

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

CONTRACT NUMBER: CLH32067**AMENDMENT NUMBER: 8**

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:
 COVID-19 Outreach & Education for Immigrant Communities - Effective July 1, 2025
 Infectious Disease Prevention Services-FPHS - Effective July 1, 2025
 Infectious Disease Syndemic Prevention Services - Effective July 1, 2025
 Recreational Shellfish Activities - Effective July 1, 2025
 - ☒ Amends Statements of Work for the following programs:
 Infectious Disease Prevention Services-FPHS - 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-8 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-7 Allocations as follows:
 - ☒ Increase of **\$862,450** for a revised maximum consideration of **\$14,031,015**.
 - ☐ 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>Debra Hinkley</i>
Date: Sep 22, 2025	Date: Sep 22, 2025

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 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			
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	\$75,000	\$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
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	\$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		
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	\$172,813
FFY24 PHEP CRI BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$69,125		
FFY25 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
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	\$71,275	\$71,275
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 6	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$2,436	\$132,750	\$132,750
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 1	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$130,314		
FFY25 EIP FluSurv AIM CDC	NU50CK000642	Amd 6	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$42,648	\$42,648	\$42,648
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	\$3,000	\$3,000
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1	93.323	333.93.32	01/01/25	06/30/25	01/15/21	07/31/25	\$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
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	NGA Not Received	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	NGA Not Received	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

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		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
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	NGA Not Received	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
FFY22 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	\$191,366	\$191,366
FFY22 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 8	93.977	333.93.97	07/01/25	11/30/25	01/01/23	01/31/26	\$29,369	\$29,369	\$64,643
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
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 8	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$38,800	\$38,800	\$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 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,307	\$12,506	\$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		
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	\$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	

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 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	\$7,006,000
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$90,000	\$90,000	\$90,000
SFY25 Lead Management (FPHS)		Amd 6	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$13,873	\$13,873	\$13,873
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$4,400	\$4,400	\$4,400
YR 28 SRF - Local Asst (15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,400)	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$4,400		
YR 27 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,400)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$4,400		
Sanitary Survey Fees SS-State		Amd 1, 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$4,400	\$4,400	\$4,400
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000	\$4,000	\$4,000
YR 28 SRF - Local Asst (15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$4,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$4,000		
YR 27 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$4,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$4,000		
TOTAL									\$14,031,015	\$14,031,015	
Total consideration:	\$13,168,565									GRAND TOTAL	\$14,031,015
	\$862,450										
GRAND TOTAL	\$14,031,015									Total Fed	\$5,724,838
										Total State	\$8,306,177

*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: COVID-19 Outreach & Education for Immigrant Communities - Effective July 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

SOW Type: Original **Revision # (for this SOW)** 0

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding and an overview of duties for Snohomish County Health Department (SCHD) under the COVID-19 Health Outreach and Education for Immigrant Communities funding awarded by Center for Disease Control and Prevention's (CDC) Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases Grant to WA DOH Global to Local Program in partnership with the Refugee and Immigrant Health Program. The goal of this funding is to strengthen healthcare and community outbreak response and infection prevention and control among Local Health Jurisdictions (LHJs) by improving culturally responsive COVID-19 health outreach and education for immigrant communities.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY20 ELC EDE REFUGEE CDC	1850640E	93.323	333.93.32	07/01/25	06/30/26	0	120,000	120,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	120,000	120,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>SCHD will establish agreements with nine (9) partner organizations to perform grant tasks.</p> <p>The agreement with each partner organization will be to implement one (1) activity from a set of choices listed below in Tasks 2 through 6, as driven by community priorities.</p>	SCHD will develop an implementation plan for each partner organization on the tasks to be performed based on community needs.	Partner organizations chosen and agreements established and onboarded by September 30.	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Provide tailored COVID-19 vaccine education and other health education based on selected community needs.	Number of participants that received COVID-19 health promotion resources and type of resource developed.	Quarterly report (see table below under “special instructions”)	
3	Co-create with SCHD COVID-19 health and other education materials based on community needs and communication preferences.	Number of items developed in partnership with SCHD subject matter experts (printed materials, video, etc.).	Quarterly report (see table below under “special instructions”)	
4	Implement a vaccination event in collaboration with SCHD.	Number of vaccination events conducted in collaboration with SCHD.	Quarterly report (see table below under “special instructions”)	
5	Implement a community outreach event addressing COVID 19 and other vaccine hesitancy and/or other health-related topics based on community needs.	Number of outreach events hosted.	Quarterly report (see table below under “special instructions”)	
6	Create a social media campaign targeting COVID-19 vaccine hesitancy or other health related topics based on community needs.	Number of social media campaigns.	Quarterly report (see table below under “special instructions”)	
7	SCHD and its partner organizations will participate in DOH-led CHW Toolkit virtual feedback sessions or other engagement meetings associated with the grant.	As requested on a quarterly basis.	By the end of the grant, June 30, 2026.	
8	SCHD will attend check-in meetings with DOH related to the grant.	On a regular basis, virtual or email, based on agreed terms.	The timeline will be set between SCHD and DOH based on need.	
9	SCHD will develop and implement a dissemination plan for all resources and materials.	SCHD to share dissemination plan with DOH.	By the end of the grant, June 30, 2026.	

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

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

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

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

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

Program Specific Requirements

Special Requirements:

All partners and subcontractors under this grant will follow the below quarterly timeline.

Service Period	Quarterly Report Due Date
July, August, September 2025	October 30, 2025
October, November, December 2025	January 30, 2026
January, February, March 2026	April 30, 2026
April, May, June 2026	July 30, 2026

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

Period of Performance: January 1, 2025 through June 30, 2025

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

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

Revision Purpose: To add FFY25 HI-IMP HIV DIS CTRL PREV CDC funds for the period of 06/01/25-06/30/25.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY25 STATE DISEASE CONTROL & PREV	12411150	N/A	334.04.91	01/01/25	06/30/25	75,748	0	75,748
FFY23 PCHD STD PREV DIS CONTROL CDC	12411235	93.977	333.93.97	01/01/25	06/30/25	35,274	0	35,274
FFY24 HI-IMP HIV PREV CDC	12411240	93.940	333.93.94	01/01/25	06/30/25	46,109	0	46,109
ADAP STATE (REBATE)	12617523	N/A	334.04.98	01/01/25	06/30/25	86,555	0	86,555
FFY24 RW GRANT YEAR REBATE	12618540	N/A	334.04.98	01/01/25	03/31/25	43,277	0	43,277
FFY25 RW GRANT YR REB	12618550	N/A	334.04.98	04/01/25	06/30/25	43,277	0	43,277
FFY25 HI-IMP HIV DIS CTRL PREV CDC	12411250	93.940	333.93.94	06/01/25	06/30/25	0	9,222	9,222
						0	0	0
TOTALS						330,240	9,222	339,462

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>HIV/STI Prevention, Treatment, and Surveillance:</p> <p>Deliver partner services to people diagnosed with HIV/STI per CDC and state guidelines.</p> <p>Ensure timely, correct reporting, testing and treatment of STIs or exposure to STIs for diagnosed patients and identified contacts. Reporting and investigative guidelines for conditions can be found on DOH Notifiable Conditions page.</p> <p>Ensure timely referral and testing for people identified as exposed to HIV.</p>	<p>Quarterly report information to be gathered via quarterly program meetings with DOH staff.</p> <p>Track and report data for all activity related to this Service Category, within DOH approved data system.</p>	<p>Scheduled approximately 30 days after each quarter period:</p> <p>April 30, 2025 July 31, 2025</p> <p>Submit all data by the 10th of each month for the month prior.</p>	<p>Reimbursement for actual costs incurred, not to exceed \$314,524 323,746.</p> <p>See split out below by code:</p> <p>\$60,032 – MI 12411150 SFY25 STATE DISEASE CONTROL & PREV for 1/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Refer at-risk people identified through HIV/STI testing and/or partner services for medical and supportive services to prevent HIV acquisition.</p> <p>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.</p> <p>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.</p> <p>Contractor must enter all DOH-funded HIV & STI testing data must be entered into Evaluation Web unless written exception is approved.</p> <p>All preliminary positive reports for HIV must be reported to the Office of Infectious disease within 30 days using the Preliminary Positive Reporting Form (provided by DOH).</p> <p>Conduct essential support services screening for a minimum of 85% of testing clients.</p>	<p>Submit monthly data report(s) for HCV and any other rapid testing activities.</p> <p>Report all preliminary positives for HIV to OID, using the Preliminary Positive Reporting Form.</p>	<p>Report all preliminary positives for HIV to OID within 30 days.</p>	<p>\$35,274 – MI 12411235 FFY23 PCHD STD PREV DIS CONTROL CDC for 1/1/25-6/30/25</p> <p>\$46,109– MI 12411240 FFY24 HI-IMP HIV PREV CDC for 1/1/25-5/31/25</p> <p><i>\$9,222 – MI 12411250 FFY25 HI-IMP HIV DIS CTRL PREV CDC for 6/1/25-6/30/25</i></p> <p>\$86,555 – MI 12617523 ADAP STATE (REBATE) for 1/1/25-6/30/25</p> <p>\$43,277 – MI 12618540 FFY24 RW GRANT YEAR REBATE for 1/1/25-3/31/25</p> <p>\$43,277 – MI 12618550 FFY25 RW GRANT YEAR REBATE for 4/1/25-6/30/25</p>
2	<p>Prevention Activities for People Living with HIV:</p> <p>Provide services to clients who are diagnosed with and/or living with HIV:</p> <ul style="list-style-type: none"> • Deliver partner services to people who are newly diagnosed with HIV. • Deliver partner services to people previously diagnosed with HIV who are: <ul style="list-style-type: none"> ○ Diagnosed with a bacterial STI. ○ Returning to or sub-optimally linked to medical care and have a detectable viral load. 	<p>Quarterly report information to be gathered via quarterly program meetings with DOH staff.</p>	<p>Scheduled approximately 30 days after each quarter period:</p> <p>April 30, 2025 July 31, 2025</p>	<p>Reimbursement for actual costs incurred, not to exceed:</p> <p>\$15,716 – MI 12411150 SFY25 STATE DISEASE CONTROL & PREV for 1/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Ensure timely, correct reporting of cases of people diagnosed with HIV. Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression and quality of life. <p>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.</p> <p>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.</p> <p>Document case-based services provided to PWH in Provide data system to support use of Ryan White funds.</p>	All client-level data must be entered into Provide™ within three (3) days of service provision.	Within three (3) days of service provision.	

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

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

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

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

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

Program Specific Requirements

1. Definitions

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

g. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

2. Submission of Invoice Vouchers –

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

3. Program Organization – CONTRACTOR must

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

4. HIV, VIRAL HEPATITIS and STI Testing Services Requirements

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

- l. Staff performing testing education and/or performing testing must have completed DOH-approved training, including DOH's "Integrated Infectious Disease Testing" training. Staff providing STI and Viral Hepatitis testing services must also attend and complete any additional training as determined necessary by DOH.
 - m. For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - n. Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
 - o. Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - p. Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
 - q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
 - r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. For additional information, please contact the DOH OID Integrated Testing Coordinator.
5. **Participation in program evaluation and monitoring activities** – The Contractor is expected to participate in program evaluation and monitoring activities, including evaluation planning, collecting and reporting qualitative and quantitative program data, and 340B medication tracking data, as deemed necessary by OID staff.
6. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of services**
- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
7. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](http://allianceforclas.org)
8. **Participation in Program Monitoring Activities** –
- a. As applicable, DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution program
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit

- vii. Prevention Activities for People Living with HIV
- viii. HIV/STI Prevention, Treatment, and Surveillance
- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

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

9. Contract Management –

a. Fiscal Guidance

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

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

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

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

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

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

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

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

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

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

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

b. Contract Modifications

- i. Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

- ii. **Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendment from DOH.
 - 1) Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
 - 2) Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).

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

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

10. Content Review and Website Disclaimer Notice

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

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

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

11. Youth and Peer Outreach Workers

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

12. Whistleblower

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

13. Allowable Costs

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY26 STATE DIS CNTRL PREV RW MATCH	12422160	N/A	334.04.91	07/01/25	06/30/26	0	146,951	146,951
FFY23 PCHD STD PREV DIS CONTROL CDC	12411235	93.977	333.93.97	07/01/25	11/30/25	0	29,369	29,369
PREV ADAP STATE (REBATE)	12417563	N/A	334.04.98	07/01/25	06/30/26	0	335,835	335,835
FFY25 HI-IMP HIV DIS CTRL PREV CDC	12411250	93.940	333.93.94	07/01/25	05/31/26	0	101,440	101,440
						0	0	0
						0	0	0
TOTALS						0	613,595	613,595

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>HIV/STI Prevention, Treatment, and Surveillance:</p> <p>Deliver partner services to people diagnosed with HIV/STI per CDC and state guidelines.</p> <p>Ensure timely, correct reporting, testing and treatment of STIs or exposure to STIs for diagnosed patients and identified contacts. Reporting and investigative guidelines for conditions can be found on DOH Notifiable Conditions page.</p> <p>Ensure timely referral and testing for people identified as exposed to HIV.</p>	<p>Quarterly report information to be gathered via quarterly program meetings with DOH staff.</p> <p>Track and report data for all activity related to this Service Category, within DOH approved data system.</p>	<p>Scheduled approximately 30 days after each quarter period:</p> <ul style="list-style-type: none"> October 30, 2025 January 31, 2026 April 30, 2026 July 31, 2026 <p>Submit all data by the 10th of each month for the month prior.</p>	<p>Reimbursement for actual costs incurred, not to exceed \$583,106.</p> <p>See breakdown by MI code below:</p> <p>SFY26 STATE DIS CNTRL PREV RW MATCH MI 12422160 \$116,462 for 7/1/25-6/30/26</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Refer at-risk people identified through HIV/STI testing and/or partner services for medical and supportive services to prevent HIV acquisition.</p> <p>The contractor will enter all case documentation in Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and other data systems as appropriate.</p> <p>Contractor will track case investigation and testing outcomes as well as program changes for discussion in quarterly program meetings.</p> <p>Contractor must enter all DOH-funded HIV & STI testing data must be entered into Evaluation Web unless written exception is approved.</p> <p>All preliminary positive reports for HIV must be reported to the Office of Infectious disease within 30 days using the Preliminary Positive Reporting Form (provided by DOH).</p> <p>Conduct essential support services screening for a minimum of 85% of testing clients.</p>	<p>Submit monthly data report(s) for HCV and any other rapid testing activities.</p> <p>Report all preliminary positives for HIV to OID, using the Preliminary Positive Reporting Form.</p>	<p>Report all preliminary positives for HIV to OID within 30 days.</p>	<p>FFY23 PCHD STD PREV DIS CONTROL CDC MI 12411235 \$29,369 for 7/1/25-11/30/25</p> <p>FFY25 HI-IMP HIV DIS CTRL PREV CDC MI 12411250 \$101,440 for 7/1/25-5/31/26</p> <p>PREV ADAP STATE (REBATE) MI 12417563 \$335,835 for 7/1/25-6/30/26</p>
2	<p>Prevention Activities for People Living with HIV:</p> <p>Provide services to clients who are diagnosed with and/or living with HIV:</p> <ul style="list-style-type: none"> • Deliver partner services to people who are newly diagnosed with HIV. • Deliver partner services to people previously diagnosed with HIV who are: <ul style="list-style-type: none"> ○ Diagnosed with a bacterial STI. ○ Returning to or sub-optimally linked to medical care and have a detectable viral load. • Ensure timely, correct reporting of cases of people diagnosed with HIV. • Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression and quality of life. 	<p>Quarterly report information to be gathered via quarterly program meetings with DOH staff.</p>	<p>Scheduled approximately 30 days after each quarter period:</p> <ul style="list-style-type: none"> • October 30, 2025 • January 31, 2026 • April 30, 2026 • July 31, 2026 	<p>Reimbursement for actual costs incurred, not to exceed \$30,489.</p> <p>SFY26 STATE DIS CNTRL PREV RW MATCH MI 12422160 for 7/1/25-6/30/26</p>

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

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

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

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

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

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

Program Specific Requirements

1. Definitions

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

2. Submission of Invoice Vouchers –

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

3. Program Organization – CONTRACTOR must

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

4. HIV, VIRAL HEPATITIS and STI Testing Services Requirements

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

- m. For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - n. Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
 - o. Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - p. Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
 - q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
 - r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. For additional information, please contact the DOH OID Integrated Testing Coordinator.
5. **Participation in program evaluation and monitoring activities** – The Contractor is expected to participate in program evaluation and monitoring activities, including evaluation planning, collecting and reporting qualitative and quantitative program data, and 340B medication tracking data, as deemed necessary by OID staff.
6. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of services**
- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
7. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](http://allianceforclas.org)
8. **Participation in Program Monitoring Activities** –
- a. As applicable, DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution program
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
 - vii. Prevention Activities for People Living with HIV
 - viii. HIV/STI Prevention, Treatment, and Surveillance

- b. Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

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

9. Contract Management –

a. Fiscal Guidance

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

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

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

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

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

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

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

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

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

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

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

10. Content Review and Website Disclaimer Notice

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

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

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

11. Youth and Peer Outreach Workers

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

12. Whistleblower

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

13. Allowable Costs

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

Funding Source <input checked="" type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID 2024 Syndemic RFA process.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 HI-IMP HIV TESTING PREV CDC	12408251	93.940	333.93.94	07/01/25	05/31/26	0	73,333	73,333
SFY26 STD PREVENTION RW MATCH	12428160	N/A	334.04.91	07/01/25	06/30/26	0	38,800	38,800
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	112,133	112,133

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Community-based integrated infectious disease testing and linkage to services in high-impact settings</p> <p>Provide education and testing services at sites where medical, diagnostic and/or treatment services are not routinely provided, but where select diagnostic services, including HIV, STI and Viral Hepatitis testing, are offered. Employ strategic targeting & recruitment efforts and service monitoring. The Contractor will use DOH-supported testing technologies that are most sensitive, cost-effective, and feasible. Confidential testing is the default. Incentives for testing services must be pre-approved by the contract manager prior to initiation of such testing. Activities must include the following:</p>	<p>Track and report data for all activity related to this Service Category, within DOH approved data system. Submit monthly data report(s) for HCV and any other rapid testing activities.</p> <p>Quarterly Reports are Required to be submitted - Deliverables for this reporting period will be determined collaboratively with OID staff during first six months of contract period and reported using OID's Service Deliverables Grid.</p>	<p>Submit all data by the 10th of each month for the month prior.</p> <p>Scheduled approximately 30 days after each quarter period:</p> <ul style="list-style-type: none"> October 30, 2025 January 31, 2026 April 30, 2026 	<p>Reimbursement for actual costs incurred, not to exceed \$112,133.</p> <p>See breakdown by MI code below:</p> <p>FFY25 HI-IMP HIV TESTING PREV CDC MI 12408251 \$73,333 for 7/1/25-5/31/26</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Pre-test education describing the tests offered, the testing process, and how results will be provided. • Receipt of informed consent to test from the client. • Post-test education about the meaning of the test results. • Linkage to preventive services (e.g., PrEP, syringe service programs, condoms), as relevant. • Linkage to care services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant. • Appropriate public health reporting of testing to local health jurisdiction. <p>Testing programs should adhere to DOH Non-Clinical Testing Guidance.</p> <p>Integrated infectious disease testing, including HIV, STI and viral hepatitis testing, should be default. Standalone HIV testing will not fulfill SOW requirements (See Section 6(j) below).</p> <p>The Contractor will develop an Integrated Testing Quality Assurance Plan in coordination with OID Integrated Testing Coordinator.</p> <p>The Contractor will conduct monthly data reporting for HIV, STI and HCV testing, and surveillance reporting, using the template(s) provided by OID in accordance with OID reporting guidelines and state notifiable conditions rule.</p> <p>The Contractor will ensure the testing program aligns with the Testing Compliance Checklist at all times with applicable federal, state and local laws/regulations and ensure testing program complies with all DOH/OID test project requirements.</p> <p>The Contractor will provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of testing should be conducted in outreach settings outside of the primary office.</p>	<p>Submit Finalized Integrated Testing Quality Assurance Plan.</p> <p>Submit Performance Objectives & Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> • Outcomes aligned with program strategies and activities. • SMART objectives aligned with performance targets • Activities aligned with program outcomes • Timeline for implementation (including staffing of the proposed program, training, etc.) • Anticipated capacity building or technical assistance needs. <p>Achieve a minimum of 50% of established deliverables within the first year.</p> <p>Establish and maintain MOUs/MOAs with key partner agencies in jurisdiction(s) throughout contract period.</p> <p>Participate in monthly program check-ins with OID staff.</p> <p>Participate in collaborative meetings, training, technical assistance, and capacity building activities, as required.</p> <p>Conduct 80% of testing within identified WA State priority population groups.</p> <p>Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs.</p>	<ul style="list-style-type: none"> • July 31, 2026 <p>Integrated Testing Quality Assurance Plan due by August 1, 2025.</p> <p>Performance Objectives & Work Plan by August 1, 2026.</p> <p>By June 30, 2026.</p> <p>Throughout period of performance.</p> <p>Monthly throughout period of performance.</p> <p>Throughout period of performance.</p> <p>Throughout period of performance.</p>	<p>SFY26 STD PREVENTION RW MATCH MI 12428160 \$38,800 for 7/1/25-6/30/26</p>

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

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

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

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

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

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

Program Specific Requirements

1. Definitions

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

2. Submission of Invoice Vouchers –

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

3. Program Organization – CONTRACTOR must

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

4. HIV, VIRAL HEPATITIS and STI Testing Services Requirements

- a. HIV testing services must follow [DOH Non-Clinical Integrated Testing Guidance](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
- c. VIRAL HEPATITIS testing must follow the Hep C Overview Implementation plan. For more information contact the OID Integrated Testing Coordinator.
- d. Monthly data collection for Hep C testing submitted to DOH, including de-identified negatives reporting, as well as the appropriate case report form to the Local Health Jurisdiction for all HCV positive test results, include rapid positive results. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Integrated Testing Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g. Point of Care HIV, HCV and Syphilis test kits and controls should be procured through DOH. Please contact the DOH OID Integrated Testing Coordinator for more information.
- h. STI (GC/CT) test kits should be procured through PHSKC Lab, Molecular Testing Labs (MTL) and CDD. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
- j. In the event of a standalone HIV test, if STI testing is available at the Contractor's Organization, the reason for no accompanying STI test must be documented. If the Contractor does not offer either STI or VIRAL HEPATITIS testing, a referral for STI and/or VIRAL HEPATITIS testing must be documented.
- k. Contractor will ensure that staff performing HIV, Syphilis and VIRAL HEPATITIS testing are appropriately licensed and available to perform BOTH capillary and venous draws any time testing is being performed. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or MTL.
- l. Staff performing testing education and/or performing testing must have completed DOH-approved training, including DOH's "Integrated Infectious Disease Testing" training. Staff providing STI and Viral Hepatitis testing services must also attend and complete any additional training as determined necessary by DOH.
- m. For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
- n. Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
- o. Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
- p. Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
- q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
- r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in EvaluationWeb. For additional information, please contact the DOH OID Integrated Testing Coordinator.

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

6. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of services**
 - a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
 - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
7. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](http://allianceforclas.org)
8. **Participation in Program Monitoring Activities** –
 - a. As applicable, DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution program
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
 - vii. Prevention Activities for People Living with HIV
 - viii. HIV/STI Prevention, Treatment, and Surveillance
 - b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

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

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

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

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

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

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

- 1) Laptops and Notebook Computers
 - 2) Tablets and Smart Phones
- Agencies must also include the following assets with unit costs of \$1,000 or more:
- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
 - 2) Cameras and Photographic Projection Equipment
 - 3) Desktop Computers (PCs)
 - 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

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

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

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

10. Content Review and Website Disclaimer Notice

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

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

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

11. Youth and Peer Outreach Workers

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

12. Whistleblower

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

13. Allowable Costs

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

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 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)** 2

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

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

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

Revision Purpose: To extend the Sanitary Survey Fees funding period end date from 06/30/25 to 12/31/27 and move funding from YR 28 SRF- LOCAL ASST (15%) to YR1 STIMULUS - LOCAL ASST (10% OF 15%) for SS and TA.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change	Total Allocation
				Start Date	End Date		None	
SANITARY SURVEY FEES	24112522	N/A	346.26.65	01/01/25	12/31/27	4,400	0	4,400
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	4,400	-4,400	0
YR1 STIMULUS - LOCAL ASST (10% OF 15%) SS	24144240	N/A	346.26.64	01/01/25	12/31/27	0	4,400	4,400
YR 28 SRF - LOCAL ASST (15%) TA	24119228	N/A	346.26.66	01/01/25	12/31/27	4,000	-4,000	0
YR1 STIMULUS - LOCAL ASST (10% OF 15%) TA	24144240	N/A	346.26.66	01/01/25	12/31/27	0	4,000	4,000
						0	0	0
TOTALS						12,800	0	12,800

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 \$400 for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	community and non-community Group A water systems	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.		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. Late or incomplete reports may not be accepted for payment.
2	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. See Special Instructions for task activity.	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.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	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. See Special Instructions for task activity.	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.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the	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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	See Special Instructions for task activity.	ODW Program Contact for approval (to ensure enough funds are available).		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 USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly 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 **\$8,800 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 to be completed between January 1, 2025 and December 31, 2025.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Recreational Shellfish Activities - Effective July 1, 2025

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH32067

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

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input 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 provide funds for shellfish harvesting safety.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	07/01/25	06/30/26	0	7,500	7,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	7,500	7,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Conduct emergency biotoxin sampling when needed. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. Issue biotoxin news releases during biotoxin closures in Snohomish County. This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 15, 2026 (See Special Instructions below.)	\$7,200

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Outreach <ul style="list-style-type: none"> • Staff educational booths at local events. • Distribute safe shellfish harvesting information. 	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 15, 2026 (See Special Instructions below.)	\$300

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

Department of Health's Biotxin Monitoring Plan

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

Chapter 246-280 WAC

<https://doh.wa.gov/community-and-environment/shellfish/recreational-shellfish>

<https://doh.wa.gov/about-us/programs-and-services/environmental-public-health/environmental-health-and-safety/about-shellfish-program/about-biotoxins-and-illness-prevention-program>

Special Instructions:

Report for work performed in 2025 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2026.

The report format will be provided by DOH and may be modified throughout the period of performance via email announcement.