

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

CONTRACT NUMBER: CLH32067

AMENDMENT NUMBER: 13

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 TB Program - Effective January 1, 2026
 - Amends Statements of Work for the following programs:
 DCHS-Emerging Infections Program RESP-NET - Effective January 1, 2025
 Office of Drinking Water Group A Program - Effective January 1, 2025
 - Deletes Statements of Work for the following programs:

2. Exhibit B-13 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-12 Allocations as follows:
 - Increase of **\$103,233** for a revised maximum consideration of **\$24,219,434**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: <i>Lacey Harper</i>	Signature: <i>David Hinkley</i>
Date: Mar 12, 2026	Date: Mar 12, 2026

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List **	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
PS SSI2 Sub Award Management Task 3	01J89801	Amd 9	66.123	333.66.12	01/01/25	07/30/27	07/01/21	08/31/28	\$636,990	\$711,990	\$711,990
PS SSI2 Sub Award Management Task 3	01J89801	Amd 1	66.123	333.66.12	01/01/25	07/30/27	07/01/21	08/31/28	\$75,000		
FFY23 CRI BP5 LHJ Funding	NU90TP922043	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/23	06/30/25	\$3,511	\$3,511	\$3,511
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/23	06/30/25	\$147,955	\$147,955	\$147,955
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$232,763	\$535,318	\$1,518,331
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 9	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$302,555		
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$447,695	\$447,695	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$321,191	\$535,318	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$214,127		
FFY25 PHEP CRI BP2-CDC-LHJ Partners	NU90TU000055	Amd 9	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$172,813	\$172,813	\$417,582
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$71,956	\$71,956	
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 6	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$103,688	\$172,813	
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$69,125		
FFY26 TB Elimination CDC	NU52PS910277	Amd 13	93.116	333.93.11	01/01/26	12/31/26	01/01/26	12/31/26	\$44,028	\$44,028	\$143,694
FFY25 TB Elimination CDC	NU52PS910277	Amd 11	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$28,391	\$99,666	
FFY25 TB Elimination CDC	NU52PS910277	Amd 2	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$71,275		
FFY25 CDC IQIP Regional Reps	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$68,262	\$68,262	\$109,714
FFY24 CDC IQIP Regional Reps	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$41,452	\$41,452	
FFY25 CDC VFC Ops	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$24,659	\$24,659	\$24,659
COVID 19 Vaccines R4	NH23IP922619	Amd 4, 5	93.268	333.93.26	01/01/25	06/30/25	01/01/25	06/30/25	\$2,050,170	\$2,050,170	\$2,050,170
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 11	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$11,250	\$15,000	\$15,000
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$3,750		
FFY26 Immunizations IQIP CDC YR1	NH23IP922680	Amd 11	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$111,267	\$148,357	\$148,357
FFY26 Immunizations IQIP CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$37,090		
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 13	93.317	333.93.31	01/01/25	12/31/26	01/01/25	06/30/27	\$5,255	\$177,260	\$177,260
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 12	93.317	333.93.31	01/01/25	12/31/26	01/01/25	06/30/27	\$39,255		
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 6, 12	93.317	333.93.31	01/01/25	12/31/26	01/01/25	06/30/27	\$2,436		
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 1, 12	93.317	333.93.31	01/01/25	12/31/26	01/01/25	06/30/27	\$130,314		
FFY25 EIP FluSurv AIM CDC	NU50CK000642	Amd 6	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$42,648	\$42,648	\$42,648
FFY25 EIP FluServ CDE CDC	NU50CK000642	Amd 13	93.317	333.93.31	01/01/26	12/31/26	01/01/25	06/30/27	\$34,000	\$34,000	\$34,000

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 ELC Core Vector Borne CDC	NU51CK000364	Amd 11	93.323	333.93.32	08/01/25	09/30/25	08/01/25	07/31/26	\$656	\$656	\$3,000
FFY24 ELC Core Vector Borne CDC	NU51CK000364	Amd 11	93.323	333.93.32	05/01/25	07/31/25	08/01/24	07/31/25	(\$656)	\$2,344	
FFY24 ELC Core Vector Borne CDC	NU51CK000364	Amd 6	93.323	333.93.32	05/01/25	07/31/25	08/01/24	07/31/25	\$3,000		
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1, 9	93.323	333.93.32	01/01/25	12/31/25	01/15/21	07/31/26	\$1,122,598	\$1,122,598	\$1,122,598
FFY20 ELC EDE Refugee CDC	NU50CK000515	Amd 8	93.323	333.93.32	07/01/25	06/30/26	01/15/21	07/31/26	\$120,000	\$120,000	\$120,000
FFY19 ELC ED Immunizations CDC	NU50CK000515	Amd 11	93.323	333.93.32	07/01/25	06/30/26	07/01/25	07/30/26	\$45,150	\$45,150	\$45,150
FFY21 ELC SHARP HAI	NU50CK000515	Amd 12	93.323	333.93.32	01/01/25	07/31/26	08/01/21	07/31/26	\$80,000	\$80,000	\$80,000
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 6	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$20,882	\$20,882	\$20,882
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 6	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$101,938	\$239,438	\$239,438
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500		
FFY25 Hi-Imp HIV Dis Ctrl Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	07/01/25	05/31/26	06/01/25	05/31/26	\$101,440	\$101,440	\$110,662
FFY25 Hi-Imp HIV Dis Ctrl Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	06/01/25	06/30/25	06/01/25	05/31/26	\$9,222	\$9,222	
FFY24 Hi-Imp HIV Prev CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$46,109	\$46,109	\$46,109
FFY24 Hi-Imp HIV Prevention CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$33,334	\$33,334	\$33,334
FFY25 Hi-Imp HIV Testing Prev CDC	NU62PS924813	Amd 8	93.940	333.93.94	07/01/25	05/31/26	06/01/25	05/31/26	\$73,333	\$73,333	\$73,333
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 11	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$200,000	\$391,366	\$391,366
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 6	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$89		
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$191,277		
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 11	93.977	333.93.97	07/01/25	02/28/26	01/01/23	02/28/26	\$17,621	\$46,990	\$82,264
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 8, 11	93.977	333.93.97	07/01/25	02/28/26	01/01/23	02/28/26	\$29,369		
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 6	93.977	333.93.97	01/01/25	06/30/25	01/01/23	01/31/26	\$23,496	\$35,274	
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 1, 6	93.977	333.93.97	01/01/25	06/30/25	01/01/23	01/31/26	\$11,778		
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$333,660	\$333,660	\$333,660
FFY25 MCHBG Special Pr HRSA 2	B04MC54583	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$36,079	\$36,079	\$36,079
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	(\$444,879)	\$0	\$0
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 9	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$444,879		
SFY26 HIV Prevention RW Match		Amd 11	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$38,800	\$38,800	\$38,800

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List **	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY25 State Disease Control & Prev		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$75,748	\$75,748	\$75,748
SFY26 State Dis Cntrl Prev RW Match		Amd 8	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$146,951	\$146,951	\$146,951
SFY25 STD Prevention		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$26,666	\$26,666	\$26,666
SFY26 STD Prevention RW Match		Amd 11	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	(\$38,800)	\$0	\$0
SFY26 STD Prevention RW Match		Amd 8	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$38,800		
SFY25 STI Program Expansion Proviso		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$307,389	\$307,389	\$307,389
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$24,500	\$56,000	\$56,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500		
Rec Shellfish/Biotoxin		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$7,500	\$7,500	\$10,500
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,000	\$3,000	
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/25	06/30/27	\$6,572	\$6,572	\$56,046
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$36,968	\$36,968	
Small Onsite Management (ALEA)		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,307	\$12,506	
Small Onsite Management (ALEA)		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	(\$3,226)		
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$14,425		
FY26 Snohomish Co STI Program Proviso		Amd 11	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$689,000	\$689,000	\$689,000
SFY27 Wastewater Management-GFS		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/26	06/30/27	\$31,821	\$31,821	\$31,821
SFY25 Wastewater Management-GFS		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$31,968)	\$0	
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,968		
ADAP State (Rebate)		Amd 1	N/A	334.04.98	01/01/25	06/30/25	07/01/23	06/30/25	\$86,555	\$86,555	\$86,555
Prev ADAP State (Rebate)		Amd 8	N/A	334.04.98	07/01/25	06/30/26	07/01/25	06/30/27	\$335,835	\$335,835	\$335,835
FFY25 RW Grant Year Rebate		Amd 1	N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$43,277	\$43,277	\$86,554
FFY24 RW Grant Year Rebate		Amd 1	N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$43,277	\$43,277	
SFY26 FPHS-LHJ Funds-GFS		Amd 11	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$1,000	\$6,832,000	\$13,838,000
SFY26 FPHS-LHJ Funds-GFS		Amd 9	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$6,831,000		
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$7,006,000	\$7,006,000	
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$90,000	\$90,000	\$90,000
SFY25 Lead Management (FPHS)		Amd 6	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$13,873	\$13,873	\$13,873

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 13	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$8,575	\$18,875	\$18,875
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 12	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$5,900		
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$4,400		
YR 28 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$1,200	\$1,200	\$1,200
YR 28 SRF - Local Asst (15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,400)	\$0	
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$4,400		
YR 27 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,400)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$4,400		
Sanitary Survey Fees SS-State		Amd 13	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$7,375	\$18,875	\$18,875
Sanitary Survey Fees SS-State		Amd 12	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$7,100		
Sanitary Survey Fees SS-State		Amd 1, 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$4,400		
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 13	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000	\$8,000	\$8,000
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000		
YR 28 SRF - Local Asst (15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$4,000		
YR 27 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$4,000		
TOTAL									\$24,219,434	\$24,219,434	
Total consideration:				\$24,116,201						GRAND TOTAL	\$24,219,434
				\$103,233							
GRAND TOTAL				\$24,219,434						Total Fed	\$8,282,746
										Total State	\$15,936,688

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

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

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

Revision Purpose: Add FFY25 EIP COVID AIM and FFY25 EIP FLUSURV CDE CDC funds. Update Master Index Title to FFY25 EIP FLUSURV CDE in payment information column.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 EIP COVID AIM CDC	1761025C	93.317	333.93.31	01/01/25	12/31/26	172,005	5,255	177,260
FFY25 EIP FLUSURV AIM CDC	1712025F	93.317	333.93.31	01/01/25	12/31/25	42,648	0	42,648
FFY25 EIP FLUSURV CDE CDC	1820126F	93.317	333.93.31	01/01/26	12/31/26	0	34,000	34,000
						0	0	0
						0	0	0
						0	0	0
TOTALS						214,653	39,255	253,908

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Surveillance Activity Implementation</p> <p>Implement state and federal protocols to conduct local active, population-based surveillance for hospitalizations associated with COVID-19, flu, and RSV.</p> <p>The LHJ is responsible for facilitating reporting from facilities in their jurisdiction (through line lists, other data sources as needed) to enable weekly case ascertainment for COVID-19, flu and RSV.</p>	Percentage of non-federal hospitals and laboratories within the catchment area reporting to the LHJ on a weekly basis: target = 100%.	Weekly	<p>Reimbursement of actual costs incurred, not to exceed allocation amount described above in Total Allocation section.</p> <p>- RSV and COVID-related costs should be billed to FFY25 EIP AIM COVID</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				- Flu-related costs should be billed to FFY25 EIP FLUSURV CDE AIM CDC
2	<p>Data Collection and Reporting</p> <p>The LHJ is responsible for completing and reviewing weekly and end-of-season data elements for all identified cases, and entering data into WDRS following protocols established by WADOH.</p>	<p>Timeliness and completeness of case reporting:</p> <p>Weekly data elements: 95% of weekly data elements for 95% of cases reported within 1 week of identification.</p> <p>Annual end-of-season data elements: 95% of data elements for 95% of cases reported by end-of-season deadline (typically in spring/summer after the end of the respiratory season)</p>	<p>Weekly data elements: 95% of weekly data elements for 95% of cases reported within 1 week of identification</p> <p>Annual end-of-season data elements: 95% of data elements for 95% of cases reported by end-of-season deadlines (typically in spring/summer after the end of the respiratory season)</p>	See above
3	<p>Participation in Quality Assurance Activities</p> <p>Active participation in data quality assurance activities, including data validation and correction following feedback from WA DOH and/or CDC per established deadlines, case ascertainment audits, and data review meetings with WA DOH, LHJs and other stakeholders.</p>	Attendance and participation in QA activities, including data validation and correction, case ascertainment audits, and data review meetings.	As scheduled	See above
4	<p>Laboratory Surveillance and Diagnostic Testing</p> <p>LHJ will work with WADOH to identify laboratories that provide services to healthcare facilities in their catchment area.</p> <p>WA DOH will distribute an annual survey of laboratory practices (e.g. testing for COVID, flu, RSV) to all identified laboratories in the catchment area. The LHJ will work with DOH to follow up with laboratories and ensure completion of the survey.</p>	List of laboratories that provide services to healthcare facilities in LHJ catchment area.	By September each year	See above

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Data Sharing Agreements (DSAs) Collaborate with WA DOH to review and approve DSAs as required to facilitate case matching and other activities.	Signed and finalized DSA	June 2025	See above
6	Coordination with WADOH and other LHJs Participation in the following meetings to coordinate RESP-NET activities, deliverables, and plan future activities, including: <ul style="list-style-type: none"> - LHJ – WADOH Workgroup Meetings (virtual) - Annual WA RESP-NET Planning Meeting (in-person) - Annual national RESP-NET Surveillance Officers meeting (in-person) 	Attendance of 1-2 staff at: <ul style="list-style-type: none"> - LHJ-WADOH Workgroup Meeting: every other week, or as deemed necessary by WADOH (virtual) - Annual WA RESP-NET Planning Meeting: once a year, time/date TBD (in-person) - Annual national RESP-NET Surveillance Officers meeting, date/time TBD (in-person) 	<ul style="list-style-type: none"> - LHJ-WADOH Coordination Meeting: every other week, or as deemed necessary by WADOH (virtual) - Annual WA RESP-NET Planning Meeting: once a year, time/date TBD (in-person) - Annual national RESP-NET Surveillance Officers meeting, date/time TBD (in-person) 	See above
7	Adaptability to Emerging Health Threats Demonstration of flexibility to rapidly respond and adapt surveillance strategies to emerging health threats following CDC and WA DOH protocols.	Implementation of modified surveillance strategies within agreed-upon timeframes following identification of emerging health threats.	- As scheduled	See above

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

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

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

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

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) 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/federal-regulations-policies/index.html>, as limited, or otherwise addressed, in any applicable court ruling.

Monitoring Visits (frequency, type)

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

Special Billing Requirements:

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

Submission of Invoice Vouchers: The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH within 45 days of the end of billing month.

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

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

SOW Type: Revision **Revision # (for this SOW)** 4

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

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

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

Revision Purpose: Increase to 4 the number of Transient Non Community Surveys. Increase to 18 the number of Non Transient Non Community Surveys. Correct Total Allocation table to include cululative totals for Sanitary Surveys and TA from 2025 and 2026

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			
SANITARY SURVEY FEES	24112522	N/A	346.26.65	01/01/25	12/31/27	11,500	7,375	18,875
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	0	0
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	0	0
YR 28 SRF - LOCAL ASST (15%) SS	24119228	N/A	346.26.64	01/01/25	12/31/27	1,200	0	1,200
YR1 STIMULUS - LOCAL ASST (10% OF 15%) SS	24144240	N/A	346.26.64	01/01/25	12/31/27	10,300	8,575	18,875
YR 28 SRF - LOCAL ASST (15%) TA	24119228	N/A	346.26.66	01/01/25	12/31/27	0	0	0
YR1 STIMULUS - LOCAL ASST (10% OF 15%) TA	24144240	N/A	346.26.66	01/01/25	12/31/27	4,000	4,000	8,000
						0	0	0
TOTALS						27,000	19,950	46,950

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. Completed Small Water System checklist. 	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$1,000 for each sanitary survey of a Transient Non-Community (TNC) system.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$1,500 for each sanitary survey of a non-Transient Non-Community</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	community and non-community Group A water systems	<ol style="list-style-type: none"> 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. 6. *Final Reports reviewed and accepted by the ODW Regional Office. 		<p>(NTNC) and Community systems with 499 and less connections.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$750 for each SPI on Transient Non-Community (TNC) system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
3	<p>Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid \$250 per hour for each technical assistance activity.</p> <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References

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

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

Special Billing Requirements

The LHJ shall submit monthly invoices within 30 days following the end of the month in which work was completed, noting on the invoice the month and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$23,000~~ to **\$31,000** for **Task 1**, and **\$4,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

Special Instructions

Task 1

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

- No more than **0** surveys of non-community systems with three or fewer connections be completed between January 1, 2025, and December 31, 2025.
- No more than **11** surveys of non-community systems with four or more connections and all community systems be completed between January 1, 2025, and December 31, 2025.
- No more than **2 4** surveys of Transient Non-Community (TNC) systems to be completed between January 1, 2026, and December 31, 2026.
- No more than **14 18** surveys of Non-Transient Non-Community (NTNC) and Community systems with 499 and less connections to be completed between January 1, 2026, and December 31, 2026.

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

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

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

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

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

DOH Program Name or Title: TB Program - Effective January 1, 2026

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

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

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

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

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

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			
FFY 26 TB ELIMINATION CDC	18402264	93.116	333.93.11	01/01/26	12/31/26	0	44,028	44,028
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	44,028	44,028

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Case Management and Treatment:</p> <p>(1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment.</p> <p> a. Performance-based focus area Completion of Therapy (COT)</p> <p> i. Improve Completion of Therapy (COT)</p> <p>(2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines and the Washington TB Services and Standards Manual.</p>	Summary of tasks 1-11 outcomes including any implemented strategies to improve and related results/findings in the Consolidated Contract "TB Deliverables Report" for January 1, 2026 – December 31, 2026	Report due January 31, 2027, for 2026 TB activities	<p>Payment for tasks 1-9 will be reimbursed for actual expenses up to the maximum available within the FFY26 TB ELIMINATION CDC funding period described in the Funding Table above.</p> <p>See below Restrictions on Funds and Billing Requirements</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Provide DOH with complete TB case, contact, targeted testing, and infection data.</p> <ul style="list-style-type: none"> • After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ. • Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g. WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years. 		Data for CDC ARPE Report due by the first week of February for the previous 2 calendar years.	
3	<p>Contact Identifications:</p> <ul style="list-style-type: none"> • Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact identifications. • Comply with National TB Coalition of America (NTCA) and CDC guidelines 			
4	<p>Directly Observed Therapy (DOT): Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.</p>			
5	<p>Examination and Appropriate Treatment of Immigrants and Refugees:</p> <ul style="list-style-type: none"> • Increase percentage of immigrants and refugees meeting NTIP targets. • Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information. 			
6	<p>Cohort Review (CR) DOH will provide LHJs with NTIP snapshot reports twice a year. These reports present local and state level data alongside CDC targets for each NTIP indicator. Supporting materials include the NTIP Guide, which outlines specific calculations and considerations for each indicator, as well as a line list of all records in the cohort that shows whether each record was included in the indicator calculation and whether the indicator was met or not.</p> <p>CR is a dedicated space for local and state team members to engage in discussions about specifically identified* NTIP indicators in depth. (DOH and LHJs will help determine which indicators will be discussed at each CR.)</p> <ul style="list-style-type: none"> • Appropriate team members will attend and participate in discussion and 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> LHJs will further utilize the NTIP snapshot and supporting materials for program evaluation and program improvements. 			
7	TB Case Consultation: Appropriate LHJ TB staff attend as requested by DOH clinical team.			
8	Targeted Testing: Using an LHJ developed targeted testing plan that aligns with Chapter 3 of the Washington TB Services and Standards Manual <ul style="list-style-type: none"> Implement at least one (1) targeted testing project during 2026 and report findings to DOH. 	Follow targeted testing data submission requirements outlined in Task 2 Summary of activities and related outcomes to be included in annual Deliverables Report for January 1, 2026 -- December 31, 2026	See Task 2	
9	TB Medications Program For any medications received the LHJ agrees to: <ul style="list-style-type: none"> Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication. Store 340B separately from non-340B medications. Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility. Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations. Will not bill Medicaid for any 340B TB medications provided by DOH TB Program. Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations. Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ. 			In Kind
10	DOH provided access to VDOT tool An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish, and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer	Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better for January 1, 2026 – December 31, 2026	Report due January 31, 2027, for 2026 TB activities	In Kind

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and/or TB Program Manager. Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page [Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)].			
11	CDC TB Care Finder tool for finding local TB care services. Setup initial Snohomish local TB care information in tool and create and follow a routine maintenance plan to ensure current information is available for TB patients and providers.	Summary of activities and related outcomes to be included in annual Deliverables Report for January 1, 2026 -- December 31, 2026	Upon CDC launch of tool	In Kind

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

WA State TB Services and Standards Manual: [Washington State TB Services & Standards Manual \(sharepoint.com\)](#)

LHJ TB SharePoint pages: [TB LHJ Home \(sharepoint.com\)](#)

Health Officer Handbook: [343-116-TBLawManualHealthOfficers.docx](#)

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

1. Emphasis must be given to directing the majority of funds to core TB control activities. Federal funds may be used for travel related to TB activities only with prior written approval by DOH TB program. (TBservices@doh.wa.gov)
2. Federal Funds may not be used **except where noted**:
 - To supplant State or LHJ funds;
 - For inpatient care;
 - For construction or renovation of facilities;
 - To purchase treatment medications;
 - For lobbying

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

TB Laws and Regulations: [Statutes, Regulations, and Reporting | Washington State Department of Health](#)

[WAC 246-170-031](#) Local Health Department Responsibilities.

[TB Manual Chapter 17: Statutes & Regulations](#)

Health Officer Handbook: [343-116-TBLawManualHealthOfficers.docx](#)

Governor's Executive Orders [22-02](#) and [22-04](#): Our state is a pro-equity, anti-racist state; any of the other programs and services we provide, we each play a role in ensuring the systems of government provide full access to the opportunities, power and resources people need to flourish.

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

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

Billing Requirements:

TB Elimination Federal Funds: Invoices should be billed monthly when possible. Funding must be spent by 12/31/2026 and invoiced by 1/31/2027. No funds will be carried forward.

FPHS State Funds: Funding must be spent by the end date of the funding period. Invoices should be billed monthly and must be received no more than 45 days after the billing period. No funds will be carried forward.