of critical resources during emergencies. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **12.1** | Participate in the Northwest Healthcare Response Network (NWHRN) monthly or the Healthcare Alliance (HCA) bi-monthly meetings, at least once during each contract reporting period.<br><br>The contract reporting periods are July 1 – December 31, 2025, and January 1 – June 30, 2026. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |
| **12.2** | Participate in the following additional activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA):<br>• Communications<br>• Planning<br>• Training, and/or exercises.<br>• | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |
| **13** | **Coordination with Tribes**<br>Tribes bring valuable cultural knowledge, governance structures, and community networks, essential for effective preparedness, response, and recovery. Partnering with tribes enhances trust, optimizes resource use, and ensures equitable support during crises. | | | |
| **13.1** | Seek to engage and coordinate with local tribes on preparedness activities, if you have federally recognized tribes within your LHJ.<br><br>Note: The jurisdictional risk assessment might be an opportunity to work with tribes (Task #4). | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |
| **14** | **Administrative Preparedness Plans/Procedures**<br>Administrative preparedness is essential for LHJs to effectively fulfill their obligation to respond to public health emergencies in their jurisdiction. Having established administrative procedures that allow your organization to implement appropriate flexibility during declared emergencies —even in the absence of a formal plan—helps ensure rapid access to resources, contracts, staffing, and operational support during public health emergencies. | | | |
| **14.1** | Based on the unique structure and administrative procedures, review and have an understanding of the following areas:<br>• Conditions under which expedited processes can be activated.<br>• Identification of those authorized to implement emergency administrative processes and procedures.<br>• Streamlined processes for securing emergency funding from federal, state, or both levels of government (recognizing that state and federal funding is contingent on availability).<br>• Accelerated procedures for procuring resources, including additional staff (temporary or permanent).<br>• Criteria for deactivating emergency processes and transitioning back to normal operations. | Mid- and end-of-year reports on template provided by DOH.<br><br>Plan and/or procedures available upon request | December 31, 2025<br>June 30, 2026 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **15** | **Build Highly Qualified PHEP Workforce**<br>Maintaining a qualified PHEP workforce is essential for ensuring operational readiness and effective emergency response. Ongoing participation in communities of practice fosters shared learning, supports the dissemination of best practices, and strengthens workforce competencies needed to execute critical public health preparedness functions. | | | |
| **15.1** | Engage in at least one community of practice (CoP) group that identifies problems, solutions, and best practices in public health emergency preparedness. This can be a community of practice led by DOH, CDC, or Northwest Center for Evidence-Based Public Health Emergency Preparedness and Response.<br><br>Note: Attending the MCM CoP (Task 16.2) meets this activity also. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br><br>June 30, 2026 | |
| **16** | **Medical Countermeasures** – All LHJs, including non-Cities Readiness Initiative (CRI)* LHJs, must be able to meet medical countermeasure (MCM) capabilities to ensure timely protection of their communities during public health emergencies. Building and maintaining this capability supports equitable access to life-saving interventions and strengthens the overall statewide response system.<br><br>*Non-CRI LHJs are LHJs that do not receive Cities Readiness Initiative (CRI) funding. In Washington State, the LHJs that receive CRI funding are Clark County Public Health, Public Health – Seattle & King County, Snohomish County Health Department, and Tacoma–Pierce County Health Department. | | | |
| **16.1** | Update MCM plan between July 1, 2025, and June 30, 2026, to reflect current capabilities, procedures, and resources, to demonstrate ongoing medical countermeasure (MCM) readiness.<br><br>If the MCM plan does not include jurisdiction's ability to receive, stage, store, and distribute MCM, provide a comprehensive supplemental report on these capabilities. This report should include:<br>• The process for receiving, staging, storing, and distributing MCM. | Updated MCM plan (submit once by June 30, 2026, or sooner).<br><br>If the Plan is not submitted by December 31, 2025, describe progress to date in the mid-year report on template provided by DOH.<br><br>End-of-year report on template provided by DOH. | December 31, 2025<br>June 30, 2026 | |
| **16.2** | Attend one of the MCM quarterly meetings for the non-CRI LHJs and one MCM community of practice meeting throughout the performance period.<br><br>Note: Participation in the MCM community of practice also meets the requirement of Task 15.1. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br><br>June 30, 2026 | |
| **FFY PHEP CRI BP2 – *CDC* - LHJ PARTNERS**<br>***FFY24 PHEP CRI BP1 - CDC - LHJ PARTNERS***<br>Cities Readiness Initiative (CRI) jurisdictions in Washington are Clark County Public Health, Public Health – Seattle & King County, Snohomish County Health Department, and Tacoma–Pierce County Health Department. | | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **CRI** | **Cities Readiness Initiative (CRI)**<br>This activity enhances the ability of CDC identified Metropolitan Statistical Areas to rapidly distribute medical countermeasures during a public health emergency. In Washington state, the Cities Readiness Initiative (CRI) provides additional resources and planning requirements beyond the PHEP base program to bolster local preparedness and response capacity.<br><br>This funding is tied to a robust federal exercise requirement as outlined in both the CDC PHEP Notice of Funding Opportunity and the CDC PHEP Notice of Funding Opportunity: Cities Readiness Initiative Supplemental Guidance (2024-2028). | | | |
| **CRI 1** | Attend monthly virtual meetings focused on medical countermeasure (MCM) operational readiness to support unified and consistent strategies for MCM coordination and dispensing across CRI jurisdictions and increase access to support and technical assistance from DOH MCM Team and associated ORHS offices.<br><br>Meeting Information: WA State MCM Community of Practice CRI Meetings | Attendance at monthly virtual MCM meetings.<br><br>DOH will record attendance at these meetings. | DOH will provide meeting dates. | |
| **CRI 2** | Participate in a one day in-person workshop conference hosted by DOH MCM for CRIs MCM. Details for this workshop will be jointly informed at the MCM virtual Monthly meetings, focused on collaboration, cross jurisdictional support and support and alignment between the Washington State Department of Health and CRI jurisdictions. | Participation in MCM workshop.<br><br>DOH will record participate at the workshop. | DOH will provide meeting date. | |
| **CRI 3** | Maintain a public health medical countermeasure (MCM) plan(s) and provide information requested by DOH regarding MCM operational readiness when requested, including:<br>• Information on jurisdiction's plan to receive, stage, store, distribute and dispense MCM.<br>• Primary and alternative location information to receiving location of medical countermeasures and medical materiel. If you do not have an alternative site, note that in your submission.<br>• Essential (key) elements of information identified for an MCM response.<br><br>Note: This activity aligns with Deliverable 16.1 (updated MCM plan). CRI funding resources can be used to support the submission of the requested materials. | Information regarding MCM operational readiness, as requested by DOH.<br><br>Updated MCM Plan, by June 30, ~~2025~~ *2026*. | As requested by DOH<br><br>June 30, 2026. | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **CRI 4** | Participate in the Medical Countermeasures and Medical Logistics 101 Training, or equivalent training, provided by the DOH Office of Emergency Medical Logistics.<br><br>Provide feedback to inform this training offering of improvement items to support shared technical knowledge across Washington state medical countermeasures operations.<br><br>DOH will provide materials from this training and/or other training resources that fit the criteria of this training. | List of staff that attended training or other training opportunities provided by DOH.<br><br>Feedback on training. | June 30, 2026 | |
| **CRI 5** | Represent the CRI jurisdiction in collaborations with other LHJs within the respective Metropolitan Statistical Areas (MSAs) on preparedness activities, such as training, planning and exercising.<br><br>Provide examples of collaboration with other CRIs or non-CRI within the MSA served by your jurisdiction. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2025<br><br>June 30, 2026 | |
| **CRI 6** | Participate in both days of DOH Integrated Preparedness Planning Workshop (IPPW), with at least one representation (virtually or in person). See PHEP Tasks 8.1 and 8.2<br><br>The IPPW is currently scheduled for January 13-14, 2026 (location TBD). Meeting Information WA State MCM Community of Practice<br><br>Note: This activity aligns with Tasks 8.1 and 8.2 (IPPW). CRI funding resources may be used to support participation in the IPPW. | Participation in IPPW.<br><br>End-of-year report on template provided by DOH. | June 30, 2026 | |

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

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

**Program Specific Requirements**

**Special Requirements:**
**These requirements apply to ~~both~~ *all* MI Codes in this Statement of Work~~: 31602254 (PHEP) and CRI (31603251).~~**

**Guidance Documents** - LHJs are strongly encouraged to use the following documents to inform the implementation of activities in this statement of work. DOH will provide copies of the documents.

New Statement of Work Guidance Document (under development)

*Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.*

*Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations*

*Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*

*Public Health Emergency Preparedness (PHEP) Cooperative Agreement (2024 – 2029* Guidance Document)

**Follow all Federal requirements for use of Federal funds:**
Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200
Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards
CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

Recipients may only use funds for reasonable program purposes, including personnel, travel, supplies, and services." PHEP Notice of Funding Opportunity: Funding Limitations Supplemental Guidance – February 2024

**The following expenses are not allowable with these funds:**

- Clothing (except for vests to be worn during exercises or responses).
- Salaries at a rate above Federal Executive Schedule Level II.
- Vehicles (with preapproval, funds may be used to lease vehicles).
- Pay or reimburse backfilling costs for staff.
- Vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by CDC/ACIP schedules.
- Influenza vaccines for the public.
- Promotional items and memorabilia.
- Construction or major renovations.

**Preapproval from DOH is required to use these funds for:**

- Contracting.
- Purchasing food or beverages is generally not allowable (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.
- Overtime pay for staff directly associated with this statement of work.
- Purchase of caches of vaccine for public health responders and their households to ensure the health and safety of the public health workforce.
- Purchase of caches of vaccine for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

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

**BILLING**

**Please refer to the Billing Instructions in the 2025 – 2027 Consolidated Contract.**

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

**Submit invoices monthly** on a signed A19-1A invoice voucher form with backup documentation appropriate for risk level. DOH will provide A19 form and risk level.

- Submit invoices monthly within 60 days of the end of the month of service (unless the related ConCon amendment has not been executed, in that case submit invoices as soon as possible after the amendment is executed).
- Please do not submit invoices until the ConCon amendment including the funds has been executed.
- If invoices include indirect costs, there must be a DOH-approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Contact via email.
- If you are submitting a supplemental, revised, corrected, or any additional invoice for a month, please clarify your intentions in the email with the invoice.
- Submit final billing within 60 days of the end of the funding period.

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

**DOH Program Name or Title:** OSS LMP Implementation - Effective July 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department
**Contract Number:** CLH32067

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

**Period of Performance:** July 1, 2025 through June 30, 2027

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☐ Federal <Select One> | ☐ FFATA (Transparency Act) | ☒ Reimbursement |
| ☒ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Statement of Work Purpose:** The purpose of this statement of work is to fund implemation of the on-site sewage system (OSS) local management plan (LMP). This funding is for the 2025-2027 biennium. Additional funding was added on top of original SFY26 ALEA award to cover belated claim for June 2025 invoice of $357.

**Revision Purpose:** Add task level budgets, update goals and measureable objectives, and remove Task 3.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change None | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| SMALL ONSITE MANAGEMENT (ALEA) | 26705100 | N/A | 334.04.93 | 07/01/25 | 06/30/26 | 36968 | 0 | 36,968 |
| SFY27 WASTEWATER MANAGEMENT - GFS | 26701170 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 31821 | 0 | 31,821 |
| SMALL ONSITE MANAGEMENT (ALEA) | 26705100 | N/A | 334.04.93 | 07/01/26 | 06/30/27 | 6,572 | 0 | 6,572 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **75,361** | **0** | **75,361** |

**GOALS & MEASURABLE OBJECTIVES**
This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported on an ongoing basis in the semiannual progress reports.

| Description (e.g., "OSS compliance") | Units (e.g. "systems") | Starting Amount | Targets |
|---|---|---|---|
| OSS compliant with inspections countywide | Percent of OSS | *3%* | *6%* |
| OSS failures identified and/or investigated countywide | Number of OSS failures identified | *TBD* | *TBD* |
| OSS failures repaired/replaced countywide | Number of OSS Failures repaired/replaced | *TBD* | *TBD* |
| ~~Rebates provided to low-income homeowners for M&M activities~~ | ~~Number of rebates issued~~ | | |

| Task # | Task/Activity/Description | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **Task 1. Grant Administration**<br>This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program. | | | | |

| Task # | Task/Activity/Description | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1.1 | **Bi-monthly Invoicing and Progress Reports**<br>DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. LHJ will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices. | Bimonthly/Monthly invoices | Bimonthly/monthly for duration of contract period | Reimbursement up to ~~$X~~ ***$4,000*** based on actual costs. |
| 1.2 | **Semi-Annual Progress Reports**<br>Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column. | Data about the following:<br>• Qualitative:<br>  ○ Summary of work<br>  ○ Barriers to LMP Implementation<br>• Quantitative:<br>  ○ OSS inventory metrics<br>  ○ Enforcement actions<br>  ○ Outreach and Education efforts | Due July 15 for the duration of the contract period | |
| **Task 2. Local Management Plan Implementation**<br>This task includes all work done to implement the county's LMP excluding grant management tasks and inspection rebates/incentives. | | | | |
| 2.1 | **Database Maintenance and Quality Assurance/Quality Control (QA/QC)**<br>Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include:<br>• Conduct QA/QC on 5% of all reports submitted semi-annually online to ensure correct property information, system information and reporting requirements. | Data on the following:<br>• % of reports reviewed semi-annually. | Report in semi-annual progress report. | Reimbursement up to ~~$X~~ ***$71,004*** based on actual costs. |
| 2.2 | **Operations and Maintenance (O&M) Program Administration**<br>• Failure and repair tracking<br>• Enforcement activity for failed systems<br>• O&M reports indicating deficiencies reviewed and investigated as needed.<br>• Assess feasibility of setting up automatic email reminders to homeowners through online database, Online RME. | Data on the following:<br>• Number of OSS failures identified and/or investigated<br>• Number of enforcement activities<br>• Number of repairs permitted<br>• Number of deficient O&M reports reviewed/investigated.<br>• Report on status of feasibility for automatic reminders. | Report in semi-annual progress report in Subtask 1.2. | |
| 2.3 | **Education and Outreach**<br>Education and outreach is conducted for OSS owners, and realtors. Specific tasks include:<br>• Technical assistance provided to public as needed. | • Number of occurrences of technical assistance provided to public. 7<br>• Post one targeted social media advertisement quarterly | Report in semi-annual progress report. | |

| Task # | Task/Activity/Description | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • Reoccurring Septic Care social media campaign/advertisement.<br>• Reoccurring maintenance reminders for homeowners. | • Provide annually 1 email newsletter per year to homeowners for maintenance reminder. | | |
| 2.4 | **Professional Development and Coordination**<br>• The LHJ will participate in LMP and West Side Coordinators Meetings and will network between counties.<br>• The LHJ will support professional development through:<br>  ○ Attending DOH OSS Program trainings | Attendance and contribution at four (4) meetings per year | Report attendance semi-annually, as scheduled in Task 1.2 | |
| ~~**Task 3. Homeowner Inspection Rebates/Incentives Program**~~<br>~~Provide low-income rebates to homeowners.~~ | | | | |
| ~~3.1~~ | ~~**Low-Income Homeowner Inspection Rebates**~~<br>~~The LHJ will provide rebates to homeowners for pumping, inspections, and minor repairs. Rebates issued will be up to $X.~~ | ~~a. Provide draft and final process/policy documents to DOH~~<br><br>~~b. Up to X# rebates will be issued for M&M activities. This is based off a $X average per rebate.~~ | ~~a. Prior to issuing any rebates~~<br><br>~~b. By grant closeout~~ | ~~Reimbursement up to $X based on actual costs~~ |

**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.

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

**DOH Program Name or Title:** TB Program - Effective January 1, 2025

**Local Health Jurisdiction Name:** Snohomish County Health Department
**Contract Number:** CLH32067

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

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient<br>☐ State<br>☐ Other | ☒ FFATA (Transparency Act)<br>☐ Research & Development | ☒ Reimbursement<br>☐ Fixed Price |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is providing funding from the State TB Program for tuberculosis (TB) prevention and control activities.

**Revision Purpose:** The purpose of this revision is to add remaining intended FFY25 TB Elimination CDC funds which recently arrived.

| 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 |
|---|---|---|---|---|---|---|---|---|
| FFY25 TB ELIMINATION CDC | 18402254 | 93.116 | 333.93.11 | 01/01/25 | 12/31/25 | 71,275 | 28,391 | 99,666 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **71,275** | **28,391** | **99,666** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **Case Management and Treatment:**<br>(1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment.<br>a. Performance-based focus area improve Completion of Therapy (COT)<br>i. Improve Completion of Therapy (COT)<br>(2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines and the Washington TB Services and Standards Manual. | Summary of tasks 1-10 outcomes including any implemented strategies to improve and related results/findings in the Consolidated Contract "TB Deliverables Report" for January 1, 2025 – December 31, 2025 | Report due January 31, 2026, for 2025 TB activities | Payment for tasks 1-7 will be reimbursed for actual expenses up to the maximum available within the FFY25 TB ELIMINATION CDC funding period described in the Funding Table above.<br><br>**See below Restrictions on Funds and Billing Requirements** |
| 2 | Provide DOH with complete TB case, contact, targeted testing, and infection data. | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ.<br>• Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g. WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years. | | | |
| 3 | **Contact Identifications:**<br>• Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact identifications.<br>• Comply with National TB Coalition of America (NTCA) and CDC guidelines | | | |
| 4 | **Directly Observed Therapy (DOT):**<br>Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients. | | | |
| 5 | **Examination and Appropriate Treatment of Immigrants and Refugees:**<br>• Increase percentage of immigrants and refugees meeting NTIP targets.<br>• Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information. | | | |
| 6 | **Cohort Review**<br>Appropriate team members will attend and participate in discussion and utilize data for local program evaluation and program improvements.<br>**TB Case Consultation:**<br>Appropriate LHJ TB staff attend as requested by DOH clinical team. King Co allow DOH Clinical staff to attend King Co medical case management team discussions. | | | |
| 7 | **Targeted Testing:**<br>• Develop and submit a targeted testing plan that aligns with Chapter 3 of the Washington TB Services and Standards Manual<br>o Collaborate with DOH on an LHJ-specific targeted testing plan.<br>• Implement at least one (1) targeted testing project and report findings to DOH. | Submit plan; Follow targeted testing data submission requirements outlined in Task 2<br><br>Summary of activities and related outcomes to be included in annual Deliverables Report for January 1, 2025 -- December 31, 2025 | Plan submission due June 30, 2025<br><br>Report due January 31, 2026, for 2025 TB activities | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 8 | For any medications received the LHJ agrees to:<br>• Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication.<br>• Store 340B separately from non-340B medications.<br>• Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility.<br>• Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations.<br>• Will not bill Medicaid for any 340B TB medications provided by DOH TB Program.<br>• Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations.<br>• Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ. | | | In Kind |
| 9 | An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish, and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager.<br>Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page [Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)]. | Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better for January 1, 2025 – December 31, 2025 | Report due January 31, 2026, for 2025 TB activities | In Kind |
| 10 | CDC TB Care Finder tool for finding local TB care services.<br>Setup initial county local TB care information in tool and create and follow a routine maintenance plan to ensure current information is available for TB patients and providers. | Include in 2025 Deliverables Report the last date that the provider information for your county was reviewed/updated in the TB Care Finder tool. | Report due January 31, 2026, for 2025 TB activities | In Kind |

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

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

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

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

**Program Specific Requirements**

**Program Manual, Handbook, Policy References:**
WA State TB Services and Standards Manual: Washington State TB Services & Standards Manual (sharepoint.com)
LHJ TB SharePoint pages: TB LHJ Home (sharepoint.com)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**
1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used **except where noted**:
   - To supplant State or LHJ funds;
   - For inpatient care;
   - For construction or renovation of facilities;
   - To purchase treatment medications;
   - For lobbying

**Special References (i.e., RCWs, WACs, etc.):**
TB Laws and Regulations: (http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers
Governor's Executive Orders 22-02 and 22-04: Our state is a pro-equity, anti-racist state; any of the other programs and services we provide, we each play a role in ensuring the systems of government provide full access to the opportunities, power and resources people need to flourish.

**Monitoring Visits (i.e., frequency, type, etc.):**
The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of the visit will be determined and scheduled in cooperation with the sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

**Billing Requirements:**
TB Elimination Federal Funds: Invoices should be billed monthly when possible. Funding must be spent by 12/31/2025 and invoiced by 1/31/2026. No funds will be carried forward.

FPHS State Funds: Funding must be spent by the end date of the funding period. Invoices should be billed monthly and must be received no more than 60 days after the billing period. No funds will be carried forward.

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

**DOH Program Name or Title:** Zoonotic Disease Program-WNV Mosquito Surveillance - Effective May 1, 2025

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

**Contract Number:** CLH32067

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

**Period of Performance:** May 1, 2025 through September 30, 2025

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient | ☒ FFATA (Transparency Act) | ☒ Reimbursement |
| ☐ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) 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 Washington

**Revision Purpose:** Update MI Code and move available CarryForward funding from FFY24 to FFY25 ELC CORE for the period of 08/01/25-09/30/25.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change None | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY24 ELC CORE VECTOR BORNE CDC | 1882124A | 93.323 | 333.93.32 | 05/01/25 | 07/31/25 | 3,000 | -656 | 2,344 |
| FFY25 ELC CORE VECTOR BORNE CDC | 1882125B | 93.323 | 333.93.32 | 08/01/25 | 09/30/25 | 0 | 656 | 656 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **3,000** | **0** | **3,000** |

| 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. Purchase of dry ice, as needed Set and collect traps Record field data on DOH-provided reporting forms, including zero catch information. | Submit two (2) 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 during mosquito season, June through September | Reimbursement up to *total allocation within the funding period* ~~*$3,000*~~ (including staff time, transportation, and costs related to mosquito surveillance activities) |

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

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

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

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

**Program Specific Requirements**

**Program Manual, Handbook, Policy References:**
CDC Funding Regulations and Policies: https://www.cdc.gov/grants/federal-regulations-policies/index.html, *as limited, or otherwise addressed, in any applicable court ruling.*

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**
The current project period is May 1, 2025 to September 30, 2025. Work outside this date range will be provided to DOH at no cost.

**Billing Requirements:**
Final invoices must be submitted within 45 days of the end of the LHJ Funding Period. The LHJ should bill invoices monthly or at least quarterly. Failure to meet these requirements may result in invoices not being paid.