

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

**CONTRACT NUMBER: CLH31027**

**AMENDMENT NUMBER: 12**

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



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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:
  - Amends Statements of Work for the following programs:  
 Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022  
 Office of Drinking Water Group A Program - Effective January 1, 2022  
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022  
 TB Program - Effective January 1, 2022
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:
  - Increase of **\$116,000** for a revised maximum consideration of **\$24,068,617**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  <small>Lacey Ferguson (Jun 22, 2023 12:09 PDT)</small>	Signature:  <small>Brenda Henriksen (Jun 22, 2023 15:21 PDT)</small>
Date: Jun 22, 2023	Date: Jun 22, 2023

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5, 11	21.027	333.21.02	01/01/22	06/30/23	01/01/22	06/30/23	\$684,964	\$684,964	\$684,964
LHJ Vaccination ARPA	NGA Not Received	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
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	\$131,504	\$131,504
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
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	\$749,445
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$214,127	\$214,127	\$214,127
FFY23 TB Elimination-FPH	NGA Not Received	Amd 11	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	\$97,815	\$97,815	\$193,264
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449	\$193,264
<b>FFY22 TB Uniting for Ukraine Supp</b>	<b>NGA Not Received</b>	<b>Amd 12</b>	<b>93.116</b>	<b>333.93.11</b>	<b>07/01/22</b>	<b>09/30/23</b>	<b>07/01/22</b>	<b>09/30/23</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$143,542</b>
FFY22 TB Uniting for Ukraine Supp	NGA Not Received	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$43,542	\$43,542	\$143,542
FFY22 Overdose Data to Action Prev	<b>NU17CE925007</b>	Amd 11	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$59,687	\$209,687	\$322,862
FFY22 Overdose Data to Action Prev	<b>NU17CE925007</b>	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000	\$209,687	\$322,862
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175	\$113,175	\$113,175
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$22,748	\$2,092,701	\$2,092,701
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953	\$2,092,701	\$2,092,701
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	\$2,865,603
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603	\$2,865,603	\$2,865,603
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	\$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	\$38,219	\$38,219	\$80,512
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	\$50,066
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$44,632)	\$5,691,480	\$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$5,736,112	\$5,691,480	\$5,691,480

EXHIBIT B-12  
 ALLOCATIONS  
 Contract Term: 2022-2024

Snohomish County Health Department  
 Indirect Rate January 1, 2022-December 31, 2022: 10.50%

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

EXHIBIT B-12  
ALLOCATIONS  
Contract Term: 2022-2024

Snohomish County Health Department

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Start Date	LHJ Funding End Date	Chart of Accounts Funding Start Date	Chart of Accounts Funding End Date			
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625	\$7,625
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858	\$27,706
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848	\$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	\$7,858	\$7,858
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$5,216,000	\$5,216,000	\$8,366,000
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	\$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	\$3,150,000	\$3,150,000
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000	\$3,150,000
<b>YR 25 SRF - Local Asst (15%) (FO-NW) SS</b>		<b>Amd 12</b>	<b>N/A</b>	<b>346.26.64</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>\$6,000</b>	<b>\$6,000</b>	<b>\$11,200</b>
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	\$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	\$3,600	\$3,600
<b>Sanitary Survey Fees (FO-NW) SS-State</b>		<b>Amd 12</b>	<b>N/A</b>	<b>346.26.65</b>	<b>01/01/22</b>	<b>12/31/23</b>	<b>07/01/21</b>	<b>12/31/23</b>	<b>\$6,000</b>	<b>\$11,200</b>	<b>\$11,200</b>
Sanitary Survey Fees (FO-NW) SS-State		Amd 2, 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$1,600	\$1,600	\$1,600
Sanitary Survey Fees (FO-NW) SS-State		Amd 1, 12	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$3,600	\$3,600	\$3,600
<b>YR 25 SRF - Local Asst (15%) (FO-NW) TA</b>		<b>Amd 12</b>	<b>N/A</b>	<b>346.26.66</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$6,000</b>
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	\$2,000
<b>TOTAL</b>									<b>\$24,068,617</b>	<b>\$24,068,617</b>	<b>\$24,068,617</b>
<b>Total consideration:</b>										<b>GRAND TOTAL</b>	<b>\$24,068,617</b>
<b>GRAND TOTAL</b>										<b>Total Fed</b>	<b>\$14,887,699</b>
*Catalog of Federal Domestic Assistance										<b>Total State</b>	<b>\$9,180,918</b>
**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:** Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

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

**Contract Number:** CLH31027

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Snohomish County Health Department will support Strategy 5 - Integration of State and Local Prevention and Response Efforts, Strategy 6 - Establishing Linkages to Care, and Strategy 9 - Empowering Individuals to Make Safer Choices.

**Revision Purpose:** The purpose of this revision is to add contingency language under Strategy 9.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22	08/31/23	209,687	0	209,687
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>209,687</b>	<b>0</b>	<b>209,687</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Maintain current partnerships with Providence Regional Medical Center Everett, and Swedish Edmonds for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the OD2A logic model.	Quarterly progress reports to DOH for all tasks.  Due Dates: September-November due December 9, 2022. December-February due March 10, 2023. March-May due June 9, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Total of all invoices will not exceed \$209,687 through August 31, 2023.  (See Special Billing Requirements below.)
2.	Strategy 5: Maintain involvement and leadership roles in ESF #8 – Public Health & Medical Services and ESF #15 – External	Progress report: Describe procedures, policies, and program design. Describe		

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

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



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

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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**



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

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

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

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

**Billing Requirements:**

Billing on an A19-1A invoice voucher must be received by DOH monthly.

**Special Instructions:**

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

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

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

**DOH Program Name or Title:** Office of Drinking Water Group A Program - Effective January 1, 2022.

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

**Contract Number:** CLH31027

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through December 31, 2023

**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:** The purpose of this revision is to extend the period of performance and SS-State funding end date from 12/31/22 to 12/31/23 and provide additional Sanitary Survey, Sanitary Survey State and Technical Assistance funding.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SANITARY SURVEY FEES (FO-NW) SS-STATE	24222522	N/A	346.26.65	01/01/22	12/31/23	5,200	6,000	11,200
YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS	24229224	N/A	346.26.64	01/01/22	12/31/22	5,200	0	5,200
YR 24 SRF - LOCAL ASST (15%) (FO-NW) TA	24229224	N/A	346.26.66	01/01/22	12/31/22	2,000	0	2,000
YR 25 SRF - LOCAL ASST (15%) (FO-NW) SS	24229225	N/A	346.26.64	01/01/23	12/31/23	0	6,000	6,000
YR 25 SRF - LOCAL ASST (15%) (FO-NW) TA	24229225	N/A	346.26.66	01/01/23	12/31/23	0	4,000	4,000
<b>TOTALS</b>						<b>12,400</b>	<b>16,000</b>	<b>28,400</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.  See Special Instructions for task activity.  The purpose of this statement of work is to provide funding to the	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI).	Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$400</b> for each sanitary survey of a non-community system with three or fewer connections.  Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$800</b> for each sanitary survey of a non-community system with four or more connections and each community system.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.</p> <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>	<p>4. Photos of water system with text identifying features</p> <p>5. Any other supporting documents.</p> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed SPI Reports must be received by the ODW Regional Office within <b>2 working days</b> of the service request.</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 the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p> <p>Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> for each SPI.</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>	<p>Provide completed TA Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed TA Report must be received by the ODW Regional Office within <b>30 calendar days</b> of providing technical assistance.</p>	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <ul style="list-style-type: none"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul> <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>
4	<p>LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH.</p>	<p>For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).</p>	<p>Annually</p>	<p>Late or incomplete reports may not be accepted for payment.</p> <p>For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	See Special Instructions for task activity.			

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

**Special References:**

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

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

**Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$10,400~~ **\$22,400** for Task 1, and ~~\$2,000~~ **\$6,000** 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, 2022 and December 31, 2022.

- No more than 13 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- *No more than 0 surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.*
- *No more than 15 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.*

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: 2022-2024**

**DOH Program Name or Title:** Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

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

**Contract Number:** CLH31027

**SOW Type:** Revision      **Revision # (for this SOW)** 6

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through June 30, 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:** The purpose of this revision is to modify the statement of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	2,865,603	0	2,865,603
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	2,092,701	0	2,092,701
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>4,958,304</b>	<b>0</b>	<b>4,958,304</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> 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.	January 31, Annually	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
3.B	<p><b>Example 2:</b> 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.</p> <p>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.</p>	<p>Written report describing activity/activities and progress made to-date and strategies used (template to be provided)</p>	<p>June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.C	<p>Catalog activities and conduct an evaluation of the strategies used</p>	<p>Written report, showing the strategies used and the final progress of the reach (template to be provided)</p>	<p>June 30, annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.D	<p>As needed to meet community needs, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</p> <p>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently.</p>	<p>a. Complete a redistribution agreement.  b. Report inventory reconciliation page.  c. Report lost (expired, spoiled, wasted) vaccine to the IIS.  d. Report transfer doses in the IIS and VaccineFinder.  e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</p>	<p>a. Submit upon completion  b. Reconcile and submit inventory once monthly in the IIS.  c. Report lost vaccine within 72 hours in the IIS.  d. Update within 24 hours from when transfers occur.  e. Download as needed (retain temperature data on site for 3 years)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.E	<p>As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) <i>or adjust vaccine delivery approaches to optimize access</i>. 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)</p>	<p>Reports summarizing quantity, type, and frequency of activities</p>	<p>December 31 and June 30, <del>annually</del></p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	<p>At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.</p>	<p>a. LHJ Incentive Plan Proposal b. Report that summarizes quantity of incentives purchased and distributed</p>	<p>a. Prior to implementing b. June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.G	<p>Conduct assigned site visits at 47 enrolled COVID-19 provider sites within the assigned region. All visits must be conducted in person separate from VFC and IQIP visits.</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 shared with DOH COVID-19 Vaccine Program.</p>	<p>a) Complete COVID-19 Site Visit Training per the training checklist. b) Based upon the contracted number of COVID-19 Site Visits provide a tentative plan of how many will be conducted per month over the course of the contract period. c) Email request to DOH Compliance Specialist and/or Site Visit Coordinator for: Provider Agreement, IIS inventory and temperature log submission. d) Enter responses from the Compliance Site Visit Reviewer Guide into the CDC REDCap Tool for each compliance site visit. Follow all corrective action and follow-up guidance for each incorrect response. e) Using the DOH follow-up plan template, create plan in a MS Word document and email to DOH Site Visit Coordinators f) Email the signed Acknowledgement of Receipt form to the COVID-19 Vaccine Coordinator. g) Email follow-up plan (approved by DOH Site Visit Coordinator) to provider.</p>	<p>a) 10/31/2022 b) 10/31/2022 c) At least two (2) days prior to scheduled site visit. d) Online at the time of the Compliance Site Visit or within 24 hours of the site visit e) Within two (2) business days of the site visit. f) Within five (5) business days of the site visit. g) Within five (5) business days of the site visit.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

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

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

Exhibit A, Statement of Work

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 LHJ and this statement of work will be made available on [USASpending.gov](https://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.

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

**DOH Program Name or Title:** TB Program - Effective January 1, 2022

**Local Health Jurisdiction Name:** Snohomish County Health Department  
**Contract Number:** CLH31027

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through December 31, 2023

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

**Revision Purpose:** The purpose of this revision is to increase funding allocation, and revise task activities, due dates, payment information, and program specific requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 TB ELIMINATION-FPH	18402203	93.116	333.93.11	01/01/22	12/31/22	95,449	0	95,449
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	05/21/22	12/31/22	43,542	0	43,542
FFY23 TB ELIMINATION-FPH	18402233	93.116	333.93.11	01/01/23	12/31/23	97,815	0	97,815
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	07/01/22	09/30/23	0	100,000	100,000
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>236,806</b>	<b>100,000</b>	<b>336,806</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p><b>Case Management and Treatment:</b></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 improve 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.</p>	Summary of task outcome including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract "TB Deliverables Report" for January 1, 2023 – December 31, 2023	January 31, 2024.	Payment for tasks 1-6 will be reimbursed for actual expenses up to the maximum available within the FFY23TB ELIMINATION-FPH funding period described in the Funding Table above.
2	<p>Provide DOH with complete TB case, contact and infection data.</p> <ul style="list-style-type: none"> <li>After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" for January 1, 2023 – December 31, 2023	January 31, 2024.	See below <b>Restrictions on Funds.</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Contact Investigations:</b></p> <ul style="list-style-type: none"> <li>Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact investigations.</li> <li>Comply with National TB Controllers Association and CDC guidelines</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" for January 1, 2023 – December 31, 2023	January 31, 2024.	
4	<p><b>Directly Observed Therapy (DOT):</b> Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.</p>	Summary of task outcome on the Consolidated Contract "Deliverables Report" for January 1, 2023 – December 31, 2023	January 31, 2024.	
5	<p><b>Examination and Appropriate Treatment of Immigrants and Refugees:</b></p> <ul style="list-style-type: none"> <li>Increase percentage of immigrants and refugees meeting NTIP targets.</li> <li>Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information.</li> </ul>	Summary of task outcome on the Consolidated Contract "Deliverables Report" for January 1, 2023 – December 31, 2023	January 31, 2024.	
6	<p><b>Cohort Review</b> At least one (1) appropriate staff member will participate in cohort reviews in 2023.</p> <p><b>TB Case Consultation:</b> Appropriate LHJ TB staff attend as requested.</p>	Summary of task outcome on the Consolidated Contract "Deliverables Report" for January 1, 2023 – December 31, 2023	January 31, 2024.	
7	<p>For any 340B medication received the LHJ agrees to:</p> <ul style="list-style-type: none"> <li>Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication.</li> <li>Store 340B separately from non-340B medications.</li> <li>Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility.</li> <li>Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations.</li> <li>Will not bill Medicaid for any 340B TB medications provided by DOH TB Program.</li> </ul>	Summary of expired medications on the Consolidated Contract "Deliverables Report" for January 1, 2023 – December 31, 2023	January 31, 2024.	DOH provides task 7-8 to LHJ without cost.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<ul style="list-style-type: none"> <li>Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations.</li> <li>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.</li> </ul> <p>An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish, and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager.</p> <p>Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page [<a href="#">Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)</a>].</p>	<p>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, 2023 – December 31, 2023</p>	<p>January 31, 2024.</p>	
9	<p><i>Provide TB screening, evaluation, Interferon-Gamma Release Assay (IGRA), chest x-rays, and other clinical services as indicated, including treatment* for latent or active TB disease for newcomers from Ukraine. (*These federal dollars can be used to provide TB medications to TB patients)</i></p>	<p><i>Consolidated Contract "TB Deliverables Report" include aggregate information for all Ukrainians directly clinically served with these funds for July 1, 2022 – September 30, 2023. This includes the number: evaluated, diagnosed with TB infection, started treatment, and completed treatment.</i></p>	<p><i>January 31, 2024</i></p>	<p><i>Payment for task 9 will be reimbursement for actual expenses up to the maximum available within the FFY23 TB Uniting for Ukraine Supp funding in the Funding Table above.</i></p>

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

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

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

**Program Manual, Handbook, Policy References:**

WA State TB Services and Standards Manual: [Washington State TB Services & Standards Manual \(sharepoint.com\)](#)  
 LHJ TB SharePoint pages: [TB LHJ Home \(sharepoint.com\)](#)  
 Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Restrictions on Funds:**

1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used **except where noted**:
  - To supplant State or LHJ funds;
  - For inpatient care;
  - For construction or renovation of facilities;
  - To purchase treatment medications;
  - *For lobbying*

**Special References:**

TB Laws and Regulations: (<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx>)  
Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Monitoring Visits:**

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 sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

**Billing Requirements:**

LHJ may bill monthly. Invoices must be received no more than 60 days after billing period. All invoices for the year 2023 must be received by DOH no later than January 16, 2024. *All U4U invoices must be received within 60 days of September 30, 2023.*