

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

**CONTRACT NUMBER: CLH32067****AMENDMENT NUMBER: 6**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitespages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>



Adds Statements of Work for the following programs:

Childhood Lead Poisoning Prevention - Effective January 1, 2025

Executive Office of Resiliency & Health Security-WFD LHJ - Effective January 1, 2025

Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025

Office of Immunization-Regional Representatives - Effective January 1, 2025

Zoonotic Disease Program-WNV Mosquito Surveillance - Effective May 1, 2025



Amends Statements of Work for the following programs:

Continuation of Care & Services: CHW Outreach-Refugee Health Promo - Effective January 1, 2025

DCHS-Emerging Infections Program RESP-NET - Effective January 1, 2025

Infectious Disease Prevention Services-FPHS - Effective January 1, 2025

Office of Drinking Water Group A Program - Effective January 1, 2025

Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025

Office of Resiliency & Health Security-PHEP-CRI - Effective January 1, 2025

OSS LMP Implementation - Effective January 1, 2025



Deletes Statements of Work for the following programs:

2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:



Increase of **\$883,886** for a revised maximum consideration of **\$13,167,258**.



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>Brinda Hinkson</i>
Date: Jun 5, 2025	Date: Jun 5, 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
<b>FFY23 CRI BP5 LHJ Funding</b>	<b>NU90TP922043</b>	<b>Amd 6</b>	<b>93.069</b>	<b>333.93.06</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>\$3,511</b>	<b>\$3,511</b>	<b>\$3,511</b>
<b>FFY23 PHEP BP5 LHJ Funding</b>	<b>NU90TP922043</b>	<b>Amd 6</b>	<b>93.069</b>	<b>333.93.06</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>\$147,955</b>	<b>\$147,955</b>	<b>\$147,955</b>
<b>FFY24 PHEP BP1-CDC-LHJ Partners</b>	<b>NU90TU000055</b>	<b>Amd 6</b>	<b>93.069</b>	<b>333.93.06</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$321,191</b>	<b>\$535,318</b>	<b>\$535,318</b>
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		
<b>FFY24 PHEP CRI BP1-CDC-LHJ Partners</b>	<b>NU90TU000055</b>	<b>Amd 6</b>	<b>93.069</b>	<b>333.93.06</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$103,688</b>	<b>\$172,813</b>	<b>\$172,813</b>
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		
<b>FFY25 CDC IQIP Regional Reps</b>	<b>NH23IP922619</b>	<b>Amd 6</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$68,262</b>	<b>\$68,262</b>	<b>\$109,714</b>
<b>FFY24 CDC IQIP Regional Reps</b>	<b>NH23IP922619</b>	<b>Amd 6</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>\$41,452</b>	<b>\$41,452</b>	
<b>FFY25 CDC VFC Ops</b>	<b>NH23IP922619</b>	<b>Amd 6</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$24,659</b>	<b>\$24,659</b>	<b>\$24,659</b>
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
<b>FFY25 EIP COVID AIM CDC</b>	<b>NU50CK000642</b>	<b>Amd 6</b>	<b>93.317</b>	<b>333.93.31</b>	<b>01/01/25</b>	<b>12/31/25</b>	<b>01/01/25</b>	<b>12/31/25</b>	<b>\$2,436</b>	<b>\$132,750</b>	<b>\$132,750</b>
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		
<b>FFY25 EIP FluSurv AIM CDC</b>	<b>NU50CK000642</b>	<b>Amd 6</b>	<b>93.317</b>	<b>333.93.31</b>	<b>01/01/25</b>	<b>12/31/25</b>	<b>01/01/25</b>	<b>12/31/25</b>	<b>\$42,648</b>	<b>\$42,648</b>	<b>\$42,648</b>
<b>FFY24 ELC Core Vector Borne CDC</b>	<b>NU51CK000364</b>	<b>Amd 6</b>	<b>93.323</b>	<b>333.93.32</b>	<b>05/01/25</b>	<b>07/31/25</b>	<b>08/01/24</b>	<b>07/31/25</b>	<b>\$3,000</b>	<b>\$3,000</b>	<b>\$3,000</b>
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
<b>FFY21 CDC COVID-19 PHWFD-LHJ</b>	<b>NU90TP922181</b>	<b>Amd 6</b>	<b>93.354</b>	<b>333.93.35</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>\$20,882</b>	<b>\$20,882</b>	<b>\$20,882</b>
<b>FFY23 Refugee Health Promo DSHS IAR</b>	<b>2501WARSSS</b>	<b>Amd 6</b>	<b>93.566</b>	<b>333.93.56</b>	<b>01/01/25</b>	<b>09/30/26</b>	<b>10/01/23</b>	<b>09/30/26</b>	<b>\$101,938</b>	<b>\$239,438</b>	<b>\$239,438</b>
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		
FFY24 Hi-Imp HIV Prev CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$46,109	\$46,109	\$46,109
FFY24 Hi-Imp HIV Prevention CDC	NU62PS924813	Amd 1	93.940	333.93.94	01/01/25	05/31/25	08/01/24	05/31/25	\$33,334	\$33,334	\$33,334
<b>FFY22 PH Infrastructure Comp A1-LHJ</b>	<b>NE11OE000053</b>	<b>Amd 6</b>	<b>93.967</b>	<b>333.93.96</b>	<b>01/01/25</b>	<b>11/30/27</b>	<b>12/01/22</b>	<b>11/30/27</b>	<b>\$89</b>	<b>\$191,366</b>	<b>\$191,366</b>
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		

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 LHM 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			
<b>FFY23 PCHD STD Prev Dis Control CDC</b>	<b>NH25SPS005146</b>	<b>Amd 6</b>	<b>93.977</b>	<b>333.93.97</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>01/01/23</b>	<b>01/31/26</b>	<b>\$23,496</b>	<b>\$35,274</b>	<b>\$35,274</b>
FFY23 PCHD STD Prev Dis Control CDC	NH25SPS005146	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
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
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 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,000	\$3,000	\$3,000
<b>Small Onsite Management (ALEA)</b>		<b>Amd 6</b>	<b>N/A</b>	<b>334.04.93</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>(\$3,226)</b>	<b>\$11,199</b>	<b>\$11,199</b>
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		
<b>SFY25 Wastewater Management-GFS</b>		<b>Amd 6</b>	<b>N/A</b>	<b>334.04.93</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>(\$31,968)</b>	<b>\$0</b>	<b>\$0</b>
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
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	
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
<b>SFY25 Lead Management (FPHS)</b>		<b>Amd 6</b>	<b>N/A</b>	<b>336.04.25</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$13,873</b>	<b>\$13,873</b>	<b>\$13,873</b>
<b>YR 28 SRF - Local Asst (15%) SS</b>		<b>Amd 6</b>	<b>N/A</b>	<b>346.26.64</b>	<b>01/01/25</b>	<b>12/31/27</b>	<b>07/01/24</b>	<b>06/30/29</b>	<b>\$4,400</b>	<b>\$4,400</b>	<b>\$4,400</b>
<b>YR 27 SRF - Local Asst (15%) SS</b>		<b>Amd 6</b>	<b>N/A</b>	<b>346.26.64</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>(\$4,400)</b>	<b>\$0</b>	
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	N/A	346.26.65	01/01/25	06/30/25	07/01/23	06/30/25	\$4,400	\$4,400	\$4,400
<b>YR 28 SRF - Local Asst (15%) TA</b>		<b>Amd 6</b>	<b>N/A</b>	<b>346.26.66</b>	<b>01/01/25</b>	<b>12/31/27</b>	<b>07/01/24</b>	<b>06/30/29</b>	<b>\$4,000</b>	<b>\$4,000</b>	<b>\$4,000</b>
<b>YR 27 SRF - Local Asst (15%) TA</b>		<b>Amd 6</b>	<b>N/A</b>	<b>346.26.66</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>(\$4,000)</b>	<b>\$0</b>	
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		

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	Funding Period End Date			
TOTAL									\$13,167,258	\$13,167,258	
Total consideration:	\$12,283,372									GRAND TOTAL	\$13,167,258
	\$883,886										
GRAND TOTAL	\$13,167,258									Total Fed	\$5,391,474
										Total State	\$7,775,784

\*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:** Childhood Lead Poisoning Prevention -  
Effective January 1, 2025

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to support Childhood Lead Poisoning Prevention Program implementation to increase blood lead testing, provider outreach, case management, and community engagement.

**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
SFY25 LEAD MANAGEMENT (FPHS)	25623851	N/A	336.04.25	01/01/25	06/30/25	0	13,873	13,873
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>13,873</b>	<b>13,873</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Lead FPHS Core Team	Attendance at regularly scheduled meetings	June 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration.
2	Select and implement model program activity in testing promotion, provider outreach, case management, and/or community engagement	Submit Activity Report to DOH contract manager	June 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration.

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

**Program Specific Requirements**

**Special Requirements:**

Data gathered during blood lead case investigations should be entered into applicable fields in the Washington Disease Reporting System (WDRS), in support of increased efforts at statewide data collection.

The June 30, 2025 Activity Report should be submitted to the DOH Contract manager and should include the following information:

1. Type and amount of spending for the January 1-June 30, 2025 contract period: staff time, equipment, supplies, services (such as interpretation/translation, etc.), or other types.
2. Describe how each type of spending supported implementation of the FPHS Lead Prevention Model Program elements of case management, provider outreach, testing promotion, and/or community engagement?
3. Describe the impact of this funding by sharing products and/or success stories (e.g.: a generalized story about how a family or group that benefitted from direct services, how an area of programming advanced, a partnership or collaboration that was formed or enhanced, materials that were produced, etc.).

**Billing Requirements:**

Include invoices to document costs such as equipment, supplies, or services (such as interpretation or translation costs).

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

**DOH Program Name or Title:** Continuation of Care & Services: CHW Outreach-  
Refugee Health Promo - Effective January 1, 2025

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

**Contract Number:** CLH32067

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

**Period of Performance:** January 1, 2025 through September 30, 2026

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding and an overview of duties for Snohomish County Health Department (SCHD) under the Refugee Community Health Worker Outreach project through Refugee Health Promotion which was awarded to WA DOH by Department of Social and Health Services (DSHS) Office of Refugee and Immigrant Assistance (ORIA). This includes hiring culturally and linguistically appropriate Community Health Workers (CHW) who will serve the refugees and humanitarian immigrants by providing health navigation and health education to Office of Refugee Resettlement (ORR)-eligible populations.

**NOTE: The CHW Project began on September 1, 2024. DOH is including unspent funding from 2024 in this amendment. Deliverables with due dates before December 31, 2024, are shown for information purposes only.**

**Revision Purpose:** The purpose of this amendment is to move unspent funding from 2024 into this consolidated contract. Additional changes include an updated billing period requirement and update to frequency of education events.

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
FFY23 REFUGEE HEALTH PROMO DSHS IAR	18502931	93.566	333.93.56	01/01/25	09/30/26	137,500	101,938	239,438
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>137,500</b>	<b>101,938</b>	<b>239,438</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	SCHD will onboard a CHW to provide health education and health navigation to eligible clients to expand health knowledge and literacy.	Onboard one (1) CHW to serve eligible clients.	Onboard a CHW by November 30, 2024.	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.
2	CHW will host one-on-one education focused on vaccines and other health education topics based on client needs. Topics will consist of the importance and safety of COVID-19 and Flu vaccines and necessary vaccines for school	Education sessions will utilize culturally and linguistically appropriate materials and will serve at least 10 eligible clients per month.	Monthly report (reference Program Requirements, appendix A for timeline)	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	enrollment as well as other relevant topics such as accessing healthcare. Education sessions will be both in-person and virtual for all ORR eligible clients. Education materials will be translated into appropriate languages and will include handouts and graphic novel style booklets.	Client level data will be reported via monthly reporting template.		
3	CHW will host walk-in group health education sessions for eligible clients at local community centers. Topics will include addressing misconceptions about vaccines, reasons for required of recommended vaccines, benefits of receiving recommended vaccines, and other topics based on client needs. Preventative healthcare will also be addressed during these conversations. Services will be provided to all ORR eligible clients.	Will host at least one (1) event per <del>month</del> <i>quarter</i> to increase vaccine education and confidence in vaccine safety.  Client level data will be reported via monthly reporting template. This will include documentation of pre- and post-assessments for eligible clients.	Monthly report (reference Program Requirements, appendix A for timeline)	
4	CHW will host one-time, one-on-one, health navigation services focused on connecting clients to vision/dental/medical providers and other services as per client needs. Services will be provided to all ORR eligible clients.	Will serve at least 10 eligible clients per month.  Client level data will be reported via monthly reporting template. This will include documentation of completion of service.	Monthly report (reference Program Requirements, appendix A for timeline)	
5	CHW will attend/host back-to-school immunization clinics for all ORR-eligible clients, primarily focused on childhood vaccines. CHW will also attend community-led back-to-school and other health related events/fairs to connect with ORR-eligible clients and provide program specific services.	Will attend/host at least one (1) event per year.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
6	CHW will attend required meetings and support other grant related deliverables.	Attendance of at least 80% of CHW Check-In meetings.  Attendance at other refugee services provider meetings as needed.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	
7	Develop a flyer with the proposed service details. The service details will include, at minimum, the service available, how to access services, hours of operations and applicants contact information.	A flyer will be shared with community in appropriate language.	Within the first quarter of hiring CHW position.	
8	CHW will complete (or show proof of completion) of the DOH CHW Training.	Provide proof of completion of training.	Complete training by December 31, 2025.	
9	CHW will develop and share translated health materials to eligible clients including factsheets and other resources as requested by the clients.	Materials will be shared in a culturally and linguistically appropriate way as per clients' needs.	Quarterly narrative report (reference Program Requirements, appendix A for timeline)	



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

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

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

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

**Program Specific Requirements**

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

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

**Billing Requirements:** LHJ may bill monthly. Invoices must be received no more than ~~60~~ 45 days after the billing period.

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

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

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to describe the activities that the LHJ is funded to do as part of the CDC-sponsored, Washington State Department of Health (WADOH) administered Emerging Infections Program (EIP) RESP-NET project. RESP-NET, a general term for three separate projects (COVID-NET, FluSurv-NET, RSV-NET), is a population-based surveillance of hospitalizations associated with COVID-19, influenza (flu), and RSV.

**Revision Purpose:** Update allocation and DSA Due Date

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 EIP COVID AIM CDC	1712025C	93.317	333.93.31	01/01/25	12/31/25	130,314	2,436	132,750
FFY25 EIP FLUSURV AIM CDC	1712025F	93.317	333.93.31	01/01/25	12/31/25	0	42,648	42,648
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>130,314</b>	<b>45,084</b>	<b>175,398</b>

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<i>FFY25 EIP FLUSURV AIM CDC</i>
2	<b>Data Collection and Reporting</b>  The LHJ is responsible for completing and reviewing weekly and end-of-season data elements for all identified cases, and entering data into WDRS following protocols established by WADOH.	Timeliness and completeness of case reporting:  <b>Weekly data elements:</b> 95% of weekly data elements for 95% of cases reported within 1 week of identification.  <b>Annual end-of-season data elements:</b> 95% of data elements for 95% of cases reported by end-of-season deadline (typically in spring/summer after the end of the respiratory season)	<b>Weekly data elements:</b> 95% of weekly data elements for 95% of cases reported within 1 week of identification  <b>Annual end-of-season data elements:</b> 95% of data elements for 95% of cases reported by end-of-season deadlines (typically in spring/summer after the end of the respiratory season)	See above
3	<b>Participation in Quality Assurance Activities</b>  Active participation in data quality assurance activities, including data validation and correction following feedback from WA DOH and/or CDC per established deadlines, case ascertainment audits, and data review meetings with WA DOH, LHJs and other stakeholders.	Attendance and participation in QA activities, including data validation and correction, case ascertainment audits, and data review meetings.	As scheduled	See above
4	<b>Laboratory Surveillance and Diagnostic Testing</b>  LHJ will work with WADOH to identify laboratories that provide services to healthcare facilities in their catchment area.  WA DOH will distribute an annual survey of laboratory practices (e.g. testing for COVID, flu, RSV) to all identified laboratories in the catchment area. The LHJ will work with DOH to follow up with laboratories and ensure completion of the survey.	List of laboratories that provide services to healthcare facilities in LHJ catchment area.	By September each year	See above
5	<b>Data Sharing Agreements (DSAs)</b>  Collaborate with WA DOH to review and approve DSAs as required to facilitate case matching and other activities.	Signed and finalized DSA	<del>January</del> June 2025	See above

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

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

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**Program Specific Requirements**

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

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

CDC Funding Regulations and Policies

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

**Monitoring Visits (frequency, type)**

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

**Special Billing Requirements:**

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

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

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

**DOH Program Name or Title:** Executive Office of Resiliency & Health Security - WFD LHJ - Effective January 1, 2025

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2025.

**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
FFY21 CDC COVID-19 PHWFD-LHJ	3192621G	93.354	333.93.35	01/01/25	06/30/25	0	20,882	20,882
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>20,882</b>	<b>20,882</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by May 15, 2025, and any changes within 30 days of the change.	May 15, 2025  Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.  Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your	Implementation Plan	May15, 2025, unless previously submitted.  Submit updates as changes occur.	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Explain your approach and mitigation plans to address challenges in meeting these hiring goals.</li> <li>Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring.</li> <li>Administrative Support Staff – New Hires</li> <li>Professional or Clinical Staff – New Hires</li> <li>Disease Investigation Staff – New Hires</li> <li>Program Management Staff – New Hires</li> <li>Existing Staff budget for this funding.</li> </ul> <p>Note: Reporting period is January 1 – June 30, 2025.</p>			

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

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

**Program Specific Requirements**

**Follow all Federal requirements for use of Federal funds:**

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

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

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

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

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

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

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



(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)

- Leasing vehicles.
- Out of state travel.

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

**BILLING:**

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

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

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

**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)** 1

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**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 increase FFY23 PCHD STD PREV DIS CONTROL CDC funding and extend the funding period end date from 02/28/25 to 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	11,778	23,496	35,274
FFY24 HI-IMP HIV PREV CDC	12411240	93.940	333.93.94	01/01/25	05/31/25	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
						0	0	0
<b>TOTALS</b>						<b>306,744</b>	<b>23,496</b>	<b>330,240</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p><b>HIV/STI Prevention, Treatment, and Surveillance:</b></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. Submit monthly data report(s) for HCV and any other rapid testing activities.</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 10<sup>th</sup> of each month for the month prior.</p>	<p><b>Reimbursement for actual costs incurred, not to exceed <del>\$291,028</del> 314,524.</b></p> <p><b>See split out below by code:</b></p> <p><b>\$60,032 – MI 12411150 SFY25 STATE DISEASE CONTROL &amp; PREV for 1/1/25-6/30/25</b></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 &amp; 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>	Report all preliminary positives for HIV to OID, using the Preliminary Positive Reporting Form.	Report all preliminary positives for HIV to OID within 30 days.	<p><del>\$11,778-35,274</del> – MI 12411235 FFY23 PCHD STD PREV DIS CONTROL CDC for 1/1/25-<del>2/28/25</del> 6/30/25</p> <p>\$46,109 – MI 12411240 FFY24 HI-IMP HIV PREV CDC for 1/1/25-5/31/25</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><b>Prevention Activities for People Living with HIV:</b></p> <p>Provide services to clients who are diagnosed with and/or living with HIV:</p> <ul style="list-style-type: none"> <li>Deliver partner services to people who are newly diagnosed with HIV.</li> <li>Deliver partner services to people previously diagnosed with HIV who are: <ul style="list-style-type: none"> <li>Diagnosed with a bacterial STI.</li> <li>Returning to or sub-optimally linked to medical care and have a detectable viral load.</li> </ul> </li> <li>Ensure timely, correct reporting of cases of people diagnosed with HIV.</li> </ul>	Quarterly report information to be gathered via quarterly program meetings with DOH staff.	<p>Scheduled approximately 30 days after each quarter period:</p> <p>April 30, 2025 July 31, 2025</p>	<p><b>Reimbursement for actual costs incurred, not to exceed:</b></p> <p>\$15,716 – MI 12411150 SFY25 STATE DISEASE CONTROL &amp; 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"> <li>Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression and quality of life.</li> </ul> <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.	

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**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:** 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)** 1

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

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<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 move funding from YR 27 SRF-Local Asst (15%) SS and TA to YR 28 SRF-Local Asst (15%) SS and TA.

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 None	Total Allocation
SANITARY SURVEY FEES	24112522	N/A	346.26.65	01/01/25	06/30/25	4,400	0	4,400
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	4,400	-4,400	0
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	4,000	-4,000	0
YR 28 SRF - LOCAL ASST (15%) SS	24119228	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	0	4,000	4,000
						0	0	0
<b>TOTALS</b>						<b>12,800</b>	<b>0</b>	<b>12,800</b>

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 community and non-community Group A water systems</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> <li>Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.</li> <li>Completed Small Water System checklist.</li> <li>Updated Water Facilities Inventory (WFI).</li> <li>Photos of water system with text identifying features</li> </ol>	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$400</b> for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$800</b> for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		5. Any other supporting documents. 6. *Final Reports reviewed and accepted by the ODW Regional Office.		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 <b>2 working days</b> of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> 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 <b>30 calendar days</b> 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"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul> 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.  See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>

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

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

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

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

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

**Program Specific Requirements**

**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:** Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

**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 CDC VFC OPS	74310251	93.268	333.93.26	01/01/25	06/30/25	0	24,659	24,659
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>24,659</b>	<b>24,659</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Within 6 months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spenddown of remaining funds.	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples:	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].  (Template will be provided)	June 16, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>▪ Increased partner knowledge on immunization guidelines</li> <li>▪ Change in attitudes about childhood vaccines</li> <li>▪ Increase in school district immunization coverage rates</li> </ul>			

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

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

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

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

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

**Program Specific Requirements**

**Invoicing:**

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

**Unallowable Costs:**

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

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



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

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

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives

**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 CDC IQIP REGIONAL REP	74310254	93.268	333.93.26	01/01/25	06/30/25	0	68,262	68,262
FFY24 CDC IQIP REGIONAL REP	74310244	93.268	333.93.26	01/01/25	06/30/25	0	41,452	41,452
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>109,714</b>	<b>109,714</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region One (Island County, San Juan County, Skagit County, Snohomish County, and Whatcom County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program				
1	Conduct enrollment site visits with all new providers and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with the CVP Operations Guide.	a) Email Provider Agreement New Enrollment Packet with provider's original or electronic signature – DOH 348-022 if  1. Provider did not previously submit the provider agreement to DOH. 2. Changes are made to the provider agreement during the enrollment visit.	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures		
2	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program and when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Email completed Provider Disenrollment form DOH 348-423 or list to verify vaccine inventory transferred/removed from provider site.	Within ten (10) days of vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	<p>Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	<p>Conduct Announced Vaccine Storage and Handling (ASH) visits upon DOH request after an enrolled site moves to a new physical location. All visits must be conducted in person, within 60 days of DOH request, in accordance with the CVP Operations Guide.</p> <p>If site is due for a compliance visit within the current project period, conduct a compliance visit instead of an ASH visit.</p> <p>Complete Announced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation</p>	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each announced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	for each follow-up action must be appropriately entered into PEAR.	c) Enter resolved site visit follow-up actions and upload applicable s documentation into PEAR	c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.	
5	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 6 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p> <p>Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.</p>	<p>a) Submit completed CVP Compliance Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p> <p>e) Respond to requests from DOH to schedule observation visit.</p>	<p>a) By July 31</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p> <p>d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p> <p>e) Within 5 business days of DOH request.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
6	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2025. A minimum of 40% of total visits assigned per region must be initiated within the first half Project Year (Dec 31,2025) and take place in person or via webinar and in accordance with</p>	<p>a) Copy of project management plan (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up.</p>	<p>a) By July 31, 2025</p> <p>b) Within five (5) business days of visit</p> <p>c) Within five (5) business days of contact</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur by Dec 31, 2025</p>		By Dec 31, 2025	

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

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

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

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

**Program Specific Requirements**

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

**Invoicing:**

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

**Unallowable Costs:**

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

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages

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

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

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

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG).

**Revision Purpose:** Updated by increasing allocation, Program Specific Requirements, task 2 implementation plan deliverables/outcomes and due date/time frame.

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
FFY22 PH INFRASTRUCTURE COMP A1-LHJ	92321223	93.967	333.93.96	01/01/25	11/30/27	191,277	89	191,366
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>191,277</b>	<b>89</b>	<b>191,366</b>

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> <li>• Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.</li> <li>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.</li> <li>• Training and education (and related travel) for new and existing staff on topics such as incident management training, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ.</li> <li>• Costs of allowed contractors and contracted staff.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Preapproval from DOH is required to contract with these funds.</li> <li>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of <del>\$10,000</del> \$5,000 or more.)</li> </ul>	<p><i>Revisions to the implementation plans are not required to be submitted to DOH for preapproval. Submit updated implementation plans at the end of the grant year with an overview of those changes.</i></p>	<p><i>Revised implementation plans are due a month and 10 days after the end of the grant year November 30th:</i></p> <ul style="list-style-type: none"> <li>• <i>January 10, 2026</i></li> <li>• <i>January 10, 2027</i></li> <li>• <i>January 10, 2028</i></li> </ul>	
3	<p><b>Data collection, as applicable</b>, is based on:</p> <ul style="list-style-type: none"> <li>• Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period.</li> <li>• Hiring and retention activities the LHJ has at the end of the reporting period.</li> </ul>	<p>Data on form provided by DOH</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> <li>• Number of funded positions filled by job classification and program area since the inception of the grant (December 1, 2022), as of the end of the reporting period.</li> </ul>	<p>Reporting periods are:</p> <ul style="list-style-type: none"> <li>• December 1, 2024– May 31, 2025</li> <li>• June 1, 2025– November 30, 2025</li> <li>• December 1, 2025– May 31, 2026</li> </ul>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period.</li> <li>• Data Quality and Context <ul style="list-style-type: none"> <li>○ Are the data provided questionable or low/poor quality?</li> <li>○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance?</li> <li>○ Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.</li> <li>○ Provide any additional context or information related to this measure.</li> </ul> </li> </ul> <p>Note: 6-month Reporting periods see Due Date/Time Frame</p>	<ul style="list-style-type: none"> <li>• June 1, 2026–November 30, 2026</li> <li>• December 1, 2026–May 31, 2027</li> <li>• June 1, 2027–November 30, 2027</li> </ul> <p>Report due dates are a month and 10 days after the end of the reporting period:</p> <ul style="list-style-type: none"> <li>• July 10, 2025</li> <li>• January 10, 2026</li> <li>• July 10, 2026</li> <li>• January 10, 2027</li> <li>• July 10, 2027</li> <li>• January 10, 2028</li> </ul>	

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

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

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

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

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

**Program Specific Requirements**

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

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

- Clothing (except for vests to be worn during exercises or response)



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

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

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of ~~\$10,000~~ \$5,000 or more.)
- Disposition of equipment with a current value of ~~\$10,000~~ \$5,000 or more. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out-of-state travel.

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

**Billing Requirements:**

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

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

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

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

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

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

**Contract Number:** CLH32067

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

**Period of Performance:** January 1, 2025 through July 30, 2025

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

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

This Statement of Work includes 40% of the total allocation of these funds. Once all invoices from the July - December 2024 Statement of Work have been submitted and paid, any funds remaining from the previously awarded 60% will be added in an amendment to this January - June 2025 Statement of Work.

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

**Revision Purpose:** The purpose of this revision is to add funds. These are remaining funds from the July - December 2024 statement of work. There is no change to the activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	01/01/25	06/30/25	214,127	321,191	535,318
FFY24 PHEP CRI BP1 - CDC - LHJ PARTNERS	31607242	93.069	333.93.06	01/01/25	06/30/25	69,125	103,688	172,813
FFY23 PHEP BP5 LHJ FUNDING	31602231	93.069	333.93.06	01/01/25	06/30/25	0	147,955	147,955
FFY23 CRI BP5	31607232	93.069	333.93.06	01/01/25	06/30/25	0	3,511	3,511
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>283,252</b>	<b>576,345</b>	<b>859,597</b>

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>1</b> <b>Contact Information</b>  Framework 2 – Enhance Partnerships	Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit any changes within 30 days of the change.  End-of-year reports on template provided by DOH. Note any changes or no changes.	Within 30 days of the change.  June 30, 2025	Reimbursement for actual costs not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>2</b> <b>LHJ Performance Measures</b>  Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
<b>3</b> <b>Additional Information Required by CDC</b>  Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements.  Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
<b>4</b> <b>Risk Assessment</b>  Framework 1 – Develop threat-specific approach  Framework 3 – Expand local support  Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ.  DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
<b>5</b> <b>Planning</b>  Framework 4 – Improve administrative and budget preparedness systems  Framework 8 –	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners.  Engage partners to incorporate health equity principles.  Including (but not limited to): <ul style="list-style-type: none"> <li>• Administrative preparedness plans.</li> <li>• Recovery operations.</li> <li>• Incident response improvement plan data elements.</li> </ul>	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
Incorporate health equity practices				
<b>6 Planning - IPPW</b>  Framework 2 – Enhance Partnerships  Framework 5 – Build workforce capacity  Framework 10 – Prioritize community recovery efforts	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.  Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	End-of-year reports on template provided by DOH.  Participation in IPPW.	June 30, 2025	
<b>7 Communication &amp; Planning</b>  Framework 7 – Strengthen risk communication activities	Develop or update crisis and emergency risk communication and information dissemination plans.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>8 Training</b>  Framework 5 – Build workforce capacity	Complete training to ensure baseline competency and integration with preparedness requirements.  Participate in at least one public health emergency preparedness, response, or recovery training.  Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.  Work with Public Health Emergency Response Coordinators to review public health preparedness and response plans and identify gaps, priorities, and training needs.  Integrate administrative and budget preparedness recommendations into training.	End-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>Recommended Training:</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> <li>• Incident Command System (ICS) 100: Introduction to ICS</li> <li>• ICS 700: An Introduction to the National Incident Management System (NIMS)</li> <li>• ICS 800: National Response Framework. An Introduction</li> <li>• IS-120.C: An Introduction to Exercise</li> <li>• IS-2900.A: National Disaster Recovery Framework (NDRE) Overview</li> <li>• Homeland Security Exercise and Evaluation Program</li> <li>• Preparation for Resource Providers</li> </ul> <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> <li>• ICS 200: Basic ICS for Initial Response</li> <li>• Independent Study (IS)-2200: Basic Emergency Operations Center Functions</li> </ul> <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> <li>• ICS 300: Intermediate ICS for Expanding Incidents</li> <li>• Crisis and Emergency Risk Communication (CERC)</li> </ul> <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> <li>• ICS 400: Advanced ICS</li> </ul> <p>Notes:</p> <p>Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>9 Exercising</b>  Framework 2 – Enhance Partnerships  Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Participate in at least one exercise by June 30, 2025. <ul style="list-style-type: none"> <li>• Include critical response and recovery partners.</li> <li>• Engage partners to incorporate health equity principles.</li> <li>• Integrate administrative and budget preparedness recommendations.</li> <li>• Complete AAR/IP for the exercise by June 30th, 2025.</li> </ul> Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.	End-of-year reports on template provided by DOH.  Improvement Plans available upon request.	June 30, 2025	
<b>10 Communication &amp; Exercising</b>  Framework 7 – Strengthen risk communication activities	Identify and implement communication monitoring media relations, and digital communication strategies in exercises.  Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>11 MCM – Non-CRI LHJs</b>  Framework 1 – Develop threat-specific approach  Framework 10 – Prioritize community recovery efforts	<b>Note: This activity applies to non-CRI LHJs only.</b>  Maintain ability to procure, store, manage, and distribute medical materiel.  Maintain ability to dispense and administer medical countermeasures (MCM).  Attend an MCM quarterly meeting for the non-CRI LHJs.  Continue to show capabilities by submitting updated MCM plans as needed.	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>12</b> <b>DOH Duty Officer</b>  Framework 7 – Strengthen risk communications activities	Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.  Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>13</b> <b>WASECURES</b>  Framework 7 – Strengthen risk communication activities	Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.  Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system.  Notes: <ul style="list-style-type: none"> <li>• Registered users must log in (or respond to an alert) quarterly at a minimum.</li> <li>• DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>• LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>14</b> <b>Communication &amp; Communities of Focus</b>  Framework 10 – Prioritize community recovery efforts	Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.  DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>15</b> <b>Healthcare Coalition (HCC) Participation</b>  Framework 3 – Expand local support	During each reporting period (Jul – Dec and Jan- Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> <li>• Meetings</li> <li>• Communication</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>• Planning</li> <li>• Training</li> <li>• Exercises</li> </ul>			
<b>CRI 1</b>  Framework 5 – Build workforce capacity	Participate in required exercises per PHEP Notice of Funding Opportunity (NOFO) hosted by DOH, or other LHJ exercises or host their own exercise.  Participate in at least one discussion based drill by 6/30/2025.  Discussion Based <ul style="list-style-type: none"> <li>• Admin Preparedness</li> <li>• Biological Incident</li> <li>• Chemical Incident</li> <li>• Radiological/Nuclear Incident</li> <li>• Natural Disasters</li> <li>• Capstone (100): Discuss what elements are necessary for a full-scale exercise based on risk assessment</li> </ul> Operations Based <ul style="list-style-type: none"> <li>• Capstone (200) Drill: Operation or function necessary for capstone (400)</li> <li>• Critical Contacts Drill</li> <li>• Inventory Data Exchange Drill</li> <li>• Functional Biological Incident (200)</li> <li>• Functional Capstone (300): Validate multiple response capacities required for capstone (400)</li> <li>• Full-Scale Exercise Capstone (400)</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>CRI 2</b>  Framework 7 – Strengthen risk communication activities  Framework 8 – Health Equity	Include the following in exercises: <ul style="list-style-type: none"> <li>• Communication surveillance, media relations, and digital communication strategies.</li> <li>• Health equity that prioritizes communities of focus identified in the risk assessment and preparedness plans.</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	



Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>CRI 3</b>  Framework 7 – Strengthen risk communication activities	Coordinate with DOH on Risk Assessment that includes public health and communities of focus when available and/or requested.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>CRI 4</b>  Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Create training materials or attend an approved training related to medical countermeasures.  Work with DOH training and exercise team to develop tools to support MCM plans.  Provide example training materials for Local Health Jurisdictions that can be developed into a template for all LHJs to apply.  Verify that key LHJ staff, involved in an MCM response including the local health officer, and leadership staff are trained to implement the jurisdiction MCM plan.  Require MCM coordinators and MCM logistics staff support in CRI jurisdictions to complete the CDC Strategic National Stockpile (SNS) training.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>CRI 5</b>  Framework 1 – Develop threat specific approach  Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	Create, update, and maintain public health medical countermeasures (MCM) plans for their LHJ.	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>CRI 6</b>  Framework 2 – Enhance partnerships  Framework 5 – Build workforce capacity	Participate in DOH-hosted quarterly CRI conference calls, if available.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>CRI 7</b>  Framework 2 – Enhance partnerships  Framework 3 – Expand local support  Framework 5 – Build workforce capacity	Participate in the DOH Integrated Preparedness Plan Workshop (IPPW) as it applies to the CRI work.  The IPPW is scheduled for early 2025.	End-of year report	June 30, 2025	

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

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

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

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

**Program Specific Requirements**

**Special Requirements:**

**Guidance Documents** - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work:

*Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.*  
DOH will provide a copy.

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

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

*2024 PHEP Cooperative Agreement Guidance/Budget Period 1*

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

**Follow all Federal requirements for use of Federal funds:**

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

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

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

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

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

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

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

Note: Preapproval is no longer required for paying overtime.

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

**BILLING:**

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

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

- If invoices include indirect costs, there must be a DOH approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

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

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP). This funding is what remains of the 2023-2025 biennium and of SFY25 funding allocations.

**Revision Purpose:** Decrease funding allocations and add task-level budget.

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 Decrease (-)	Total Allocation
SFY25 WASTEWATER MANAGEMENT-GFS	26701150	N/A	334.04.93	01/01/25	06/30/25	31,968	-31,968	0
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	01/01/25	06/30/25	14,425	-3,226	11,199
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>46,393</b>	<b>-35,194</b>	<b>11,199</b>

**GOALS & MEASURABLE OBJECTIVES**

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

Description (e.g., "OSS compliance")	Units (e.g. "systems")	Starting Amount	Targets
OSS compliant with inspections countywide	Percent of OSS	2.1%	5%
OSS failures identified and/or investigated countywide	Number of OSS failures identified	TBD	TBD
OSS failures repaired/replaced countywide	Number of OSS Failures repaired/replaced	TBD	TBD
Rebates provided to low-income homeowners for M&M activities	Number of rebates issued	0	80

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Task 1. Grant Administration</b> This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program.				
1.1	<b>Bi-monthly Invoicing and Progress Reports</b> DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. LHJ will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices.	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period	Reimbursement up to <del>\$x</del> \$0 based on actual costs.
1.2	<b>Semi-Annual Progress Reports</b> Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.	Data about the following: <ul style="list-style-type: none"><li>Qualitative:<ul style="list-style-type: none"><li>Summary of work</li><li>Barriers to LMP Implementation</li></ul></li><li>Quantitative:<ul style="list-style-type: none"><li>OSS inventory metrics</li><li>Enforcement actions</li><li>Outreach and Education efforts</li></ul></li></ul>	Due July 15 for the duration of the contract period	
<b>Task 2. Local Management Plan Implementation</b> This task includes all work done to implement the county’s LMP excluding grant management tasks and inspection rebates/incentives.				
2.1	<b>Database Maintenance and Quality Assurance/Quality Control (QA/QC)</b> Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: <ul style="list-style-type: none"><li>Conduct QA/QC on 5% of all reports submitted semi-annually online to ensure correct property information, system information and reporting requirements.</li></ul>	Data on the following: <ul style="list-style-type: none"><li>% of reports reviewed semi-annually.</li></ul>	Report in semi-annual progress report.	Reimbursement up to <del>\$x</del> \$0 based on actual costs.
2.2	<b>Operations and Maintenance (O&amp;M) Program Administration</b> <ul style="list-style-type: none"><li>Failure and repair tracking</li><li>Enforcement activity for failed systems</li><li>O&amp;M reports indicating deficiencies reviewed and investigated as needed.</li><li>Assess feasibility of setting up automatic email reminders to homeowners through online database, Online RME.</li></ul>	Data on the following: <ul style="list-style-type: none"><li>Number of OSS failures identified and/or investigated</li><li>Number of enforcement activities</li><li>Number of repairs permitted</li><li>Number of deficient O&amp;M reports reviewed/investigated.</li><li>Report on status of feasibility for automatic reminders.</li></ul>	Report in semi-annual progress report in Subtask 1.2.	

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.3	<b>Education and Outreach</b> Education and outreach is conducted for OSS owners, and realtors. Specific tasks include: <ul style="list-style-type: none"><li>• Technical assistance provided to public as needed.</li><li>• Reoccurring Septic Care social media campaign/advertisement.</li><li>• Reoccurring maintenance reminders for homeowners.</li></ul>	<ul style="list-style-type: none"><li>• Number of occurrences of technical assistance provided to public. 7</li><li>• Post one targeted social media advertisement quarterly</li><li>• Provide annually 1 email newsletter per year to homeowners for maintenance reminder.</li></ul>	Report in semi-annual progress report.	
2.4	<b>Professional Development and Coordination</b> <ul style="list-style-type: none"><li>• The LHJ will participate in LMP and West Side Coordinators Meetings and will network between counties.</li><li>• The LHJ will support professional development through:<ul style="list-style-type: none"><li>○ Attending DOH OSS Program trainings</li></ul></li></ul>	Attendance and contribution at four (4) meetings per year	Report attendance semi-annually, as scheduled in Task 1.2	
<b>Task 3. Homeowner Inspection Rebates/Incentives Program</b> Provide low-income rebates to homeowners.				
3.1	<b>Low-Income Homeowner Inspection Rebates</b> The LHJ will provide rebates to homeowners for pumping, inspections, and minor repairs. Rebates issued will be up to \$600.	a. Provide draft and final process/policy documents to DOH  b. Up to 80 rebates will be issued for M&M activities. This is based off a \$200 average per rebate.	a. Prior to issuing any rebates  b. By grant closeout	Reimbursement up to <del>\$*</del> <b>\$11,199</b> based on actual costs

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

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

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

**Contract Number:** CLH32067

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is for Snohomish Health District to conduct weekly mosquito surveillance for West Nile virus (WNV) in Snohomish County during mosquito season, June through September. The detection of the virus in mosquito populations serves as an early warning of disease risk in the localized area. It alerts the local health department to strengthen educational outreach and mosquito control to minimize the health impact of mosquito-borne disease on communities. In addition, data generated by surveillance advances our understanding of the emergence and spread of vector mosquitoes and pathogens in Washington

**Revision Purpose:** 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
FFY24 ELC CORE VECTOR BORNE CDC	1882124A	93.323	333.93.32	05/01/25	07/31/25	0	3,000	3,000
FFY25 ELC CORE VECTOR BORNE CDC	TBD	93.323	333.93.32	08/01/25	09/30/25	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>3,000</b>	<b>3,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct weekly mosquito trapping at two (2) site locations in Snohomish County. Purchase of dry ice, as needed Set and collect traps Record field data on DOH-provided reporting forms, including zero catch information.	Submit two (2) weekly collections of mosquitoes along with complete corresponding data on reporting forms for trapping events to DOH. Should no mosquitoes be collected during a trapping event, the data reporting form documenting the effort is to be emailed to the DOH Program contact.	Weekly during mosquito season, June through September	Reimbursement up to \$3,000 (including staff time, transportation, and costs related to mosquito surveillance activities)

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

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

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

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

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

CDC Funding Regulations and Policies: <https://www.cdc.gov/grants/federal-regulations-policies/index.html>

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

The current project period is May 1, 2025 to September 30, 2025. Work outside this date range will be provided to DOH at no cost.

**Billing Requirements:**

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