

Approved: 6/07/2023

Effective: 6/23/2023

1 SNOHOMISH COUNTY COUNCIL  
2 SNOHOMISH COUNTY, WASHINGTON

3  
4 ORDINANCE NO. 23-044

5  
6 APPROVING AMENDMENT NO. 11 TO CONSOLIDATED CONTRACT WITH  
7 WASHINGTON STATE DEPARTMENT OF HEALTH AND PROVIDING AUTHORITY  
8 FOR FUTURE AMENDMENTS  
9

10 WHEREAS, the Snohomish Health District was integrated into Snohomish  
11 County effective December 31, 2022, and now operates as the Snohomish County  
12 Health Department; and

13  
14 WHEREAS, prior to its integration into Snohomish County, the Snohomish Health  
15 District entered into a consolidated contract with the Washington State Department of  
16 Health, and the consolidated contract was subsequently amended on ten occasions;  
17 and

18  
19 WHEREAS, the Snohomish Health District assigned its interest in the  
20 consolidated contract, as amended, to Snohomish County effective December 31, 2022;  
21 and

22  
23 WHEREAS, the consolidated contract funds public health work by the  
24 Snohomish County Department of Health as a subrecipient and subcontractor for grant-  
25 funded programs and other funded public health work, including those identified in  
26 Exhibit B attached hereto; and

27  
28 WHEREAS, the parties have need to enter into a further Amendment No. 11 to  
29 adjust the funding period for the COVID-19 Response funds, add additional funds to the  
30 Overdose Data to Action program, modify the activities and deliverables for the COVID-  
31 19 vaccine funding, and add additional funds for TB Elimination programming; and

32  
33 WHEREAS, the parties anticipate further amendments to the consolidated  
34 contract to further adjust the activities and deliverables for programmatic work; and

35  
36 WHEREAS, the consolidated contract provides funding for numerous public  
37 health services to support the health of the residents of Snohomish County; and

38  
39 WHEREAS, the Washington State Department of Health and the Snohomish  
40 County Health Department wish to continue this partnership; and

41  
42 WHEREAS, the County Council held a public hearing on June 7, 2023, to  
43 consider approval of Amendment No. 11 to the consolidated contract with the  
44 Washington State Department of Health to carry out public health work and to authorize  
45 the Snohomish County Executive to enter into such agreement in substantially the form  
46 attached as Exhibit A, and further to grant the Snohomish County Executive authority to

1 enter into future amendments to the consolidated contract when such amendments  
2 relate to the existing grant-funded programs;

3  
4 NOW, THEREFORE, BE IT ORDAINED:

5  
6 Section 1. The County Council hereby adopts the foregoing recitals as findings of  
7 fact and conclusions as if set forth in full herein.

8  
9 Section 2. The County Council hereby approves and authorizes the County  
10 Executive, or designee, to execute Amendment No. 11 to the consolidated contract with the  
11 Washington State Department of Health in substantially the form attached as Exhibit A.

12  
13 Section 3. The County Council hereby authorizes the County Executive, or  
14 designee, to execute all subsequent amendments to the consolidated contract with the  
15 Washington State Department of Health that support the programmatic work listed in  
16 Exhibit B.

17  
18 PASSED this 7<sup>th</sup> day of June, 2023.

19  
20 SNOHOMISH COUNTY COUNCIL  
21 Snohomish County, Washington

22  
23 Jared Mead  
24 Chairperson

25  
26 ATTEST:

27 M. G. ...  
28  
29 Deputy Clerk of the Council

- 30  
31 (X) APPROVED  
32 ( ) EMERGENCY  
33 ( ) VETOED

34  
35 DATE: June 13, 2023

36 [Signature]  
37 County Executive

38 ATTEST:

39 Melissa Geraghty

40 Approved as to form only:

41  
42 [Signature] 03-01-2023  
43  
44 Deputy Prosecuting Attorney  
45

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

**CONTRACT NUMBER: CLH31027**

**AMENDMENT NUMBER: 11**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:
  - Amends Statements of Work for the following programs:  
DCHS - ELC COVID-19 Response - Effective January 1, 2022  
Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022  
Office of Immunization COVID-19 Vaccine - Effective January 1, 2022  
TB Program - Effective January 1, 2022
  - Deletes Statements of Work for the following programs:
2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:
  - Increase of **\$157,502** for a revised maximum consideration of **\$23,952,617**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: 	Signature: <i>Brenda Henrikson</i>
Date: June 13, 2023	Date: 06/20/23

APPROVED AS TO FORM ONLY  
Assistant Attorney General

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work 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			
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5, 11	21.027	333.21.02	01/01/22	06/30/23	01/01/22	06/30/23	\$684,964	\$684,964	\$684,964
LHJ Vaccination ARPA	NGA Not Received	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$80,500	\$80,500	\$80,500
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$78,676	\$131,504	\$131,504
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$52,828		
FFY22 PHEP CRI BP4	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$146,153	\$146,153	\$146,153
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$535,318	\$535,318	\$749,445
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$214,127	\$214,127	
<b>FFY23 TB Elimination-FPH</b>	<b>NGA Not Received</b>	<b>Amd 11</b>	<b>93.116</b>	<b>333.93.11</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>01/01/23</b>	<b>12/31/23</b>	<b>\$97,815</b>	<b>\$97,815</b>	<b>\$193,264</b>
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449	
FFY22 TB Uniting for Ukraine Supp	NGA Not Received	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$43,542	\$43,542	\$43,542
<b>FFY22 Overdose Data to Action Prev</b>	<b>NGA Not Received</b>	<b>Amd 11</b>	<b>93.136</b>	<b>333.93.13</b>	<b>09/01/22</b>	<b>08/31/23</b>	<b>09/01/22</b>	<b>08/31/23</b>	<b>\$59,687</b>	<b>\$209,687</b>	<b>\$322,862</b>
FFY22 Overdose Data to Action Prev	NGA Not Received	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175	\$113,175	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$22,748	\$2,092,701	\$2,092,701
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953		
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$2,865,603	\$2,865,603
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603		
Improving Vaccinations AA1	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$42,840	\$42,840	\$42,840
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$21,500	\$21,500	\$80,512
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$20,793	\$20,793	
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$38,219	\$38,219	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$74,468	\$74,468	\$74,468
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$45,150	\$45,150	\$50,066
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$4,916	\$4,916	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$44,632)	\$5,691,480	\$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$5,736,112		
FFY21 NH & LTC Strike Teams HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work 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			
FFY21 SNF Strike Teams HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY22 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 5	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,500	\$1,500	\$3,000
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$10,379	\$10,379	\$10,379
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000	\$200,000	\$200,000
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 2, 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000		
FFY23 HIV Prev Grant -FPH	NGA Not Received	Amd 7	93.940	333.93.94	01/01/23	06/30/23	01/01/23	12/31/23	\$55,331	\$55,331	\$165,993
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	07/01/22	12/31/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY23 STD Prev PCHD-FPH	NGA Not Received	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$35,250	\$35,250	\$105,750
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY23 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$173,112	\$173,112	\$507,676
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$173,111	\$173,111	
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453	
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$444,879	\$444,879	\$444,879
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$333,659)	\$0	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$352,122	\$352,122	\$352,122
State Disease Control & Prev-FPH		Amd 7	N/A	334.04.91	07/01/22	12/31/22	07/01/21	06/30/23	\$151,496	\$151,496	\$244,293
State Disease Control & Prev-FPH		Amd 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$32,765	\$92,797	
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$60,032		
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$14,658	\$14,658	\$14,658
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,000	\$10,000	\$10,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$60,000	\$60,000	\$75,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$15,000	\$15,000	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625	\$7,625

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work 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			
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858	\$27,706
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$7,858		
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$5,216,000	\$5,216,000	\$8,366,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$3,150,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	\$5,200
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		
Sanitary Survey Fees (FO-NW) SS-State		Amd 2	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	\$5,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	\$2,000
<b>TOTAL</b>									<b>\$23,952,617</b>	<b>\$23,952,617</b>	
<b>Total consideration:</b>				<b>\$23,795,115</b>						<b>GRAND TOTAL</b>	<b>\$23,952,617</b>
				<b>\$157,502</b>							
<b>GRAND TOTAL</b>				<b>\$23,952,617</b>						<b>Total Fed</b>	<b>\$14,787,699</b>
										<b>Total State</b>	<b>\$9,164,918</b>

\*Catalog of Federal Domestic Assistance

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

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

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response - Effective January 1, 2022

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

**Contract Number:** CLH31027

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

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** Extend CSFRF CTS Funding Period End Date from 12/31/22 to 06/30/23 and update CSFRF CTS funding end date under Payment Information.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	07/31/23	5,691,480	0	5,691,480
CSFRF CTS LHJ ALLOCATION	934C0200	21.027	333.21.02	01/01/22	06/30/23	684,964	0	684,964
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>6,376,444</b>	<b>0</b>	<b>6,376,444</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include:			
	<ul style="list-style-type: none"> <li>• Incident management for the response</li> <li>• Testing</li> <li>• Case Investigation/Contact Tracing</li> <li>• Sustainable isolation and quarantine</li> <li>• Care coordination</li> <li>• Surge management</li> <li>• Data reporting</li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
<b>DCHS COVID-19 Response</b>				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</li> <li>2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> <li>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</li> <li>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.)</li> </ol>	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$5,691,480 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p> <p>\$684,964 CSFRF CTS LHJ ALLOCATION Funding (MI 934C0200) Funding end date <del>06/30/2023</del> <del>12/31/2022</del></p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <ul style="list-style-type: none"> <li>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</li> <li>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.</li> <li>iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</li> </ul> <p>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <ul style="list-style-type: none"> <li>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</li> <li>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</li> <li>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19</li> </ul>	<p>on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exposure, conduct testing and respond to outbreaks.</p> <ul style="list-style-type: none"> <li>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</li> <li>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</li> <li>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</li> </ul> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&amp;Q) measures in accordance with <b>WAC 246-100-045</b> (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> <li>i. Have at least one (1) location for conducting I&amp;Q operations identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal</li> </ul>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>agreement. Alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <ul style="list-style-type: none"> <li>ii. Maintain ongoing census data for isolation and quarantine for your population.</li> <li>iii. Planning must incorporate transfer or receipt of people requiring I&amp;Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</li> <li>iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&amp;Q support, either through mobile teams or the state facility.</li> </ul>	<p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

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

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

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

**Program Specific Requirements**

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

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

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/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.

**Other:** Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021 were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

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

**DOH Program Name or Title:** Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

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

**Contract Number:** CLH31027

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

<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		

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Snohomish County Health Department will support Strategy 5 - Integration of State and Local Prevention and Response Efforts, Strategy 6 - Establishing Linkages to Care, and Strategy 9 - Empowering Individuals to Make Safer Choices.

**Revision Purpose:** The purpose of this revision is to add \$7,414 plus \$48,612.60 in redirected Y3 funding and \$3,657.13 in unspent Y3 carryforward funds. Minor changes are being made under Strategy 5 and an activity is being modified under Strategy 9.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22	08/31/23	150,000	59,687	209,687
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>150,000</b>	<b>59,687</b>	<b>209,687</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Maintain current partnerships with Providence Regional Medical Center Everett, and Swedish Edmonds for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the OD2A logic model.	Quarterly progress reports to DOH for all tasks.  Due Dates: September-November due December 9, 2022. December-February due March 10, 2023. March-May due June 9, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Total of all invoices will not exceed <del>\$150,000</del> <b>\$209,687</b> through August 31, 2023.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	<p>Strategy 5: Maintain involvement and leadership roles in ESF #8 – Public Health &amp; Medical Services and ESF #15 – External Affairs within the Snohomish County Opioid Response Multi-Agency Coordination (MAC) Group. The LHJ will continue to be a key partner in capacity building, sharing lessons learned, and other information with cities, counties, and the state, as well as public health and public safety counterparts throughout the country.</p> <p>Utilize data collected through the MAC Group and additional partners, such as hospitals, DOH, ODMAP, first responders, treatment providers and the local syringe exchange to develop joint prevention and response strategies focused on decreasing the rate of hospital emergency department (ED) visits and deaths due to opioid misuse or opioid use disorder and increasing the provision of evidence-based services.</p> <p>Extend annual contracts for the maintenance, development, and hosting of the county’s opioid data dashboard.</p>	<p>Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes. What information has been shared with partners? Demonstrate how work aligns with the OD2A logic model.</p> <p>Provide the prevention and response strategies being developed with partners. Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes. Share data informed findings, recommendations, and next steps. Demonstrate how work aligns with the OD2A logic model.</p> <p>Share updates and developments with the county’s dashboard. Demonstrate how data informs Snohomish County overdose prevention activities and how work aligns with the OD2A logic model.</p>	June-August final report for this funding period due September 29, 2023.	(See Special Billing Requirements below.)
3.	<p>Strategy 9: Develop prevention and harm reduction messaging and advertising with the Snohomish Overdose Prevention branding, such as hosting and maintaining our website, creating and boosting social media posts, and paying for billboards/bus advertisements.</p> <p>Translate prevention and harm reduction messaging online and in the community into the most commonly spoken languages in Snohomish County to increase the accessibility of opioid-related information and resources.</p>	<p>Progress report: Share updates and developments with the Snohomish Overdose Prevention website, social media posts, and paid advertisements. Demonstrate how work aligns with the OD2A logic model.</p>		
4.	<p>Strategy 5: Provide ongoing support to build an overdose fatality review (OFR) committee. The LHJ is in the early stages of establishing the structure of the OFR committee, and the partnerships with agencies that will comprise the review committee, as we now have the support of state legislation and resources with the Department of Health.</p>	<p>Progress report: Report on process and progress of establishing OFR committee. Once established, record # of OFRs completed, findings, recommendations, and next steps. Demonstrate how work aligns with OD2A logic model.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5.	<p>Strategy 9: Partner with schools, school districts, community groups, local businesses, pharmacies, and organizations that primarily serve unhoused and other high-risk populations, such as shelters and resource centers, to provide training on harm reduction, drug safety, and other related topics identified by those organizations.</p> <p><i>Provide interpretation during these trainings upon request. When focusing on opioids/substance-related topics with community partners who participate in our Equity Advisory Board, make stipends available to compensate for their time.</i></p> <p>Support these organizations in developing prevention and outreach strategies focused on harm reduction, decreasing opioid misuse, and overdose fatalities. Outreach with these partners will include the provision of educational giveaways in various community settings <i>as well as naloxone distribution for community members and organizational use.</i></p>	<p>Progress report: Share the process and progress towards developing and maintaining partnerships. Share training materials and support given to partners.</p> <p><i>Report on how many trainings had interpretation provided and on how many community partners were compensated, and for how much.</i></p> <p><i>Share how many naloxone kits were distributed. Share which organizations naloxone was distributed to.</i></p> <p>Demonstrate how work aligns with OD2A logic model.</p>		
6.	<p>Strategy 9: Increase focus on two high-risk populations affected by the opioid epidemic: pregnant and parenting mothers, and babies born to women with opioid use disorder (OUD)</p> <p>The LHJ has a biennial Pregnancy and Beyond Conference co-hosted with Skagit County Public Health that focuses on improving outcomes for parents and infants affected by OUD/SUD. The next conference will occur in 2024. The year in-between will be used to develop partnerships to understand and collect existing data surveillance in the county and improve awareness of the service landscape for pregnant and parenting individuals with substance use disorders.</p> <p>Continued participation in the Department of Health's Pregnant &amp; Parenting Women Workgroup and Homeward House's CORE Collaborative that focuses on providing services for parents and children with active dependency cases.</p>	<p>Progress report: Describe procedures, policies, and methods to increase focus on these populations.</p> <p>Share any recommendations or insights from partnerships, PPW Workgroup and any advancements from CORE collaborative.</p> <p>Demonstrate how work aligns with OD2A logic model.</p>		
7.	<p>Participate in quarterly calls with DOH and grant partners. Share lessons learned and successes. More frequent one on one calls with DOH when needed.</p>	<p>Collaboration with other grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.</p>		

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

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

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

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

**Billing Requirements:**

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

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

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

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

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

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

**Contract Number:** CLH31027

**SOW Type:** Revision      **Revision # (for this SOW)** 5

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through June 30, 2024

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

**Revision Purpose:** The purpose of this revision is to modify activities, deliverables, and deliverable due dates.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	2,865,603	0	2,865,603
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	2,092,701	0	2,092,701
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>4,958,304</b>	<b>0</b>	<b>4,958,304</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p><b>The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.</b></p>				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>Example 2:</b> Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p>			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	<del>Mid-term</del> written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	<del>Final</del> written report, showing the strategies used and the final progress of the reach (template to be provided)	<del>December 31</del> June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	<p><del>Between January 1, 2022, and December 31, 2022</del> As needed to meet community needs, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</p> <p><i>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently.</i></p>	<ol style="list-style-type: none"> <li>Complete a redistribution agreement.</li> <li>Report inventory reconciliation page.</li> <li>Report lost (expired, spoiled, wasted) vaccine to the IIS.</li> <li>Report transfer doses in the IIS and VaccineFinder.</li> <li>Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</li> </ol>	<p><del>a. Complete by</del> <del>January 31 (if not</del> <del>previously submitted)</del> Submit upon completion</p> <ol style="list-style-type: none"> <li>Reconcile and submit inventory once monthly in the IIS.</li> <li>Report lost vaccine within 72 hours in the IIS.</li> <li>Update within 24 hours from when transfers occur.</li> <li>Download as needed (retain temperature data on site for 3 years)</li> </ol>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the	<del>Quarterly</del> reports summarizing quantity, type, and frequency of activities	<del>March</del> December 31; <del>annually</del> June 30, <del>annually</del>	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
	local health department or in collaboration with community partners. (see Restrictions on Funds below)			
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	<ul style="list-style-type: none"> <li>a. LHJ Incentive Plan Proposal</li> <li>b. <del>Quarterly</del> report that summarizes quantity of incentives purchased and distributed</li> </ul>	<ul style="list-style-type: none"> <li>a. Prior to implementing</li> <li>b. <del>March 31, Annually</del> June 30, Annually</li> </ul>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.G	<p>Conduct assigned site visits at 47 enrolled COVID-19 provider sites within the assigned region. All visits must be conducted in person separate from VFC and IQIP visits.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be shared with DOH COVID-19 Vaccine Program.</p>	<ul style="list-style-type: none"> <li>a) Complete COVID-19 Site Visit Training per the training checklist.</li> <li>b) Based upon the contracted number of COVID-19 Site Visits provide a tentative plan of how many will be conducted per month over the course of the contract period.</li> <li>c) Email request to DOH Compliance Specialist and/or Site Visit Coordinator for: Provider Agreement, IIS inventory and temperature log submission.</li> <li>d) Enter responses from the Compliance Site Visit Reviewer Guide into the CDC REDCap Tool for each compliance site visit. Follow all corrective action and follow-up guidance for each incorrect response.</li> <li>e) Using the DOH follow-up plan template, create plan in a MS Word document and email to DOH Site Visit Coordinators</li> <li>f) Email the signed Acknowledgement of Receipt form to the COVID-19 Vaccine Coordinator.</li> <li>g) Email follow-up plan (approved by DOH Site Visit Coordinator) to provider.</li> </ul>	<ul style="list-style-type: none"> <li>a) 10/31/2022</li> <li>b) 10/31/2022</li> <li>c) At least two (2) days prior to scheduled site visit.</li> <li>d) Online at the time of the Compliance Site Visit or within 24 hours of the site visit</li> <li>e) Within two (2) business days of the site visit.</li> <li>f) Within five (5) business days of the site visit.</li> <li>g) Within five (5) business days of the site visit.</li> </ul>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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**Program Specific Requirements**

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

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

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

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

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

**Contract Number:** CLH31027

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

**Period of Performance:** January 1, 2022 through December 31, 2023

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

**Revision Purpose:** The purpose of this revision is to extend the period of performance from December 31, 2022 to December 31, 2023, increase funding allocation, and revise task activities, due dates, payment information, and program specific requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 TB ELIMINATION-FPH	18402203	93.116	333.93.11	01/01/22	12/31/22	95,449	0	95,449
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	05/21/22	12/31/22	43,542	0	43,542
FFY23 TB ELIMINATION-FPH	18402233	93.116	333.93.11	01/01/23	12/31/23	0	97,815	97,815
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>138,991</b>	<b>97,815</b>	<b>236,806</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p><b>Case Management and Treatment:</b></p> <p>(1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment.</p> <p>a. Performance-based focus area improve Completion of Therapy (COT)</p> <p><i>i. Improve Completion of Therapy (COT)</i></p> <p>(2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines.</p>	Summary of task outcome including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract “TB Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	Payment for tasks will be reimbursed for actual expenses up to the maximum available within the FFY2 <del>2</del> <sup>3</sup> TB ELIMINATION-FPH funding period described in the Funding Table above.
2	<p>Provide DOH with complete TB case, contact and infection data.</p> <ul style="list-style-type: none"> <li>After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or</li> </ul>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 202 <del>3</del> <sup>4</sup> .	See below <b>Restrictions on Funds.</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ.</p> <ul style="list-style-type: none"> <li>Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g., WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years.</li> </ul>			
3	<p><b>Contact Investigations:</b></p> <ul style="list-style-type: none"> <li>Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact investigations.</li> <li>Comply with National TB Controllers Association and CDC guidelines</li> </ul>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 2023 <del>4</del> .	
4	<p><b>Directly Observed Therapy (DOT):</b> Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.</p>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 2023 <del>4</del> .	
5	<p><b>Examination and Appropriate Treatment of Immigrants and Refugees:</b></p> <ul style="list-style-type: none"> <li>Increase percentage of immigrants and refugees meeting NTIP targets.</li> <li>Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information.</li> </ul>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 2023 <del>4</del> .	
6	<p><b>Cohort Review</b> At least one (1) appropriate staff member will participate in cohort reviews in 2023.</p> <p><b>TB Case Consultation:</b> Appropriate LHJ TB staff attend as requested.</p>	Summary of task outcome on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 2023 <del>4</del> .	
7	<p>For any 340B medication received the LHJ agrees to:</p> <ul style="list-style-type: none"> <li>Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication.</li> <li>Store 340B separately from non-340B medications.</li> <li>Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility.</li> <li>Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations.</li> <li>Will not bill Medicaid for any 340B TB medications provided by DOH TB Program.</li> </ul>	Summary of <del>task outcome</del> <i>expired medications</i> on the Consolidated Contract “Deliverables Report” for <i>January 1, 2023 – December 31, 2023</i> <del>2022</del> .	January 31, 2023 <del>4</del> .	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations.</li> <li>Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ.</li> </ul>			
8	<p><i>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.</i></p> <p><i>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)).</i></p>	<p><i>Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better for January 1, 2023 – December 31, 2023.</i></p>	<p><i>January 31, 2024.</i></p>	
8	<p><del>Provide TB screening, evaluation, Interferon Gamma Release Assay (IGRA), chest x-rays, and other clinical services as indicated, including treatment* for latent or active TB disease for newcomers from Ukraine. (*These federal dollars can be used to provide TB medications to TB patients)</del></p>	<p><del>Consolidated Contract "TB Deliverables Report" include aggregate information for all Ukrainians directly clinically served with these funds for 2022. This includes the number: evaluated, diagnosed with TB infection, started treatment, and completed treatment.</del></p>	<p><del>January 31, 2023</del></p>	<p><del>Payment for task 8 will be reimbursement for actual expenses up to the maximum available within the FFY22 TB UNITING FOR UKRAINE SUPP funding period described in the Funding Table above.</del></p>

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

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

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

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

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

**Program Specific Requirements**

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

~~TB Manual: Link to be provided on DOH Website ([www.doh.wa.gov/tb](http://www.doh.wa.gov/tb)) when revision is completed.~~

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

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

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Restrictions on Funds:**

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

**Special References:**

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

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

**Monitoring Visits:**

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

**Billing Requirements:**

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

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2

## EXHIBIT B

COVID-19 Mass Vaccination-FEMA  
Essentials for Childhood Early Brain Building with Vroom  
Foundational Public Health Services (FPHS)  
Infectious Disease Prevention Section (IDPS)  
Maternal & Child Health Block Grant  
Office of Drinking Water Group A Program  
Office of Immunization COVID-19 Vaccine  
OSS LMP Implementation  
Recreational Shellfish Activities  
TB Program  
Commercial Tobacco Prevention Program  
COVID-19 Refugee & Immigrant Community Health Worker Support  
DCHS-ELC COVID-19 Response  
Emergency Preparedness, Resilience & Response-PHEP  
Injury Violence Prevention Overdose Data to Action  
Office of Immunization FSU Vaccine Hesitancy  
Office of Immunization Perinatal Hepatitis B  
Office of Immunization Promotion of Immunizations to Improve Vaccination Rates  
Office of Immunization Regional Representatives  
Zoonotic Disease Program-WNV Mosquito Surveillance  
Executive Office of Resiliency & Health Security-PHEP  
Healthcare-Associated Infections & Antimicrobial Resistance  
COVID-19 LHJ Vaccination-ARPA

3