

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

CONTRACT NUMBER: CLH31027

AMENDMENT NUMBER: 24

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/sitespages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- Adds Statements of Work for the following programs:
 Continuation of Care & Services: CHW Outreach-Refugee Health Promo - Effective September 1, 2024
 Office of Immunization COVID-19 Vaccine - Effective July 1, 2024
 Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2024
 Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024
 Office of Immunization-Regional Representatives - Effective July 1, 2024
 Office of Resiliency & Health Security-PHEP-CRI - Effective July 1, 2024

- Amends Statements of Work for the following programs:
 DCHS - ELC COVID-19 Response - Effective January 1, 2022
 Foundational Public Health Services (FPHS) - Effective July 1, 2024
 Infectious Disease Prevention Services-FPHS - Effective July 1, 2024
 Infectious Disease-Syndemic Prevention Services - Effective January 1, 2024
 Maternal & Child Health Block Grant - Effective January 1, 2022

- Deletes Statements of Work for the following programs:

2. Exhibit B-24 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-23 Allocations as follows:

- Increase of **\$7,460,560** for a revised maximum consideration of **\$48,315,988**.
- Decrease of _____ for a revised maximum consideration of _____.
- No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
CSFRF CTS LHJ Allocation	SLFRP0002	Amd 5, 11	21.027	333.21.02	01/01/22	06/30/23	01/01/22	06/30/23	\$684,964	\$684,964	\$684,964
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 22	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	(\$376,924)	\$93,144	\$93,144
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 16, 22	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	\$470,068		
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 14	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	\$664,210	\$664,210	\$664,210
LHJ Vaccination ARPA	SLFRP0002	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$80,500	\$80,500	\$80,500
PS SSI2 Subaward Management Task 3	01J89801	Amd 22	66.123	333.66.12	07/01/23	12/31/24	07/01/21	08/31/28	\$425,000	\$850,000	\$850,000
PS SSI2 Subaward Management Task 3	01J89801	Amd 15	66.123	333.66.12	07/01/23	12/31/24	07/01/21	08/31/28	\$425,000		
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$78,676	\$131,504	\$131,504
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$52,828		
FFY23 CRI BP5	NU90TP922043	Amd 16, 23	93.069	333.93.06	07/01/23	12/31/24	07/01/23	06/30/25	\$161,292	\$161,292	\$161,292
FFY22 PHEP CRI BP4	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$146,153	\$146,153	\$146,153
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 16, 23	93.069	333.93.06	07/01/23	12/31/24	07/01/23	06/30/25	\$535,318	\$535,318	\$1,284,763
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$535,318	\$535,318	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$214,127	\$214,127	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 24	93.069	333.93.06	07/01/24	12/31/24	07/01/24	06/30/25	\$321,191	\$321,191	\$321,191
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 24	93.069	333.93.06	07/01/24	12/31/24	07/01/24	06/30/25	\$103,688	\$103,688	\$103,688
FFY24 TB Elimination-FPH	NU52PS910221	Amd 19	93.116	333.93.11	01/01/24	09/30/24	01/01/24	09/30/24	\$106,970	\$106,970	\$300,234
FFY23 TB Elimination-FPH	NU52PS910221	Amd 11	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$97,815	\$97,815	
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$43,542	\$143,542	\$143,542
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 12	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	\$100,000		
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	(\$43,542)	\$0	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$43,542		
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$59,687	\$209,687	\$319,205
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 15	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	(\$3,657)	\$109,518	
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175		

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	End Date	Funding Period Start Date	End Date			
FFY25 CDC PPHF Ops	NGA Not Received	Amd 24	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$5,500	\$5,500	\$29,150
FFY24 CDC PPHF Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,150	\$23,650	
FFY24 CDC PPHF Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$21,500		
FFY25 CDC IQIP Regional Rep	NGA Not Received	Amd 24	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$106,906	\$106,906	\$188,306
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$7,400	\$81,400	
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$74,000		
FFY25 CDC VFC Ops	NGA Not Received	Amd 24	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$45,150	\$45,150	\$94,815
FFY24 CDC VFC Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$4,515	\$49,665	
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$45,150		
FFY23 CDC Ukrainian Resettlement	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$22,234	\$22,234	\$22,234
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$22,748	\$2,092,701	\$2,092,701
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953		
COVID19 Vaccines R4	NH23IP922619	Amd 24	93.268	333.93.26	07/01/24	12/31/24	07/01/20	12/31/24	\$2,391,448	\$2,391,448	\$5,257,051
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$2,865,603	
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603		
Improving Vaccinations AA1	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$42,840	\$42,840	\$42,840
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$21,500	\$21,500	\$80,512
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$20,793	\$20,793	
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$38,219	\$38,219	
FFY24 Ukrainian Outreach	NGA Not Received	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$42,840	\$42,840	\$42,840
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$74,468	\$74,468	\$74,468
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$45,150	\$45,150	\$50,066
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$4,916	\$4,916	
FFY24 EIP COVIDNET Surv CDC	NU50CK000642	Amd 22	93.317	333.93.31	01/01/24	12/31/24	01/01/24	12/31/24	\$43,292	\$43,292	\$43,292
FFY24 EIP FluSurvNET Surv CDC	NU50CK000642	Amd 22	93.317	333.93.31	01/01/24	12/31/24	01/01/24	12/31/24	\$19,678	\$19,678	\$19,678
FFY24 EIP RSVNET Surv CDC	NU50CK000642	Amd 22	93.317	333.93.31	01/01/24	12/31/24	01/01/24	12/31/24	\$15,743	\$15,743	\$15,743

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 24	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$596,400	\$6,287,880	\$6,287,880
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9, 24	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$44,632)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 24	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$5,736,112		
FFY23 ELC HAI AR Epi Cap CDC	NU50CK000515	Amd 22	93.323	333.93.32	01/01/24	07/31/24	08/01/23	07/31/24	\$91,559	\$91,559	\$91,559
FFY21 NH & LTC Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY21 SNF Strike Teams HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 22	93.323	333.93.32	08/01/23	07/31/24	08/01/23	07/31/24	\$4,500	\$5,700	\$10,500
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 13, 22	93.323	333.93.32	08/01/23	07/31/24	08/01/23	07/31/24	\$1,200		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,800	\$3,300	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	\$1,500		
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 21, 23	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$50,000	\$250,000	\$250,000
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 18, 23	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000		
FFY23 Crisis Coag-Mpox	NU90TP922236	Amd 15	93.354	333.93.35	12/01/22	06/30/23	12/01/22	06/30/23	\$25,000	\$25,000	\$25,000
FFY23 OID Crisis Coag-Mpox CDC	NU90TP922236	Amd 17, 20	93.354	333.93.35	07/01/23	12/31/24	07/01/23	01/31/25	\$25,000	\$25,000	\$25,000
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$10,379	\$10,379	\$10,379
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 22	93.391	333.93.39	01/01/22	08/31/24	07/01/21	12/31/24	\$20,000	\$233,945	\$233,945
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 16	93.391	333.93.39	01/01/22	08/31/24	07/01/21	12/31/24	\$13,945		
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 9	93.391	333.93.39	01/01/22	08/31/24	07/01/21	12/31/24	\$100,000		
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 2, 9	93.391	333.93.39	01/01/22	08/31/24	07/01/21	12/31/24	\$100,000		
FFY24 Hi-Imp HIV Prevention CDC	NGA Not Received	Amd 24	93.940	333.93.94	08/01/24	12/31/24	08/01/24	05/31/25	\$33,333	\$33,333	\$33,333
FFY24 Hi-Imp HIV Prev CDC	NGA Not Received	Amd 24	93.940	333.93.94	08/01/24	12/31/24	08/01/24	05/31/25	\$46,109	\$46,109	\$46,109
FFY23 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	01/01/23	06/30/23	01/01/23	12/31/23	\$55,331	\$55,331	\$165,993
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	07/01/22	12/31/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 Integ HIV Prev CDC	NU62PS924528	Amd 23	93.940	333.93.94	07/01/24	07/31/24	01/01/22	07/31/24	\$4,612	\$4,612	\$115,274
FFY22 Integ HIV Prev CDC	NU62PS924635	Amd 15	93.940	333.93.94	07/01/23	06/30/24	01/01/22	07/31/24	\$110,662	\$110,662	

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY23 Refugee Health Promo DSHS IAR	NGA Not Received	Amd 24	93.566	333.93.56	09/01/24	12/31/24	10/01/23	09/30/26	\$137,500	\$137,500	\$137,500
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 19	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY24 PCHD STD Prev Dis Control CDC	NGA Not Received	Amd 22	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	(\$35,355)	\$0	\$94,282
FFY24 PCHD STD Prev Dis Control CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	\$35,355		
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 24	93.977	333.93.97	07/01/24	10/31/24	01/01/23	01/31/26	\$5,893	\$23,572	
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 23, 24	93.977	333.93.97	07/01/24	10/31/24	01/01/23	01/31/26	\$17,679		
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 22	93.977	333.93.97	07/01/23	06/30/24	01/01/23	01/31/26	\$35,355	\$70,710	
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 15, 22	93.977	333.93.97	07/01/23	06/30/24	01/01/23	01/31/26	\$35,355		
FFY24 PCHD STD Prev Supp CDC	NGA Not Received	Amd 22	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	(\$173,112)	\$0	\$432,779
FFY24 PCHD STD Prev Supp CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	\$173,112		
FFY23 PCHD STD Prev Supp CDC	NH25PS005146	Amd 23	93.977	333.93.97	07/01/24	09/30/24	01/01/23	01/31/26	\$86,556	\$86,556	
FFY23 PCHD STD Prev Supp CDC	NH25PS005146	Amd 22	93.977	333.93.97	07/01/23	06/30/24	01/01/23	01/31/26	\$173,112	\$346,223	
FFY23 PCHD STD Prev Supp CDC	NH25PS005146	Amd 15, 22	93.977	333.93.97	07/01/23	06/30/24	01/01/23	01/31/26	\$173,111		
FFY23 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$35,250	\$35,250	\$105,750
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY23 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$173,112	\$173,112	\$507,676
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$173,111	\$173,111	
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453	
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 24	93.994	333.93.99	10/01/24	12/31/24	10/01/24	09/30/25	\$111,219	\$111,219	\$662,371
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 23	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	(\$200,000)	\$244,879	
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 16	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$444,879		
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 16	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$138,606)	\$306,273	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$444,879		
FFY23 HRSA MCHBG Special Proj	B04MC47453	Amd 23	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$200,000	\$200,000	\$338,606
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 16	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$138,606	\$138,606	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$333,659)	\$0	\$0
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$352,122	\$352,122	\$352,122
SFY25 State Disease Control & Prev		Amd 23	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$75,748	\$75,748	\$227,244
SFY24 State Disease Control & Prev		Amd 15	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$151,496	\$151,496	

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
State Disease Control & Prev-FPH		Amd 7, 15	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$151,496	\$151,496	\$244,293
State Disease Control & Prev-FPH		Amd 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$32,765	\$92,797	
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$60,032		
SFY25 STD Prevention		Amd 24	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	(\$33,333)	\$26,667	\$86,667
SFY25 STD Prevention		Amd 19	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25	\$60,000		
SFY24 STD Prevention		Amd 19	N/A	334.04.91	01/01/24	06/30/24	07/01/23	06/30/24	\$60,000	\$60,000	
SFY25 STI Program Expansion Proviso		Amd 20	N/A	334.04.91	07/01/24	12/31/24	07/01/24	12/31/24	\$307,389	\$307,389	\$653,202
SFY24 STI Program Expansion Proviso		Amd 20	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$345,813	\$345,813	
LHJ COVID-19 GFS		Amd 22	N/A	334.04.92	07/01/23	06/30/24	07/01/23	06/30/24	\$376,924	\$376,924	\$376,924
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$14,658	\$14,658	\$14,658
Mpox Gap Response		Amd 14	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$5,000	\$5,000	\$5,000
Rec Shellfish/Biotoxin		Amd 15	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$11,000	\$11,000	\$21,000
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,000	\$10,000	
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,334	\$33,334	\$141,668
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,334	\$33,334	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$60,000	\$60,000	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$15,000	\$15,000	
Small Onsite Management (GFS)		Amd 17	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	(\$8,332)	\$0	\$0
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	\$8,332		
SFY25 Wastewater Management-GFS		Amd 17	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$31,969	\$31,969	\$31,969
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625	\$7,625
ADAP State (Rebate)		Amd 24	N/A	334.04.98	10/01/24	12/31/24	07/01/23	06/30/25	\$43,278	\$43,278	\$43,278
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858	\$27,706
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$7,858		
FFY24 RW Grant Year Rebate		Amd 24	N/A	334.04.98	10/01/24	12/31/24	04/01/24	03/31/25	\$43,278	\$43,278	\$43,278

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%

Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
FPHS-LHJ-Proviso (YR2)		Amd 13	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$350,000	\$5,566,000	\$8,716,000
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$5,216,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$3,150,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000	
SFY25 FPHS-LHJ Funds-GFS		Amd 24	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$3,503,000	\$7,006,000	\$14,012,000
SFY25 FPHS-LHJ Funds-GFS		Amd 23	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$3,503,000		
SFY24 FPHS-LHJ-Funds-GFS		Amd 19	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	(\$25,000)	\$7,006,000	
SFY24 FPHS-LHJ-Funds-GFS		Amd 16	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$1,815,000		
SFY24 FPHS-LHJ-Funds-GFS		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$5,216,000		
SFY24 TB Capacity Expansion FPHS		Amd 17	N/A	336.04.25	07/01/23	12/31/23	07/01/23	06/30/25	\$500	\$500	\$500
YR26 SRF - Local Asst (15%) SS		Amd 22	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$400	\$5,600	\$16,800
YR26 SRF - Local Asst (15%) SS		Amd 17	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$5,200		
YR25 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$6,000	\$6,000	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		
Sanitary Survey Fees SS-State		Amd 22	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$400	\$16,800	\$16,800
Sanitary Survey Fees SS-State		Amd 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$5,200		
Sanitary Survey Fees SS-State		Amd 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$6,000		
Sanitary Survey Fees SS-State		Amd 2, 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$1,600		
Sanitary Survey Fees SS-State		Amd 1, 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	\$3,600		
YR26 SRF - Local Asst (15%) TA		Amd 22	N/A	346.26.66	01/01/24	12/31/24	07/01/23	06/30/25	\$4,000	\$4,000	\$10,000
YR25 SRF - Local Asst (15%) TA		Amd 12	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	
TOTAL									\$48,315,988	\$48,315,988	
Total consideration:				\$40,855,428							
				\$7,460,560							
GRAND TOTAL				\$48,315,988						GRAND TOTAL	\$48,315,988
										Total Fed	\$23,564,262
										Total State	\$24,751,726

*Catalog of Federal Domestic Assistance

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

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

DOH Program Name or Title: Continuation of Care & Services: CHW Outreach-
Refugee Health Promo - Effective September 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: September 1, 2024 through December 31, 2024

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

NOTE: The CHW Project is expected to continue through September 30, 2026. DOH intends to include this project and any unspent funding in a new SOW in the next consolidated contract term beginning January 1, 2025 through September 30, 2026. No interruption in funding or services is expected.

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
FFY23 REFUGEE HEALTH PROMO DSHS IAR	18502931	93.566	333.93.56	09/01/24	12/31/24	0	137,500	137,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	137,500	137,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	SCHD will onboard a CHW to provide health education and health navigation to eligible clients to expand health knowledge and literacy.	Onboard one (1) CHW to serve eligible clients.	Onboard a CHW by November 30, 2024.	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.
2	CHW will host one-on-one education focused on vaccines and other health education topics based on client needs. Topics will consist of the importance and safety of COVID-19 and Flu vaccines and necessary vaccines for school enrollment as well as other relevant topics such as accessing healthcare. Education	Education sessions will utilize culturally and linguistically appropriate materials and will serve at least 15 eligible clients per month.	Monthly report (reference Program Requirements, appendix A for timeline)	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	sessions will be both in-person and virtual for all ORR eligible clients. Education materials will be translated into appropriate languages and will include handouts and graphic novel style booklets.	Client level data will be reported via monthly reporting template.		
3	CHW will host walk-in group health education sessions for eligible clients at local community centers. Topics will include addressing misconceptions about vaccines, reasons for required of recommended vaccines, benefits of receiving recommended vaccines, and other topics based on client needs. Preventative healthcare will also be addressed during these conversations. Services will be provided to all ORR eligible clients.	Will host at least one (1) event per month to increase vaccine education and confidence in vaccine safety. Client level data will be reported via monthly reporting template. This will include documentation of pre- and post-assessments for eligible clients.	Monthly report (reference Program Requirements, appendix A for timeline)	
4	CHW will host one-time, one-on-one, health navigation services focused on connecting clients to vision/dental/medical providers and other services as per client needs. Services will be provided to all ORR eligible clients.	Will serve at least 15 eligible clients per month. Client level data will be reported via monthly reporting template. This will include documentation of completion of service.	Monthly report (reference Program Requirements, appendix A for timeline)	
5	CHW will attend/host back-to-school immunization clinics for all ORR-eligible clients, primarily focused on childhood vaccines. CHW will also attend community-led back-to-school and other health related events/fairs to connect with ORR-eligible clients and provide program specific services.	Will attend/host at least one (1) event per year.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
6	CHW will attend required meetings and support other grant related deliverables.	Attendance of at least 80% of CHW Check-In meetings. Attendance at other refugee services provider meetings as needed.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
7	Develop a flyer with the proposed service details. The service details will include, at minimum, the service available, how to access services, hours of operations and applicants contact information.	A flyer will be shared with community in appropriate language.	Within the first quarter of hiring CHW position.	
8	CHW will complete (or show proof of completion) of the DOH CHW Training.	Provide proof of completion of training.	Within six (6) months of hiring CHW positions.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9	CHW will develop and share translated health materials to eligible clients including factsheets and other resources as requested by the clients.	Materials will be shared in a culturally and linguistically appropriate way as per clients' needs.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	

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

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

Funding Restrictions:

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

Billing Requirements:

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

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

DOH Program Name or Title: DCHS - ELC COVID-19 Response - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

SOW Type: Revision **Revision # (for this SOW)** 5

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

Period of Performance: January 1, 2022 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

Revision Purpose: Extend FFY20 ELC EDE Period of Performance and LHJ Funding End Date from 7/31/23 to 12/31/24, update MI code, and adjust allocation.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY20 ELC EDE LHJ ALLOCATION	1897140E	93.323	333.93.32	01/01/22	12/31/24	5,691,480	596,400	6,287,880
CSFRF CTS LHJ ALLOCATION	934C0200	21.027	333.21.02	01/01/22	06/30/23	684,964	0	684,964
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						6,376,444	596,400	6,972,844

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>				
<p>DCHS COVID-19 Response</p>				
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.</p>	<p>Submit the budget plan and narrative using the template provided.</p>	<p>Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.</p>	<p>Reimbursement of actual costs incurred, not to exceed:</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$6,287,880 \$5,691,480 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 18971420E) Funding end date 12/31/2024 7/31/2023</p> <p>\$684,964 CSFRF CTS LHJ ALLOCATION Funding (MI 934C0200) Funding end date 6/30/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 	<p>on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exposure, conduct testing and respond to outbreaks.</p> <ul style="list-style-type: none"> iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis). v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations. vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings. <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal 	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>agreement. Alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <ul style="list-style-type: none"> ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility. 	<p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

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

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

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

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

Program Specific Requirements

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

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

CDC Funding Regulations and Policies

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements

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

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

Other: Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021 were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: July 1, 2024 through December 31, 2024

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

Revision Purpose: The purpose of this revision is to add the entire SFY25 allocation.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY25 FPHS-LHJ FUNDS-GFS	99210850	N/A	336.04.25	07/01/24	12/31/24	3,503,000	3,503,000	7,006,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						3,503,000	3,503,000	7,006,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,478,500 \$2,957,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$30,000 \$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$15,000 \$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$704,500 \$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 <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000 \$300,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$31,000 \$62,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$100,000 \$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$118,500 \$237,000
11	CD – Hepatitis C – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$82,000 \$164,000
12	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$539,500 \$1,079,000
13	CD – Tuberculosis Program – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$25,000 \$50,000
14	MCH – Child Death Review – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$79,000 \$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 FPFS Steering Committee direction and the FPFS framework intent.

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

The intent of FPFS 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 FPFS Steering Committee’s roles and responsibilities are outlined in the [FPFS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPFS 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) FPMS Statement of Work (SOW) as funding decisions are made.

Spending of FPMS funds – FPMS funds do not require pre-approval or pre-authorization to spend. FPMS funds are to assure FPMS services are available in each jurisdiction based on the FPMS Definitions (link) and as reflected in the SOW. Assurance includes providing FPMS 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. **FPMS 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 FPMS 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 FPMS funding on an annual basis and the FPMS Steering Committee allocates funds annually through the FPMS Concurrence Process for the State Fiscal Year (SFY): July - June.

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

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

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

Deliverables – FPMS funds are to be used to assure FPMS services statewide. The FPMS accountability process measures how funds are spent, along with changes in system capacity through the FPMS 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 FPMS Steering Committee via FPMS Support Staff.
2. FPMS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPMS Steering Committee via FPMS Support Staff. System results are published in the annual FPMS Investment Report available at www.doh.wa.gov/fpms.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx	BARS Expenditure Codes for FPMS activities: see below
10	FPMS Epidemiology & Surveillance
11	FPMS Community Health Assessment
12	FPMS Emergency Preparedness & Response
13	FPMS Communication
14	FPMS Policy Development
15	FPMS Community Partnership Development
16	FPMS Business Competencies
17	FPMS Technology

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

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

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

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

Targeted Investments to Each LHJ:

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**
Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11
3. **Assessment – CHA/CHIP (FPHS definitions G.3)**
Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11
4. **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**
Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80
5. **CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**
Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27
6. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**
These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53
7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16
8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13
9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

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

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

DOH Program Name or Title: Infectious Disease Prevention Services-FPHS - Effective July 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

Period of Performance: July 1, 2024 through December 31, 2024

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

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

Revision Purpose: To add \$43,278 in ADAP STATE REBATE, and \$43,278 in RW FFY24 GRANT YEAR LOCAL REBATE to supplement and continue the work associated with the PCHD STD PREV SUPP CDC funds for the period of 10/1/24-12/31/24; to add new CDC grant funding FFY24 HI-IMP HIV PREV CDC in the amount of \$46,109 for 8/1/24-12/31/24; to correct the end date for FFY23 PCHD STD PREV DIS CONTROL CDC to from 12/31/24 to 10/31/24 and increase that funding by \$5,893; to update the Program Specific Requirements with language to reflect change from Office of the Chief Information Officer (OCIO) to WaTech.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY25 STATE DISEASE CONTROL & PREV	12411150	N/A	334.04.91	07/01/24	12/31/24	75,748	0	75,748
FFY23 PCHD STD PREV DIS CONTROL CDC	12411235	93.977	333.93.97	07/01/24	10/31/24	17,679	5,893	23,572
FFY23 PCHD STD PREV SUPP CDC	12408331	93.977	333.93.97	07/01/24	09/30/24	86,556	0	86,556
FFY22 INTEG HIV PREV CDC	12411220	93.940	333.93.94	07/01/24	07/31/24	4,612	0	4,612
FFY24 HI-IMP HIV PREV CDC	12411240	93.940	333.93.94	08/01/24	12/31/24	0	46,109	46,109
ADAP STATE (REBATE)	12617523	N/A	334.04.98	10/01/24	12/31/24	0	43,278	43,278
FFY24 RW GRANT YEAR REBATE	12618540	N/A	334.04.98	10/01/24	12/31/24	0	43,278	43,278
						0	0	0
TOTALS						184,595	138,558	323,153

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV/STI Prevention, Treatment, and Surveillance	Deliver partner services to people diagnosed with HIV/STI per CDC and state guidelines. Ensure timely, correct reporting, testing and treatment of STIs or exposure to STIs for diagnosed patients and identified contacts. Reporting and investigative guidelines for conditions can be found on DOH Notifiable Conditions page.	Quarterly report information to be gathered via quarterly program meetings with DOH staff.	Scheduled approximately 30 days after each quarter period: • October 31, 2024 • January 31, 2025	Reimbursement for actual costs incurred, not to exceed \$168,879 \$307,437. See split out below by code: \$60,032 – MI 12411150 – SFY25 STATE

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Ensure timely referral and testing for people identified as exposed to HIV.</p> <p>Refer at-risk people identified through HIV/STI testing and/or partner services for medical and supportive services to prevent HIV acquisition.</p> <p>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.</p> <p>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.</p> <p>Contractor must enter all DOH-funded HIV & STI testing data must be entered into Evaluation Web unless written exception is approved.</p> <p>All preliminary positive reports for HIV must be reported to the Office of Infectious disease within 30 days using the Preliminary Positive Reporting Form (provided by DOH).</p> <p>Conduct essential support services screening for a minimum of 85% of testing clients.</p>	<p>Track and report data for all activity related to this Service Category, within DOH approved data system. Submit monthly data report(s) for HCV and any other rapid testing activities.</p> <p>Report all preliminary positives for HIV to OID, using the Preliminary Positive Reporting Form.</p> <p>Submit Integrated Testing Quality Assurance Plan.</p>	<p>Submit all data by the 10th of each month for the month prior.</p> <p>Report all preliminary positives for HIV to OID within 30 days.</p> <p>Submit Integrated Testing Quality Assurance Plan by July 15th, 2024.</p>	<p>DISEASE CONTROL & PREV for 7/1/24-12/31/24</p> <p>\$17,679 \$23,572 – MI 12411235 – FFY23 PCHD STD PREV DIS CONTROL CDC for 7/1/24 -12/31/24 10/31/24</p> <p>\$86,556 – MI 12408331 – FFY23 PCHD STD PREV SUPP CDC for 7/1/24-9/30/24</p> <p>\$43,278 – MI 12617523 – ADAP STATE (REBATE) for 10/1/24-12/31/24</p> <p>\$43,278 – MI 12618540 – FFY24 RW GRANT YEAR REBATE for 10/1/24-12/31/24</p> <p>\$4,612 – MI 12411220 – FFY22 INTEG HIV PREV CDC for 7/1/24-7/31/24</p> <p>\$46,109 – MI 12411240 FFY24 HI-IMP HIV PREV CDC for 8/1/24-12/31/24</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Prevention Activities for People Living with HIV	<p>Provide services to clients who are diagnosed with and/or living with HIV:</p> <ul style="list-style-type: none">• Deliver partner services to people who are newly diagnosed with HIV.• Deliver partner services to people previously diagnosed with HIV who are:<ul style="list-style-type: none">○ Diagnosed with a bacterial STI.○ Returning to or sub-optimally linked to medical care and have a detectable viral load.• Ensure timely, correct reporting of cases of people diagnosed with HIV.• Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression and quality of life. <p>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.</p> <p>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.</p> <p>Document case-based services provided to PWH in Provide data system to support use of Ryan White funds.</p>	<p>Quarterly report information to be gathered via quarterly program meetings with DOH staff.</p> <p>All client-level data must be entered into Provide™ within three (3) days of service provision.</p>	<p>Scheduled approximately 30 days after each quarter period.</p> <ul style="list-style-type: none">• October 31, 2024• January 31, 2025 <p>Within three (3) days of service provision.</p>	<p>Reimbursement for actual costs incurred, not to exceed:</p> <p>\$15,716 – MI 12411150 – SFY25 STATE DISEASE CONTROL & PREV for 7/1/24-12/31/24</p>

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

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

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

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

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

Program Specific Requirements

1. Definitions

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

2. Submission of Invoice Vouchers –

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

3. Program Organization – CONTRACTOR must

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

4. HIV, VIRAL HEPATITIS and STI Testing Services Requirements

- a. HIV testing services must follow [DOH Non-Clinical Integrated Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
- c. VIRAL HEPATITIS testing must follow the Hep C Overview Implementation plan. For more information contact the OID Integrated Testing Coordinator.
- d. Monthly data collection for Hep C testing submitted to DOH, including de-identified negatives reporting, as well as the appropriate case report form to the Local Health Jurisdiction for all HCV positive test results, include rapid positive results. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Integrated Testing Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.

- g. Point of Care HIV, HCV and Syphilis test kits and controls should be procured through DOH. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - h. STI (GC/CT) test kits should be procured through PHSKC Lab, Molecular Testing Labs (MTL) and CDD. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - i. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
 - j. In the event of a standalone HIV test, if STI testing is available at the Contractor's Organization, the reason for no accompanying STI test must be documented. If the Contractor does not offer either STI or VIRAL HEPATITIS testing, a referral for STI and/or VIRAL HEPATITIS testing must be documented.
 - k. Contractor will ensure that staff performing HIV, Syphilis and VIRAL HEPATITIS testing are appropriately licensed and available to perform BOTH capillary and venous draws any time testing is being performed. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or MTL.
 - l. Staff performing testing education and/or performing testing must have completed DOH-approved training, including DOH's "Integrated Infectious Disease Testing" training. Staff providing STI and Viral Hepatitis testing services must also attend and complete any additional training as determined necessary by DOH.
 - m. For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - n. Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
 - o. Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - p. Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
 - q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
 - r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. For additional information, please contact the DOH OID Integrated Testing Coordinator.
5. **Participation in program evaluation and monitoring activities** – The Contractor is expected to participate in program evaluation and monitoring activities, including evaluation planning, collecting and reporting qualitative and quantitative program data, and 340B medication tracking data, as deemed necessary by OID staff.
6. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of services**
- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.

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

8. **Participation in Program Monitoring Activities** –

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

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

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

9. **Contract Management** –

a. **Fiscal Guidance**

- i. **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- ii. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- iii. **Duplication of EIP Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- iv. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.
 - 1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.

- 2) General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
 - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA](#) guidelines and reimbursement rates.
- vii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

- viii. **Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. *Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141-Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>. Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices - <https://watech.wa.gov/policies>.*

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

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

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

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

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

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

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

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

b. Contract Modifications

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

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

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

10. Content Review and Website Disclaimer Notice

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

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

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

11. Youth and Peer Outreach Workers

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

appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

12. Whistleblower

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

13. Allowable Costs

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

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

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

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

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

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

DOH Program Name or Title: Infectious Disease-Syndemic Prevention Services - Effective January 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: January 1, 2024 through December 31, 2024

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 add new CDC Grant Funding FFY24 HI-IMP HIV PREVENTION CDC in the amount of \$33,333 and reduce SFY25 STD PREVENTION by \$33,333 that was previously supplementing this funding/work; to correct due dates for quarterly reports so that they align with the period of performance, and to update language in the Program Specific Requirements to reflect the change from OCIO to WaTech.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change		Total Allocation
				Start Date	End Date		None		
SFY24 STD PREVENTION	12408140	N/A	334.04.91	01/01/24	06/30/24	60,000		0	60,000
SFY25 STD PREVENTION	12408150	N/A	334.04.91	07/01/24	12/31/24	60,000		-33,333	26,667
FFY24 HI-IMP HIV PREVENTION CDC	12401241	93.940	333.93.94	08/01/24	12/31/24	0		33,333	33,333
						0		0	0
						0		0	0
						0		0	0
TOTALS						120,000		0	120,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Community-based integrated infectious disease testing and linkage to services in high-impact settings 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	Track and report data for all activity related to this Service Category, within DOH approved data system. Submit monthly data report(s) for HCV and any other rapid testing activities. Quarterly Reports are Required to be submitted - Deliverables for this reporting period will be determined collaboratively with OID staff during first six months of	Submit all data by the 15 th of each month for the month prior. Quarterly reports are due by 30 th of April 2024, July 2024, October 2024, <i>and January 2025. -April 2025, and July 2025.</i>	Reimbursement of actual costs incurred, not to exceed \$120,000 based on funding split below. \$60,000 for 1/1/24-6/30/24 \$60,000-26,667 for 7/1/24-12/31/24

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>testing services must be pre-approved by the contract manager prior to initiation of such testing. Activities must include the following:</p> <ul style="list-style-type: none"> • Pre-test education describing the tests offered, the testing process, and how results will be provided. • Receipt of informed consent to test from the client. • Post-test education about the meaning of the test results. • Linkage to preventive services (e.g., PrEP, syringe service programs, condoms), as relevant. • Linkage to care services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant. • Appropriate public health reporting of testing to local health jurisdiction. <p>Testing programs should adhere to DOH Non-Clinical Testing Guidance.</p> <p>Integrated infectious disease testing, including HIV, STI and viral hepatitis testing, should be default. Standalone HIV testing will not fulfill SOW requirements (<i>See Section 6(j) below</i>).</p> <p>The Contractor will develop an Integrated Testing Quality Assurance Plan in coordination with OID Integrated Testing Coordinator.</p> <p>The Contractor will conduct monthly data reporting for HIV, STI and HCV testing, and surveillance reporting, using the template(s) provided by OID in accordance with OID reporting guidelines and state notifiable conditions rule.</p> <p>The Contractor will ensure the testing program aligns with the Testing Compliance Checklist at all times with applicable federal, state and local laws/regulations and ensure testing program complies with all DOH/OID test project requirements.</p> <p>The Contractor will provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of testing should be conducted in outreach settings outside of the primary office.</p>	<p>contract period and reported using OID’s Service Deliverables Grid.</p> <p>Submit Finalized Integrated Testing Quality Assurance Plan.</p> <p>Submit Performance Objectives & Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> • Outcomes aligned with program strategies and activities. • SMART objectives aligned with performance targets • Activities aligned with program outcomes • Timeline for implementation (including staffing of the proposed program, training, etc.) • Anticipated capacity building or technical assistance needs. <p>Achieve a minimum of 50% of established deliverables within the first year.</p> <p>Establish and maintain MOUs/MOAs with key partner agencies in jurisdiction(s) throughout contract period.</p> <p>Participate in monthly program check-ins with OID staff.</p> <p>Participate in collaborative meetings, training, technical assistance, and capacity building activities, as required.</p> <p>Conduct 80% of testing within identified WA State priority population groups.</p> <p>Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs.</p>	<p>Finalize Deliverable Grid by July 1, 2024.</p> <p>Integrated Test Quality Assurance Plan due by July 1, 2024.</p> <p>Performance Objectives & Work Plan by July 1, 2024.</p> <p>By EOY 2024.</p> <p>Throughout period of performance.</p> <p>Monthly throughout period of performance.</p> <p>As needed.</p> <p>Throughout period of performance.</p>	<p style="color: red; text-align: center;">\$33,333 – MI 12401241 FFY24 HI-IMP HIV PREV CDC for 8/1/24-12/31/24</p>

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

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

Program Specific Requirements

Special Requirements, Terms and Conditions

1. Definitions

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

2. Submission of Invoice Vouchers

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

3. Program Organization – CONTRACTOR must

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
 - i. 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.
 - i. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

4. HIV, VIRAL HEPATITIS and STI Testing Services Requirements

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

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

5. Performance Objectives & Work Plan:

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the first year of the contract period. The work plan should incorporate related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.
- b. The applicant should address the following outline in their work plan:
 - i. Contract Year 1 Detailed Work Plan (For each funded service category)
 - ii. Program strategies and activities

- iii. Outcomes aligned with program strategies and activities
 - iv. SMART objectives aligned with performance targets
 - v. Activities aligned with program outcomes
 - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
 - vii. Anticipated capacity building or technical assistance needs.
 - c. Performance Objectives & Work Plans should be submitted by July 1, 2024.
 - d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
 - e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.
- 6. Participation in program evaluation activities** – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.
- 7. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**
- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
- 8. CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](https://allianceforclas.org)
- 9. Participation in Program Monitoring Activities** –
- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution programs
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
 - b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

- (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Federal award.

- (d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

10. Contract Management –

a. Fiscal Guidance

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

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

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

- viii. Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. ~~Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.~~ Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices - <https://watech.wa.gov/policies>.

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

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

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

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

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

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

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

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

11. Content Review and Website Disclaimer Notice

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

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

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

12. Youth and Peer Outreach Workers

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

13. Whistleblower

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

14. Allowable Costs

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

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

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

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

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

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

SOW Type: Revision **Revision # (for this SOW)** 5

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

Period of Performance: January 1, 2022 through December 31, 2024

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2024 to December 31, 2024, for continuation of MCHBG related activities, and update Program Specific Requirements.

NOTE: The FFY25 funding allocation in this SOW is for the period of October 1, 2024 through December 31, 2024. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. A new SOW will begin in the next consolidated contract term on January 1, 2025 for continuation of this project through September 30, 2025. Any funds unspent from October 1, 2024 through December 31, 2024 will be added to the new SOW in an amendment in Spring 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	0	0	0
FFY21 MCHBG SPECIAL PROJECTS	7811021A	93.994	333.93.99	01/01/22	09/30/22	352,122	0	352,122
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	306,273	0	306,273
FFY22 HRSA MCHBG SPECIAL PROJECTS	7811022A	93.994	333.93.99	10/01/22	09/30/23	138,606	0	138,606
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	244,879	0	244,879
FFY23 HRSA MCHBG SPECIAL PROJECTS	7811023A	93.994	333.93.99	10/01/23	09/30/24	200,000	0	200,000
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	10/01/24	12/31/24	0	111,219	111,219
TOTALS						1,241,880	111,219	1,353,099

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	Report actual expenditures for October 1, 2022 through September 30, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 1, 2023	
1h	Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 8, 2023	
1i	Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 17, 2024	
1j	<i>Report actual expenditures for October 1, 2023 through September 30, 2024.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 6, 2024</i>	
1k	<i>Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 16, 2025</i>	
1l	<i>Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 5, 2025</i>	
1m	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>LHJ Contract Lead or designee will attend regional meeting.</i>	<i>September 30, 2025</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	Monthly Reports must only reflect activities paid for with funds provided in this

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September report due October 15, 2023 November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2f	Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	Draft- August 16, 2024 Final- September 6, 2024	
2g	Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.	Submit updates as part of monthly reporting document as requested by DOH.	September 30, 2024	
2h	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.	November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
			April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2i	<i>Report activities and outcomes of 2024-25 MCHBG-funded work using DOH-provided reporting template.</i>	<i>Submit monthly reports to DOH contract manager.</i>	<i>September report due October 15, 2024</i> <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
2j	<i>Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH contract manager.</i>	<i>Draft – August 15, 2025</i> <i>Final – September 12, 2025</i>	
2k	<i>Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.</i>	<i>Describe in your updates within each activity of the monthly report how you are intentionally focused on equity in your work.</i>	<i>September report due October 15, 2024</i> <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration.

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	served by the CYSHCN Program as referenced in CYSHCN Program guidance.			Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	
3d	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.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	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.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	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.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024	
3h	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.	30 days after forms are completed.	
3i	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 Within Reach / Help Me Grow.	September 30, 2024	
3j	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. 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.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2024 January 15, 2025 April 15, 2025 July 15, 2025</i>	
3k	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment</i>	<i>30 days after forms are completed.</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<i>Fund requests directly to the CYSHCN Program as needed.</i>		
<i>3l</i>	<i>Review your program's entry on ParentHelp123.org annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.</i>	<i>September 30, 2025</i>	
<i>3m</i>	<i>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.</i>	<i>Submit updates as part of monthly reporting document.</i>	<i>September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025</i>	
MCHBG Assessment and Evaluation				
<i>4a</i>	<i>As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.</i>	<i>Submit documentation using guidance provided by DOH.</i>	<i>September 30, 2024</i>	<i>Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.</i>
<i>4b</i>	<i>Provide summary of outcomes of MCHBG-funded work completed from October 1, 2023 through September 30, 2024 using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>December 31, 2024</i>	
<i>4c</i>	<i>As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>September 30, 2025</i>	

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

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

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

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

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

Program Specific Requirements

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

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

[Children and Youth with Special Health Care Needs Manual \(wa.gov\)](http://www.wa.gov)

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used 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: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted 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 contract manager for approval of expenses not reflected in approved budget workbook.

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

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective July 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: July 1, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
COVID 19 VACCINES R4	74310259	93.268	333.93.26	07/01/24	12/31/24	0	2,391,448	2,391,448
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	2,391,448	2,391,448

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached. Within the first 90 days of the contract, provide a budget for FY25 funding showing full expenditure of funds based on engagement strategies.	September 30, 2024	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
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided) Forecast of expected spend down of remaining funds through remainder of contract (if extended past December 31, 2024) in DOH template provided).	November 1, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31, 2024	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)

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 Unique Entity Identifier (UEI) generated by SAM.gov.

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

Program Specific Requirements

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

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

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
- Vaccine Purchase

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

DOH Program Name or Title: Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: July 1, 2024 through December 31, 2024

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

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

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
FFY25 CDC PPHF Ops	74310256	93.268	333.93.26	07/01/24	12/31/24	0	5,500	5,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	5,500	5,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Within the first 90 days of the contract provide a budget for FY25 funding	Submit completed Budget Template provided by Department of Health	September 30, 2024	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: <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. 	Enter information for each case identified into the Washington Disease Reporting System.	By the last day of each month	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • 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. <ol style="list-style-type: none"> 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. 3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Washington Disease Reporting System. 			
3	Within 6 months of the start of contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	

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

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: 2022-2024**

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: July 1, 2024 through December 31, 2024

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

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 CDC VFC Ops	74310251	93.268	333.93.26	07/01/24	12/31/24	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	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	September 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Within the first 90 days of the contract provide a budget for FY25 funding.	Sumit completed Budget Template provided by Department of Health	September 30, 2024	
3	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Within 6 months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	
5	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 16, 2025	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

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: 2022-2024**

DOH Program Name or Title: Office of Immunization-Regional Representatives - Effective July 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: July 1, 2024 through December 31, 2024

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

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 CDC IQIP Regional Rep	74310254	93.268	333.93.26	07/01/24	12/31/24	0	106,906	106,906
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	106,906	106,906

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 the first 90 days of the contract provide a budget for FY25 funding.	Submit completed Budget Template provided by Department of Health	September 30, 2024	
2	Conduct enrollment site visits 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	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures		
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	<p>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.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable s documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
5	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or months from new enrollment visit.</p> <p>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.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p>	<p>a) Submit completed CVP Compliance Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p>	<p>a) By July 31</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.	<ul style="list-style-type: none"> d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit. 	<ul style="list-style-type: none"> d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. e) Within 5 business days of DOH request. 	
6	Within 6 months of the start of contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	
7	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 35% of total visits assigned per region must be initiated within the first half Project Year (Dec 31,2024) and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.</p> <p>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, 2024</p>	<ul style="list-style-type: none"> a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up. 	<p>By July 31, 2024</p> <ul style="list-style-type: none"> a) Within five (5) business days of visit b) Within five (5) business days of contact <p>By Dec 31, 2024</p>	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

- 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.

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: 2022-2024**

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP-CRI - Effective July 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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

Period of Performance: July 1, 2024 through December 31, 2024

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 (PHERCs).

Note: The current Consolidated Contract ends December 31, 2024. Once a new contract is in place, the program plans to submit a new statement of work for January 1 - June 30, 2025. Deliverable due dates after December 31, 2024 are referenced in this statement of work for informational purposes only and will be updated in the January - June 2025 statement of work.

This statement of work (ending 12/31/24) includes 60% of the total allocation of these funds. The January - June 2025 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/24), any remaining funds will be added to a revised January - June 2025 statement of work.

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

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	07/01/24	12/31/24	0	321,191	321,191
FFY24 PHEP CRI BP1 - CDC - LHJ PARTNERS	31607242	93.069	333.93.06	07/01/24	12/31/24	0	103,688	103,688
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	424,879	424,879

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY24 PHEP BP1 - CDC - LHJ PARTNERS				Reimbursement for actual costs not to exceed total funding consideration amount.
1 Contact Information Framework 2 – Enhance Partnerships	Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2024, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2024 Within 30 days of the change. December 31, 2024 June 30, 2025	
2 LHJ Performance Measures Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements. Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ. DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
5 Planning Framework 4 – Improve administrative and budget preparedness systems	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles.	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Framework 8 – Incorporate health equity practices	Including (but not limited to): <ul style="list-style-type: none"> • Administrative preparedness plans. • Recovery operations. • Incident response improvement plan data elements. 			
6 Planning - IPPW Framework 2 – Enhance Partnerships Framework 5 – Build workforce capacity Framework 10 – Prioritize community recovery efforts	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs. Complete the Integrated Preparedness Planning Workshop (IPPW) Workbook provided by DOH. Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	Mid- and end-of-year reports on template provided by DOH. IPPW Workbook provided by DOH. Participation in IPPW.	December 31, 2024 June 30, 2025	
7 Communication & Planning Framework 7 – Strengthen risk communication activities	Develop or update crisis and emergency risk communication and information dissemination plans.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
8 Training Framework 5 – Build workforce capacity	Complete training to ensure baseline competency and integration with preparedness requirements. Participate in at least one public health emergency preparedness, response, or recovery training. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement. Work with Public Health Emergency Response Coordinators (PHERCS) to review public health preparedness and response plans and identify gaps, priorities, and training needs.	Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	December 31, 2024 June 30, 2025	

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participation in an activation, exercise or real world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.			
9 Exercising Framework 2 – Enhance Partnerships Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Participate in at least one exercise by June 30, 2025. <ul style="list-style-type: none"> • Include critical response and recovery partners. • Engage partners to incorporate health equity principles. • Integrate administrative and budget preparedness recommendations. • Complete AAR/IP for the exercise by June 30th, 2025. <p>Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.</p>	Mid- and end-of-year reports on template provided by DOH. Improvement Plans available upon request.	December 31, 2024 June 30, 2025	
10 Communication & Exercising Framework 7 – Strengthen risk communication activities	Identify and implement communication monitoring media relations, and digital communication strategies in exercises. Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
11 MCM – Non-CRI LHJs Framework 1 – Develop threat-specific approach Framework 10 – Prioritize community recovery efforts	<p style="background-color: yellow;">Note: This activity applies to non-CRI LHJs only.</p> Maintain ability to procure, store, manage, and distribute medical materiel. Maintain ability to dispense and administer medical countermeasures (MCM).	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Attend an MCM quarterly meeting for the non-CRI LHJs.</p> <p>Continue to show capabilities by submitting updated MCM plans as needed.</p>			
<p>12 DOH Duty Officer</p> <p>Framework 7 – Strengthen risk communications activities</p>	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>Produce and provide situation reports (sitreps) documenting LHM activity during all incidents. Sitrep may be developed by the LHM or another jurisdiction that includes input from LHM.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>13 WASECURES</p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.</p> <p>Participate in DOH-led notification drills. Conduct at least one LHM drill using the LHM-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Registered users must log in (or respond to an alert) quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHM may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<p>14 Communication & Communities of Focus</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.			
15 Healthcare Coalition (HCC) Participation Framework 3 – Expand local support	During each reporting period (Jul – Dec and Jan-Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> • Meetings • Communication • Planning • Training • Exercises 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
Cities Readiness Initiative (CRI) – CRI LHJs are Clark, Seattle-King, Snohomish, and Tacoma-Pierce FFY24 PHEP CRI BP1 - CDC - LHJ PARTNERS				Reimbursement for actual costs not to exceed total funding consideration amount.
CRI 1 Framework 5 – Build workforce capacity	Participate in required exercises per PHEP Notice of Funding Opportunity (NOFO) hosted by DOH, or other LHJ exercises or host their own exercise. Participate in at least one discussion-based drill by 6/30/2025. Discussion Based <ul style="list-style-type: none"> • Admin Preparedness • Biological Incident • Chemical Incident • Radiological/Nuclear Incident • Natural Disasters • Capstone (100): Discuss what elements are necessary for a full-scale exercise based on risk assessment Operations Based <ul style="list-style-type: none"> • Capstone (200) Drill: Operation or function necessary for capstone (400) • Critical Contacts Drill • Inventory Data Exchange Drill • Functional Biological Incident (200) 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Functional Capstone (300): Validate multiple response capacities required for capstone (400) • Full-Scale Exercise Capstone (400) 			
CRI 2 Framework 7 – Strengthen risk communication activities Framework 8 – Health Equity	Include the following in exercises: <ul style="list-style-type: none"> • Communication surveillance, media relations, and digital communication strategies. • Health equity that prioritizes communities of focus identified in the risk assessment and preparedness plans. 	Mid- and end-of-year reports on template provided by DOH. Describe how communication and health equity activities were included in exercise(s) or real world event(s).	December 31, 2024 June 30, 2025	
CRI 3 Framework 7 – Strengthen risk communication activities	Coordinate with DOH on Risk Assessment that includes public health and communities of focus when available and/or requested.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
CRI 4 Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Create training materials or attend an approved training related to medical countermeasures. Work with DOH training and exercise team to develop tools to support MCM plans. Provide example training materials for Local Health Jurisdictions that can be developed into a template for all LHJs to apply. Verify that key LHJ staff, involved in an MCM response including the local health officer, and leadership staff are trained to implement the jurisdiction MCM plan. Require MCM coordinators and MCM logistics staff support in CRI jurisdictions to complete the CDC Strategic National Stockpile (SNS) training.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
CRI 5 Framework 1 – Develop threat specific approach	Create, update, and maintain public health medical countermeasures (MCM) plans for their LHJ.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies				
CRI 6 Framework 2 – Enhance partnerships Framework 5 – Build workforce capacity	Participate in DOH-hosted quarterly CRI conference calls, if available.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
CRI 7 Framework 2 – Enhance partnerships Framework 3 – Expand local support Framework 5 – Build workforce capacity	Participate in the DOH Integrated Preparedness Plan Workshop (IPPW) as it applies to the CRI work. The IPPW is scheduled for early 2025.	End-of year report	June 30, 2025	

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:

The following refers to both MI Codes in this statement of work.

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work: *Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery*. DOH will provide a copy.

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

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

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

Follow all Federal requirements for use of Federal funds:

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

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

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

The following expenses are not allowable with these funds:

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

Preapproval from DOH is required to use these funds for:

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

Note: Preapproval is no longer required for paying overtime.

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

Billing:

All expenses on invoices must be related to statement of work tasks.

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

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.