

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

CONTRACT NUMBER: CLH32067**AMENDMENT NUMBER: 2**

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



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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 TB Program – Effective January 1, 2025
 - ☐ Amends Statements of Work for the following programs:
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-2 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-1 Allocations as follows:
 - ☒ Increase of **\$71,275** for a revised maximum consideration of **\$9,971,032**.
 - ☐ 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: 	Signature: 
Date: Mar 6, 2025	Date: Mar 6, 2025

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2023-Indefinite: MTDC De Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
PS SS12 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
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	\$214,127	\$214,127
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	\$69,125	\$69,125
FFY25 TB ELIMINATION CDC	NU52PS910221	Amd 2	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$71,275	\$71,275	\$71,275
FFY25 EIP COVID AIM CDC	NU50CK000642	Amd 1	93.317	333.93.31	01/01/25	12/31/25	01/01/25	12/31/25	\$130,314	\$130,314	\$130,314
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
FFY23 Refugee Health Promo DSHS IAR	NGA Not Received	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500	\$137,500	\$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
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 1	93.977	333.93.97	01/01/25	02/28/25	01/01/23	01/31/26	\$11,778	\$11,778	\$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 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500	\$31,500	\$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
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

Indirect Rate January 1, 2023-Indefinite: MTDC De Minimus

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
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	\$4,400	\$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
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	\$4,000	\$4,000
TOTAL									\$9,971,032	\$9,971,032	
Total consideration:	\$9,899,757									GRAND TOTAL	\$9,971,032
	\$71,275										
GRAND TOTAL	\$9,971,032									Total Fed	\$2,244,820
										Total State	\$7,726,212

*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: TB Program - 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 December 31, 2025

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is providing funding from the State TB Program for tuberculosis (TB) prevention and control activities.

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 TB ELIMINATION CDC	18402254	93.116	333.93.11	01/01/25	12/31/25	0	71,275	71,275
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	71,275	71,275

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Case Management and Treatment: (1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment. a. Performance-based focus area improve Completion of Therapy (COT) i. Improve Completion of Therapy (COT) (2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines and the Washington TB Services and Standards Manual .	Summary of tasks 1-10 outcomes including any implemented strategies to improve and related results/findings in the Consolidated Contract "TB Deliverables Report" for January 1, 2025 – December 31, 2025	Report due January 31, 2026, for 2025 TB activities	Payment for tasks 1-7 will be reimbursed for actual expenses up to the maximum available within the FFY25 TB ELIMINATION CDC funding period described in the Funding Table above. See below Restrictions on Funds and Billing Requirements
2	Provide DOH with complete TB case, contact, targeted testing, and infection data.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ. Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g. WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years. 			
3	Contact Identifications: <ul style="list-style-type: none"> Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact identifications. Comply with National TB Coalition of America (NTCA) and CDC guidelines 			
4	Directly Observed Therapy (DOT): Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.			
5	Examination and Appropriate Treatment of Immigrants and Refugees: <ul style="list-style-type: none"> Increase percentage of immigrants and refugees meeting NTIP targets. Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information. 			
6	Cohort Review Appropriate team members will attend and participate in discussion and utilize data for local program evaluation and program improvements. TB Case Consultation: Appropriate LHJ TB staff attend as requested by DOH clinical team. King Co allow DOH Clinical staff to attend King Co medical case management team discussions.			
7	Targeted Testing: <ul style="list-style-type: none"> Develop and submit a targeted testing plan that aligns with Chapter 3 of the Washington TB Services and Standards Manual <ul style="list-style-type: none"> Collaborate with DOH on an LHJ-specific targeted testing plan. Implement at least one (1) targeted testing project and report findings to DOH. 	Submit plan; Follow targeted testing data submission requirements outlined in Task 2 Summary of activities and related outcomes to be included in annual Deliverables Report for January 1, 2025 -- December 31, 2025	Plan submission due June 30, 2025 Report due January 31, 2026, for 2025 TB activities	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>For any medications received the LHJ agrees to:</p> <ul style="list-style-type: none"> • Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication. • Store 340B separately from non-340B medications. • Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility. • Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations. • Will not bill Medicaid for any 340B TB medications provided by DOH TB Program. • Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations. • Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ. 			In Kind
9	<p>An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish, and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager.</p> <p>Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page [Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)].</p>	Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better for January 1, 2025 – December 31, 2025	Report due January 31, 2026, for 2025 TB activities	In Kind
10	<p>CDC TB Care Finder tool for finding local TB care services.</p> <p>Setup initial county local TB care information in tool and create and follow a routine maintenance plan to ensure current information is available for TB patients and providers.</p>	Include in 2025 Deliverables Report the last date that the provider information for your county was reviewed/updated in the TB Care Finder tool.	Report due January 31, 2026, for 2025 TB activities	In Kind

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

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

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

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](https://sharepoint.com)

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

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

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

TB Laws and Regulations: (<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx>)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](https://sharepoint.com)

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

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

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

Billing Requirements:

TB Elimination Federal Funds: Invoices should be billed monthly when possible. Funding must be spent by 12/31/2025 and invoiced by 1/31/2026. No funds will be carried forward.

FPHS State Funds: Funding must be spent by the end date of the funding period. Invoices should be billed monthly and must be received no more than 60 days after the billing period. No funds will be carried forward.