SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 1**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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, located on the DOH Finance SharePoint site in the Upload Center, and incorporated by this reference, are amended as follows:

   ☒ Adds Statements of Work for the following programs:

   - COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
   - Essentials for Childhood Early Brain Building with Vroom - Effective January 1, 2022
   - Foundational Public Health Services (FPHS) - Effective January 1, 2022
   - Infectious Disease Prevention Section (IDPS) - Effective January 1, 2022
   - Maternal & Child Health Block Grant - Effective January 1, 2022
   - Office of Drinking Water Group A Program - Effective January 1, 2022
   - Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
   - OSS LMP Implementation - Effective January 1, 2022
   - Recreational Shellfish Activities - Effective January 1, 2022
   - TB Program - Effective January 1, 2022

   ☐ Amends Statements of Work for the following programs:

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-0 Allocations as follows:

   ☒ Increase of **$10,019,318** for a revised maximum consideration of **$10,019,318**.

   ☐ 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 HEALTH DISTRICT

Shawn Frederick
Shawn Frederick (Mar 9, 2022 07:41 PST)

Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Brenda Henrikson, Contracts Specialist
Brenda Henrikson, Contracts Specialist (Mar 10, 2022 08:19 PST)

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-1
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **January 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	$95,449	$95,449	$95,449
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	$2,860,603	$2,860,603	$2,860,603
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	$55,331	$55,331	$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$35,250	$35,250	$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$161,453	$161,453	$161,453
FFY22 MCHBG LHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	$333,659	$333,659	$333,659
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	$60,032	$60,032	$60,032
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	
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	$7,625	$7,625	$7,625
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	$7,858	$7,858	$15,716
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	$7,858	$7,858	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	$3,150,000	$3,150,000	$6,300,000
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 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	$3,600	$3,600	$3,600
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	$3,600	$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
TOTAL									**$10,019,318**	**$10,019,318**	

Total consideration:	**$0**
	$10,019,318
GRAND TOTAL	**$10,019,318**

GRAND TOTAL	**$10,019,318**
Total Fed	**$3,541,745**
Total State	**$6,477,573**

*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: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Period of Performance: January 1, 2022 through April 1, 2022

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	04/01/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	***NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.** **DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.**			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery. method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.). Guidance on vaccination protocols must be followed as provided by DOH and CDC.			
1A	Local health jurisdiction (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH. Request for regional IMT should be submitted through the normal process through WebEOC. LHJ is the coordinating agency for the mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district. Provide any information as requested by the regional IMT.	Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	
1B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds $5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT	Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and DOH finance know what expenditures were necessary to carry out the mission.			
1C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

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.

DOH General Mass Vaccination Program and Fiscal Contact
Patrick Plumb
COVID FEMA Project Management Analyst
Washington State Department of Health
Office of Financial Services
111 Israel Road SE, Tumwater, WA 98501
patrick.plumb@doh.wa.gov / (360) 236-4291

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 Data Universal Numbering System (DUNS®) number.

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

Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan

Billing Requirements:
Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:
The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.

Eligible costs from the timeframe of January 1, 2022 through April 1, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed $5,000 per piece. Equipment over $5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Essentials for Childhood Early Brain Building with Vroom - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through February 28, 2022

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☒ Other		

Statement of Work Purpose: The purpose of this Statement of Work (SOW) is to continue to embed Vroom in Snohomish Health District's (SHD's) programs, initiatives, and ongoing practice building on SHD's work in 2021 and as described in SHD's response to DOH Essentials for Childhood (Essentials) Request for Proposals (RFP) 25654. Prioritize introducing Vroom to families who are underserved and have been historically marginalized. Use Vroom to support parents and caregivers to play a proactive role in children's early brain development by turning shared, everyday moments into brain-building moments. Use Vroom to connect with families and strengthen systems that support child health and development in your community. Honor and build on strengths within the your community.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
BEZOS FAMILY FOUNDATION VROOM	78320601	N/A	334.04.98	01/01/22	02/28/22	0	7,625	7,625
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**7,625**	**7,625**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Complete implementation of the 2021 Activation and Evaluation plan** for promoting Vroom and embedding it in programs and initiatives in SHD's community.	Quarterly Report using the template provided by the Department of Health for this project Check in call with DOH contract manager and others as appropriate	February 18, 2022 Mutually agreeable date and time	Actual costs within contract budget
2	**Vroom learning community** Actively participate in a DOH-facilitated Washington State Vroom learning community bimonthly calls with other Essentials Vroom contractors and partners		To be scheduled	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	to support successful Vroom activation through learning, sharing and collaboration			
3	**Update and finalize your Sustainability Plan,** addressing • How you will leverage the work and lessons from this project to continue sharing Vroom? • What programs, initiatives, or organizations will share Vroom going forward? • How will you continue to support ongoing Vroom sharing? How will you hold yourself and partners accountable? • What will be ongoing resource needs? How will you meet them? • Lessons learned. Feedback for funder. • Any other aspects of sustaining your Vroom work not included.	Updated version of the Sustainability Plans developed in 2021	February 18, 2022	
4	Provide input to DOH to strengthen statewide Vroom activation, via conversation or email within your capacity.	Insight provided to DOH	TBD, as mutually agreeable.	

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

Program Specific Requirements

Deliverables:
- Deliverables may be sent by email to the DOH Essentials Vroom Specialist or designee by 5 pm on the due dates.
- Deliverables must be labeled with contract number.
- Changes to deliverable due dates (within the timeframe of this statement of work) may be made with email approval from DOH Essentials VROOM Specialist.
- Deliverables are not final and reimbursable until they are approved by DOH Essentials Vroom Specialist. DOH Essentials Vroom Coordinator will email approval or request for changes within two (2) weeks of receipt.

Payment: LHJ may bill for allowable costs as they occur, bills do not have to be held until deliverable due date. DOH may withhold payment until satisfactory completion and acceptance of deliverables.
Expenditures will be guided by the budget included in this statement of work. Charges that shift the dollar amount allocated to a major cost category (e.g. personnel, supplies, goods and services, travel, etc.) plus or minus 25% of what is allocated to that may be made with prior email approval from DOH Essentials VROOM Specialist.

Budget:	Personnel (about 10 hours per week)	5,948
	Operating supplies and office expenses	200
	Vroom event(s) expenses	50
	Vroom materials	500
	Telephone expenses	50
	Total direct costs	6,748
	Indirects @13%	877
	TOTAL BUDGET	**7,625**

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Periodic Distribution
☐ Other		

Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS. For the 2021 – 2023 biennium, the Steering Committee is using an iterative approach to decision making. Determining investments first for SFY22 (July 1, 2021 – June 30, 2022), then for SFY23 (July 1, 2022 – June 30, 2023). This means that additional tasks and/or funds may be added to an LHJ's FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total biennial funding allocation is for the period of July 1, 2021 through June 30, 2023. The 2021 – 2023 biennial funding allocations will be divided into four six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022; July 1, 2022; January 1, 2023. Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only.

FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year. (RCW 43.88.140)

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management.

2021 – 2023 Biennium

- SFY22 (July 1, 2021 – June 30, 2022)
- SFY23 (July 1, 2022 – June 30, 2023)

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

FPHS-LHJ-PROVISO (YR1) Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)	99202111	N/A	336.04.25	01/01/22	06/30/22	0	3,150,000	3,150,000
FPHS-LHJ-PROVISO (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	0	3,150,000	3,150,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**6,300,000**	**6,300,000**

BARS Expenditure. Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22	SFY23	21-23 BIENNIUM
			Your jurisdiction	Other jurisdictions			
10-17, 20, 21, 23-29 40-53, 93	All – CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		1,279,000	1,279,000	2,558,000
10	Assessment	CHA/CHIP	X		30,000	30,000	60,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		497,000	497,000	994,000
24	CD	Hepatitis C	X		164,000	164,000	328,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		1,180,000	1,180,000	2,360,000
				TOTAL	**$3,150,000**	**$3,150,000**	**$6,300,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Resuts are published in the annual FPHS Investment Report. FPHS indicator metrics available here.	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. FPHS annual reporting (template provided by the FPHS Steering Committee via DOH).	TBD For SFY22 (07/01/21 – 06/30/22) due by 08/15/22 For SFY23 (07/01/22 – 06/30/23) due by 08/15/23	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.
1	**Reinforcing Capacity –** These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction** – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups**,** provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPHS definitions. Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	**Assessment – CHA/CHIP** (FPHS definitions G.3) – These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction** – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPHS definitions. • Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. • Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services. Coordinate with the Spokane Regional Health District to participate in County Health Insights. Suggested BARS expenditure codes: 562.11.			
3	**Communicable Disease (CD)** (FPHS definitions C.1, 2, 3, 4, 6) – These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction** – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS CD services as defined in the most current version of the FPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPHS funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed and/or contract with other LHJs for staff time or services for delivering FPHS CD. As the pandemic response wains, staff funded with FPHS funds are to shift focus to providing some or all or the FPHS CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases. **1.** Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. **2.** Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. **3.** Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. **4.** Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.			
4	**Communicable Disease – Hepatitis C** (FPHS definitions C.4.o-p) – These funds are to **select** LHJs to deliver FPHS in **their own jurisdiction.** – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data. The priorities for the 2021-2023 biennium (July 2021 – June 2023): • Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. • Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color, or other historically marginalized population, and incorporate Hepatitis B work. Suggested BARS expenditure codes: 562.24.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	**Environmental Public Health (EPH)** (FPHS definitions B.3 & 4) – <u>These funds are to **each** LHJ to deliver services in **their own jurisdiction**</u>. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for: • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue): • Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) – Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permittable systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: o Work with partners to educate and inform public on OSS monitoring and maintenance o Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. o Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. o Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources. o Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage. o Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law. • Schools Safety (FPHS definition B.3.g) – Assure safe and effective learning environments for children attending K-12 schools – public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include: o Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities. o Participate with statewide public health groups to standardize school program implementation. o Focus on schools that have not previously been inspected to assess current conditions o Focus on existing elementary schools for first phase of inspections program			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	▪ Indoor Air Quality ▪ Classroom ▪ Healthy cleaning and indoor environments ▪ Playground ▪ Drinking water (lead) Suggested BARS expenditure codes: 562.xx – 40-53.			

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

Program Specific Requirements

Program Manual, Handbook, Policy References:
All FPHS Resources – www.doh.wa.gov/fphs or FPHS | Powered by Box

Special References (i.e., RCWs, WACs, etc.):
Link to RCW 43.70.512 – RCW 43.70.512: Public health system—Foundational public health services—Intent. (wa.gov)
Link to RCW 43.70.515 – RCW 43.70.515: Foundational public health services—Funding. (wa.gov)

Definitions:
FPHS Definitions – https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfxzohk

Special Instructions:
There are two different BARS Revenue Codes for "state flexible funds" to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor's Office (SAO's) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance
Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services
Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: www.doh.wa.gov/lhjfunding

DOH Program Contact
Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health

Mobile Phone 360-951-7566 / marie.flake@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☒ State ☒ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through June 30, 2022

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
STATE DISEASE CONTROL AND PREV - FPH	12411100	N/A	334.04.91	01/01/22	06/30/22	0	60,032	60,032
FFY22 STD PREVENTION [PCHD]-FPH	TBD	93.977	333.93.97	01/01/22	06/30/22	0	35,250	35,250
FFY22 HIV PREVENTION - FPH	TBD	93.940	333.93.94	01/01/22	06/30/22	0	55,331	55,331
RW FFY21 GRANT YEAR LOCAL (REBATE)	1261851C	N/A	334.04.98	01/01/22	03/31/22	0	7,858	7,858
RW FFY22 GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	04/01/22	06/30/22	0	7,858	7,858
FFY22 STD PREV SUPPLEMENTAL [PCHD]	TBD	93.977	333.93.97	01/01/22	06/30/22	0	161,453	161,453
						0	0	0
TOTALS						**0**	**327,782**	**327,782**

	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	HIV/STD Prevention			
	HIV/STD Prevention, Treatment, and Surveillance • Deliver partner services to people diagnosed with HIV/STD per CDC and state guidelines. • Ensure timely, correct reporting, testing and treatment of STDs or exposure to STDs for diagnosed patients and identified contacts. • Refer at-risk people identified through HIV/STD testing and/or partner services for medical and supportive services to prevent HIV acquisition.	Complete and report actual deliverables in the appropriate data reporting system. Monthly invoice with appropriate back-up documentation. Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH Infectious Disease (ID) Reporting Requirements	**$60,032 - MI 12411100 – State Disease Control & Prev – FPH:** $60,032 for 1/1/22-6/30/22 **$55,331 – MI TBD- HIV Prevention (Cat A):** $55,331 for 1/1/22-6/30/22 **$35,250 – TBD- STD Prevention (PCHD) – FPH:** $35,250 for 1/1/22-6/30/22 **$161,453 – TBD- STD Prevention Supplemental:** $161,453 for 1/1/22-6/30/22

	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	HIV Positive (+) Prevention Activities • Provide services to clients who are diagnosed with and/or living with HIV • Deliver partner services to people diagnosed with HIV. • Ensure timely, correct reporting of people diagnosed with HIV. • Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression.	Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and/or the Washington Data Reporting System (Maven/WDRS). Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH ID Reporting Requirements	**$7,858– MI 1261851C – RW Rebate:** $7,858 for 1/1/22-3/31/22 **$7,858– MI 1261852C – RW Rebate:** $7,858 for 4/1/22-6/30/22

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)

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 Data Universal Numbering System (DUNS®) number.

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.

Fiscal Guidance

i) **Funding** –The LHJ shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2022. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

ii) The LHJ 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 Awards.

iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All invoice vouchers must be submitted by the 25th of the following month.**

The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting invoice voucher payment requests to DOH.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through September 30, 2022

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	0	333,659	333,659
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**333,659**	**333,659**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager	Draft August 19, 2022 Final- September 9, 2022	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	

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 subrecipient funding.)
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 Data Universal Numbering System (DUNS®) number.

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:
Children and Youth with Special Health Care Needs Manual -
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds

Health Services Authorization (HSA) Form
http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted quarterly by the 30th of each month following the quarter in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

Special Instructions: Contact DOH contract manager below for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☒ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Fixed Price
☐ Other		

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

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: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SANITARY SURVEY FEES (FO-NW) SS-STATE	24222522	N/A	346.26.65	01/01/22	12/31/22	0	3,600	3,600
YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS	24229224	N/A	346.26.64	01/01/22	12/31/22	0	3,600	3,600
YR 24 SRF - LOCAL ASST (15%) (FO-NW) TA	24229224	N/A	346.26.66	01/01/22	12/31/22	0	2,000	2,000
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**9,200**	**9,200**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents.	Final Sanitary Survey Reports must be received by the ODW Regional Office within **30 calendar days** of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$400** for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$800** for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and non-community Group A water systems.	*Final Reports reviewed and accepted by the ODW Regional Office.		Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within **2 working days** of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid **$800** for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within **30 calendar days** of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: **$250** • 3-6 hours of work: **$500** • More than 6 hours of work: **$750** Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. 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 http://www.ofm.wa.gov/resources/travel.asp

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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

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

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

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

Special Billing Requirements
The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **$7,200** for **Task 1,** and **$2,000** 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 of fewer connection be completed between January 1, 2022 and December 31, 2022.
- No more than **9** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2
Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3

Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system .

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

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

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: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	0	2,860,603	2,860,603
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**2,860,603**	**2,860,603**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. **Example 1:** 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
	Example 2: 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			
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.	Mid-term 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	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022 and February 28, 2022, 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.	a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)	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 local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to *LHJ Guidance for COVID Initiatives Application* requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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)

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 Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements

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

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: OSS LMP Implemntation - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District
Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☒ Reimbursement
☒ State	☐ Research & Development	☐ Fixed Price
☐ Other		

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

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).

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	01/01/22	06/30/22	0	15,000	15,000
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/22	06/30/23	0	60,000	60,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**75,000**	**75,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Onsite Sewage System (OSS) Management Program Implementation** Including but not limited to: • Finding "Unknown" and failing systems using field investigations and enhanced local rules that include inspections for new homes and remodels • Maintaining OSS records in Drainfield As-Builts Viewed Electronically (DAVE) database • System failure complaint investigation and failure enforcement activities • Enforcing enhanced OSS regulations using technical assistance to resident owners, design preparation, and follow-up to assure completion of system repairs. • Processing repair applications in less than 2 business days.	Using DOH's semi-annual reporting form: • Number of additional "Known" systems added to DAVE • Number of system failure complaint investigations. • Number of system failure enforcement actions. • Number of Corrected Failures. • Number of technical assistance (repair design assistance) delivered to resident owners of failing systems. • Repair application processing time. • OSS maintenance records included in as-built information obtained online.	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	$75,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Linking OSS Maintenance records to the DAVE system thereby displaying maintenance status online and as a part of the as-built info obtained online.	Report on expected increase in OSS maintenance as a result of online as-built display of information.		

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

Program Specific Requirements

Restrictions on Funds:
These funds can NOT be used for local match to federal grants.

Special References:
WAC 246-272A and RCW 70A.110

State funds from the Aquatic Lands Enhancement Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Definitions:
Failure: A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

Maintenance and Monitoring: The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

Billing Requirements:
1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

Special Instructions:
Semi-annual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to mail to: Roger.Parker @doh.wa.gov and taylor.warren@doh.wa.gov. Progress Report Due Dates: January 15, 2022, June 15, 2022, December 31, 2022 June 15, 2023 *and December 31, 2023*.

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Recreational Shellfish Activities - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☒ Reimbursement
☒ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
Rec. Shellfish/Biotoxin	26402600	N/A	334.04.93	01/01/22	06/30/23	0	10,000	10,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**10,000**	**10,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Biotoxin Monitoring** • Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. • Conduct emergency biotoxin sampling when needed. • Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. • Issue biotoxin news releases during biotoxin closures in Snohomish County. • This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 15, 2023 (See Special Instructions below.)	$9,700

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	**Outreach** • Staff educational booths at local events. • Distribute safe shellfish harvesting information.	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 15, 2023 (See Special Instructions below.)	$300

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

Program Specific Requirements

Program Manual, Handbook, Policy References:
Department of Health's Biotoxin Monitoring Plan

Special References (i.e., RCWs, WACs, etc.):
Chapter 246-280 WAC
http://www.doh.wa.gov/CommunityandEnvironment/Shellfish/RecreationalShellfish
http://www.doh.wa.gov/AboutUs/ProgramsandServices/EnvironmentalPublicHealth/EnvironmentalHealthandSafety/ShellfishProgram/Biotoxins

Billing Requirements:

1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

Special Instructions:
Report for work performed in 2022 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2023.
The report format will be provided by DOH and may be modified throughout the period of performance via email announcement.

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 Health District
Contract Number: CLH31027

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: This statement of work is providing funding for 2022 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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 TB ELIMINATION-FPH	18402203	93.116	333.93.11	01/01/22	12/31/22	0	95,449	95,449
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**95,449**	**95,449**

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 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.	Summary of task outcome including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract "TB Deliverables Report"	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.	Reimbursement for actual costs. See below **Restrictions on Funds.**
2	Provide DOH with complete TB case, contact and infection data. • 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.	Summary of task outcome on the Consolidated Contract "Deliverables Report"	Report due December 31, 2022 for 2022 TB activities; to be received by DOH by January 31, 2023	Reimbursement for actual costs.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years.			
3	**Contact Investigations:** • Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact investigations. • Comply with National TB Controllers Association and CDC guidelines	Summary of task outcome on the Consolidated Contract "Deliverables Report"	Report due December 31, 2022 for 2022 TB activities; to be received by DOH by January 31, 2023.	Reimbursement for actual costs.
4	**Directly Observed Therapy (DOT):** Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.	Summary of task outcome on the Consolidated Contract "Deliverables Report"	Report due December 31, 2022 for 2022 TB activities; to be received by DOH by January 31, 2023	Reimbursement for actual costs.
5	**Examination and Appropriate Treatment of Immigrants and Refugees:** • 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.	Summary of task outcome on the Consolidated Contract "Deliverables Report"	Report due December 31, 2022 for 2022 TB activities; to be received by DOH by January 31, 2023	Reimbursement for actual costs.
6	**Cohort Review** At least one (1) appropriate staff member will participate in cohort reviews in 2022. **TB Case Consultation:** Appropriate LHJ TB staff attend as requested.	Summary of task outcome on the Consolidated Contract "Deliverables Report"	Report due December 31, 2022 for 2022 TB activities; to be received by DOH by January 31, 2023	Reimbursement for actual costs.
7	For any 340B medication received the LHJ agrees to: • 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.	Summary of task outcome on the Consolidated Contract "Deliverables Report"	Report due December 31, 2022 for 2022 TB activities; to be received by DOH by January 31, 2023	Reimbursement for actual costs.

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 Data Universal Numbering System (DUNS®) number.

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

Program Manual, Handbook, Policy References:
TB Manual: Link to be provided on DOH Website (www.doh.wa.gov/tb) when revision is completed.
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:
   - 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 subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

Billing Requirements: Monthly billing is preferred, and all 2022 invoices received at DOH by January 16th, 2023.

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 2**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   - Commercial Tobacco Prevention Program - Effective January 1, 2022
   - COVID-19 Refugee & Immigrant Community Health Worker Support - Effective January 1, 2022
   - DCHS-ELC COVID-19 Response - Effective January 1, 2022
   - Emergency Preparedness, Resilience & Response-PHEP - Effective January 2022
   - Injury Violence Prevention Overdose Data to Action - Effective January 1, 2022
   - Office of Immunization FSU Vaccine Hesitancy - Effective January 1, 2022
   - Office of Immunization Perinatal Hepatitis B - Effective January 1, 2022
   - Office of Immunization Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022
   - Office of Immunization Regional Representatives - Effective January 1, 2022

   ☒ Amends Statements of Work for the following programs:

   - Infectious Disease Prevention Section (IDPS) - Effective January 1, 2022
   - Office of Drinking Water Group A Program - Effective January 1, 2022
   - Office of Immunization -COVID-19 Vaccine - Effective January 1, 2022

   ☐ 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 **$6,231,173** for a revised maximum consideration of **$16,250,491**.

   ☐ 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 HEALTH DISTRICT

Shawn Frederick
Shawn Frederick (Apr 13, 2022 07:28 PDT)

Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Brenda Henrikson, Contracts Specialist
Brenda Henrikson, Contracts Specialist (Apr 13, 2022 10:01 PDT)

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-2
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **February 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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**	**$52,828**	**$52,828**
FFY21 PHEP BP3 LHJ Funding	**NU90TP922043**	**Amd 2**	**93.069**	**333.93.06**	**01/01/22**	**06/30/22**	**07/01/21**	**06/30/22**	**$214,127**	**$214,127**	**$214,127**
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	$95,449	$95,449	$95,449
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	$2,860,603	$2,860,603	$2,860,603
FFY20 ELC EDE LHJ Allocation	**NU50CK000515**	**Amd 2**	**93.323**	**333.93.32**	**01/01/22**	**12/31/22**	**01/15/21**	**07/31/24**	**$5,736,112**	**$5,736,112**	**$5,736,112**
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	**NGA Not Received**	**Amd 2**	**93.391**	**333.93.39**	**01/01/22**	**05/31/23**	**07/01/21**	**05/31/23**	**$100,000**	**$100,000**	**$100,000**
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	$55,331	$55,331	$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$35,250	$35,250	$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$161,453	$161,453	$161,453
FFY22 MCHBG LHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	$333,659	$333,659	$333,659
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**	**$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
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 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	$3,150,000	$3,150,000	$6,300,000
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	

Snohomish Health District

EXHIBIT B-2
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **February 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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
TOTAL									**$16,250,491**	**$16,250,491**	

Total consideration:	**$10,019,318**		
	$6,231,173		
GRAND TOTAL	**$16,250,491**	**GRAND TOTAL**	**$16,250,491**
		Total Fed	**$9,655,191**
		Total State	**$6,595,300**

*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: Commercial Tobacco Prevention Program - Effective January 1, 202

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☒ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to provide funding for commercial tobacco (including vaping products) prevention and control activities.

Note: Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies.

** PLEASE NOTE: The funding allocations in this statement of work are the estimated unspent funding for FFY21 TOBACCO-VAPE PREV COMP 1 and the actual unspent funding for SFY22 YOUTH TOBACCO VAPOR PRODUCTS and SFY22 MARIJUANA EDUCTION from the 2018-2021 contract and are NOT additional funding for this work. The total 12-month allocation of $108,689 was awarded in the July 1, 2021 - December 31, 2021 statement of work in the 2018-2021 contract. Estimated funding in this statement of work will be adjusted in a future amendment if necessary upon final closeout of the 2018-2021 contract.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY22 YOUTH TOBACCO VAPOR PRODUCTS	77410892	N/A	334.04.93	01/01/22	06/30/22	0	55,114	55,114
FFY21 TOBACCO-VAPE PREV COMP 1	77410211	93.387	333.93.38	01/01/22	04/28/22	0	10,379	10,379
SFY22 MARIJUANA EDUCATION	77420822	N/A	334.04.93	01/01/22	06/30/22	0	14,658	14,658
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**80,151**	**80,151**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Planning and Coordination** 1. Using a template provided by CTPP, build upon existing 2020-2021 implementation plan for 2021-2022 in collaboration with representatives from all counties within the respective Accountable Communities of Health (ACH) region.	Contractor Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration.

	2. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors. **As resources permit:** 3. Participate in statewide commercial tobacco prevention coalition meetings as established.			A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.
2	**Reduce Commercial Tobacco-Related Disparities Among Priority Populations** 1. In collaboration with priority population contractors, engage and educate internal and external decision makers, stakeholders and community leaders about: a. The value of local control in preventing initiation and continued use of commercial tobacco products that lead to tobacco-related health issues and health disparities. b. The value of a comprehensive tobacco prevention program to prevent the initiation of commercial tobacco product use among youth and young adults c. Evidence-based and promising policy options to address the appeal of commercial tobacco products to youth and young adults, including the impact of commercial tobacco product flavors (including menthol) on youth initiation and use.	Contractor Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.
3	**Prevent Commercial Tobacco Use Among Youth and Young Adults** 1. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing. 2. Plan and conduct a minimum of one meeting with the prevention-intervention lead at your region's Educational Service District (ESD) to establish a connection, build relationships, and share resources. It is encouraged that you coordinate with your YMPEP regional coordinators, where possible, to ensure these meetings are conducted together, and work collaboratively with other regional leads where ESD regions overlap.	Contractor Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.

4	**Leverage Resources for Promoting and Supporting Commercial Tobacco Dependence Treatment** 1. Promote Washington State Quitline training, materials, and referral processes to providers (doh.wa.gov/quitlinetraining). 2. Promote the Washington State Quitline and self-help options for TUDT, including 2Morrow Health app (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco. 3. In collaboration with CTPP, incorporate 2021-2022 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency communications, and report efforts in a template provided by the CTPP as part of the monthly reporting requirement. 4. Disseminate TUDT resources provided by CTPP and/or developed locally to community-based organizations, centers, and networks supporting disparately affected communities that address emerging tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed, & equity-based.	Contractor Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.
5	**Eliminate Exposure to Secondhand Smoke and Electronic Cigarette Emissions** 1. Conduct education and outreach within respective ACH region addressing local smoking and vaping in public places ordinances. **Upon request:** 2. Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies. 3. Respond to technical assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses. 4. Provide technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies.	Contractor Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.

6	**Media and Health Communications** Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.	Contractor Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.
7	**Youth Marijuana Prevention and Education** Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.	Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month.)	01/01/22 – 06/30/22	Funding utilized: State (Marijuana Prevention and Education) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.

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 Data Universal Numbering System (DUNS®) number. 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: Meet requirements outlined in the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, Budget Workbook.

Staffing Requirements: Fulfill program administration roles and responsibilities:

a) The CTPP Regional Contractor shall ensure the DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
b) Participate in required conference calls (including quarterly conference calls between MPEP and CTPP contractors), trainings, webinars, and in-person or virtual meetings for Commercial Tobacco Prevention Program (CTPP) contractors according to the schedule provided by DOH.

c) Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
d) Submit accurate and complete progress reports, budgets, and A19 invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
e) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each CTPP Regional Contractor.
f) Meet all requirements outlined in the CTPP Work Plan and Reporting Guidebook provided by CTPP.
g) Have completed background checks and on file for any staff or volunteer (funded and/or representing a CTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

Restrictions on Funds:

- 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.
- Subrecipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Subrecipients may not use funds for tobacco compliance check inspections.
- Subrecipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, 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.
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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/ar-34.html

Definitions: CONTRACTOR – LHJ performing work under this statement of work.

Billing Requirements:

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2021.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2021 to June 30, 2022.

5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

Special Instructions:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
    a. Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
    b. Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.
    c. Providing relevant resources and training, as resources permit.
    d. Meeting performance measure, evaluation, and data collection requirements.
    e. Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the LHJ.

Program Administration:

1. The contractor shall perform the requirements and activities defined in this statement of work (SOW) and the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2021. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19 invoice. CTPP staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by CTPP.
2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with CTPP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this SOW.
3. DOH reserves the right to determine the amount of any reduction to this statement of work, based on contractor's performance. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual work plan and budget must be approved by CTPP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:

a. Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.

2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:
   b. Provide verification that criminal history/background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

Required Plans and Reports:

The contractor shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

Report	**Date Due**
1. Submit an annual plan and budget	Annually, no later than July 30, 2021, using a template provided by CTPP. DOH approval will occur no later than August 15, 2021. Update as needed on SharePoint.
2. Expenditure Report and Request for Reimbursement (A19)	A19s and updated budget workbook due the 30th of the month following the month in which costs are incurred. Non-health departments (non-consolidated contracts): A-19 documents (PDFs) must be saved, signed and emailed with the following title format: ***A-19-Contract #-organization name- month-year***.
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY22: July 10, 2022. An invoice must be submitted market FINAL INVOICE PROJECTION Final Expenditure Reports and invoices are due no later than August 15, 2022 and must be marked FINAL INVOICE.
4. Monthly Progress Report	The 15th of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by CTPP. All documents related to task activities will be attached.
5. Assessment and Evaluation	Using a template provided by CTPP, complete project evaluation activity developed and coordinated by CTPP as requested.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Refugee and Immigrant Community Health Worker Support - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through May 31, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide overview of the duties performed by Snohomish County in coordinance with the CDC COVID-19 Health Disparities Grant which was awarded to DOH and included approval to hire a culturally and linguistically appropriate Community Health Workers (CHW) who will serve the refugee and immigrant population to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
REFUGEE HEALTH COVID HTLH DISPARITIES	18508220	93.391	333.93.39	01/01/22	05/31/23	0	100,000	100,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**100,000**	**100,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	• Create project plan and evaluation tools. • Create Community Health Worker (CHW) job description. • Supervisor meets with intra-agency leaders to strategize collaborative programming to prevent duplication.	• Submit project proposal. • Snohomish Health District (SHD) Health Committee approval. • Board of Health approval. • Complete interagency agreements. • Post Community Health Worker position.	Year 1: Quarter 3 January 1 – March 31, 2022	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described
2	• Hire culturally and linguistically appropriate Community Health Worker (CHW).	• Candidate accepts CHW position. • Orientation is completed within three weeks of hire.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• CHW orientation on current COVID-19 protocols and education. • CHW orientation on Refugee Health Screening program. • CHW reviews current Former Soviet Union (FSU) COVID-19 local and state vaccine equity and engagement resources. • CHW meets with FSU community leaders. • CHW collaborates with DOH and DSHS Office of Refugee and Immigrant Assistance (ORIA). • CHW creates health education plan for FSU community. • Project identifies culture and language interpreter for FSU families for which the CHW may not have fluency.	• CHW meets with at least 5 local FSU leaders.		in the Funding Table above.
3	• Community Health Worker (CHW) implements a health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants.	• FSU refugees/immigrants begin to receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 1: Quarter 4 April 1 – June 30, 2022	
4	• Community Health Worker (CHW) implements a health education plan for FSU community. • CHW collaborates with Public Health Nurse (PHN) to identify Former Soviet Union (FSU) refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • CHW, PHN, and Supervisor evaluate project effectiveness and efficiencies. • CHW, PHN, and Supervisor determine ongoing activities based on evaluation.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 2: Quarter 1 July 1 – September 31, 2022	
5	• Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 2: Quarter 2 October 1 – December 31, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	• Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • Implement health education activities based on Year 2, Quarter 2 (activity 5) evaluation. • Create a transition plan for project.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 2: Quarter 3 January 1 – March 31, 2023	
7	• Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • Implement health education activities based on Year 2: Quarter 2 (activity 5) evaluation. • Implement transition plan for the project. • Evaluate outcomes and goals of project.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW meets with at least 5 local FSU leaders to prepare for project transition.	Year 2: Quarter 4 April 1 – May 31, 2023	

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 Data Universal Numbering System (DUNS®) number. 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.

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 Health District

Contract Number: CLH31027

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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 lingquistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19. The funding allocation is the estimated carryforward amount.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/22	0	5,736,112	5,736,112
						0		0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**5,736,112**	**5,736,112**

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:

- Incident management for the response
- Testing
- Case Investigation/Contact Tracing
- Sustainable isolation and quarantine
- Care coordination
- Surge management
- Data reporting

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.				
DCHS COVID-19 Response				
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	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. 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. i. Contact tracing 1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations will count towards this minimum. 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. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	$5,736,112 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.) Work with DOH to develop a corrective action plan if unable to meet metrics. 6. Perform daily monitoring for symptoms during quarantine period of contacts ii. Case investigation 1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. a) Strive to enter all case investigation and outbreak data into *CREST* as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.	Enter all case investigation data in WDRS following guidance from-DOH.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. 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. 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. 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. 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. e. Support Infection Prevention and control for high-risk populations 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.	Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested. Ensure all COVID positive test results are entered into WDRS within 2 days of receipt 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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. 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 exposure, conduct testing and respond to outbreaks. 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). 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. 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. 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. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	h. Establish sustainable isolation and quarantine measures. i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, 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. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access	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. Report census numbers to include historic total by month and monthly total for current quarter to date		

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)
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 Data Universal Numbering System (DUNS®) number.

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.

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

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

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: Emergency Preparedness, Resilience & Response - PHEP - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through June 30, 2022

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Revision Purpose: NA

*IMPORTANT: It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the current contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY21 PHEP BP3 LHJ Funding	31102380	93.069	333.93.06	01/01/22	06/30/22	0	0	0
FFY21 CDC CITIES READINESS BP3	31102390	93.069	333.93.06	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY20 PHEP BP2 LHJ Funding				Reimbursement for actual costs not to exceed total funding consideration amount.
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	End-of-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Across Domains and Capabilities 2.1 Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator, and accounting and/or financial staff. 2.2 Submit emergency contacts to be published in the confidential Yellow Book, including but not limited to Administrator, Health Officer, and Emergency Response Coordinator. For each contact include name, role, email, daytime phone number and after-hours phone number.	Submit any changes to contact information (submitted in 2021) within 30 days of the change. End-of-year report on template provided by DOH. Note any changes or no change.	Within 30 days of the change. June 30, 2022	
3	Across Domains and Capabilities Participate in a site visit with DOH staff to discuss LHJ response capabilities, upon request from DOH. Site visit may be held virtually due to pandemic restrictions.	DOH will maintain documentation of site visit participation.	Upon request from DOH.	
4	Across Domains and Capabilities Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH. Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.	Budget, using template provided by DOH.	Upon request from DOH.	
5	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	End-of-year report on template provided by DOH. Input provided to DOH upon request from DOH.	June 30, 2022	
6	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	End-of-year report on template provided by DOH. Documentation of training available upon request.	June 30, 2022	
7	Across Domains and Capabilities DOH/EPR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ **may** use PHEP funding to participate in training and/or learning discussions in the following areas: • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice	End-of-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Community Resilience • Related topics – prior approval from EPR required. Note: Prior approval from DOH/EPR is required for any out-of-state travel.			
8	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners in order to develop working relationships that promote capabilities, capacity and community resilience, including, but not limited to: • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional organizations that work with vulnerable populations. (For RERCs, this may include some or all of the primary groups identified in Activity 9 – All Hazards Plan – Vulnerable Populations.)	End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.	June 30, 2022	
9	Domain 1 Community Resilience Capability 1 Community Preparedness - Vulnerable populations 9.1 Update and maintain the All Hazards Plan to address vulnerable populations. 9.2 Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response. 9.3 Document the primary groups within the LHJ boundaries identified in Centers for Disease Control and Prevention (CDC)'s Social Vulnerability Index to inform public health response planning.	End-of-year report on template provided by DOH. Updated sections of the All Hazards Plan available upon request. Procedure checklist, job action sheet or other documentation available upon request. Documentation of primary vulnerable population groups available upon request.	June 30, 2022	
10	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar. Notes: • This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. • 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. • For Seattle-King County and Tacoma-Pierce County, the LHJ is the region	End-of-year report on template provided by DOH.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Collaborate with DOH Training & Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities). Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region	End-of-year report on template provided by DOH.	June 30, 2022	
12	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2022.	Participation in IPPW unless cancelled.	As requested by DOH.	
13	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: • The process for requesting and receiving resource support • The process for gaining, maintaining and sharing situational awareness of, as applicable: o The functionality of critical public health operations o The functionality of critical healthcare facilities and the services they provide o The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) o Number of disease cases o Number of fatalities attributed to an incident o Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report o Emergency Operations Center (EOC) or Incident Command System (ICS) activation Note: The communication drill (17.2) does not meet the requirement for participation in an exercise or real-world event	End-of-year report on template provided by DOH. After-Action Review(s) and Corrective Action Plan(s) available upon request.	June 30, 2022	
14	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 14.1 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. 14.2 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 report on template provided by DOH. Indicate that this was done or that no response incident occurred. 14.1 Notification to DOH Duty Officer within 60 minutes of activation. 14.2 Sitreps submitted to DOH Duty Officer	June 30, 2022	
15	Domain 2 Incident Management Capability 3 Emergency Operations Coordination	End-of-year report on template provided by DOH. Briefly	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Complete or participate in After Action Reports (AARs) after each incident or exercise. Note: An AAR may be completed part-way through an extended response, for example, COVID-19.	describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).		
16	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Convene a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals • Federally Qualified Health Center(s) if they are in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #12).	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned. Submit AAR(s).	June 30, 2022	
17	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 17.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (e.g. Basecamp). 17.2 Participate in at least one risk communication drill offered by DOH between July 1, 2021 and June 30, 2022. Drill will occur via webinar, phone and email. DOH will offer one between July 1 – December 31, 2021 and one drill between January 1 – June 30, 2022. 17.3 Conduct a hot wash evaluating LHJ participation in the drill. 17.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After-Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.	End-of-year report on template provided by DOH. 17.3 and 17.4 Hotwash or After Action Review (AAR) OR summary of communication activities and one sample.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	If, the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date OR include a summary of communication activities in mid-year and/or end-of year reports and one sample of communication. Note: Participation in a real-world event may meet the requirement for 17.2, 17.3 and 17.4.			
18	Domain 3 Information Management Capability 6 Information Sharing 18.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 18.2 Participate in DOH-led notification drills. 18.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system. 18.4 Participate in quarterly DOH-led WASECURES Users Group, provide technical assistance to LHJs in region as needed. Notes: • Registered users must log in quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.	End-of-year report on template provided by DOH.	June 30, 2022	
19	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EEIs) during incident response upon request from DOH. Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.	Provide EEIs upon request. Note in end-of-year report that EEIs were provided or none were requested.	Upon request. June 30, 2022	
20	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans.	End-of-year report on template provided by DOH. Logistical Support Plans available upon request.	June 30, 2022	
21	Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	End-of-year report on template provided by DOH. Responder Safety and Health Plan available upon request.	June 30, 2022	
22	Domain 5 Surge Management Capability 10 Medical Surge	End-of-year report on template provided by DOH.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Engagement with regional Health Care Coalition (HCC) Participate in: - Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ. - Development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - At least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test, or other drills and exercises to support planning and response efforts inclusive of public health and/or ESF8. - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ. - Reviewing HCC plans for alignment with local ESF8 plans. - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.			
23	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS). Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	End-of-year report on template provided by DOH. List of facilities and copies of current agreements available upon request.	June 30, 2022	
24	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation	End-of-year report on template provided by DOH. Vendor lists available upon request.	June 30, 2022	
FFY21 CDC CITIES READINESS BP3				
CRI 1	Review the interim Operational Readiness Review (ORR) guidance and participate in CDC webinars regarding the ORR.	End-of-year report on template provided by DOH.	June 30, 2022	
CRI 2	Update Medical Countermeasures (MCM) action plan to move toward or maintain "established" status by June 30, 2022 using areas of improvement identified in the jurisdictions most recent ORR Site Visit Report. 2.1 Participate in quarterly conference calls with DOH	End-of-year report on template provided by DOH. 2.2 Updated action plan.	June 30, 2022 2.2 March 31, 2022.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2.2 Submit updated MCM action plan to DOH.			
CRI 3	Conduct an annual PHEP exercise incorporating access and functional needs (AFN) partners. This requirement can be fulfilled by incorporating at least one AFN partner in a drill, tabletop exercise, functional exercise, full-scale exercise, or during an incident or public health event in which the AFN partner participates.	End of year report on template provided by DOH that demonstrates involvement of AFN partners during an exercise, incident or public health event.	June 30, 2022	

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 subrecipient funding.)
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 Data Universal Numbering System (DUNS®) number.
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:
31102380 and 31102390
Any subcontract/s must be approved by DOH prior to executing the contract/s.
Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:
31102380 and 31102390
Please reference the Code of Federal Regulations:
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through August 31, 2022

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: Snohomish County's Opioid Response Multi-Agency Coordination Group (the MAC Group) developed a set of goals focused on reducing the impact that opioids have on the health, safety, and quality of life of people in our communities: 1) reduce opioid misuse and abuse; 2) lessen the availability of opioids; 3) reduce criminal activity associated with opioids; 4) use data to detect, monitor, evaluate, and act; 5) reduce collateral damage to the communities; 6) provide information about the response in a timely and coordinated manner; and 7) ensure the availability of resources that efficiently and effectively support response efforts. These goals are aligned with the strategies and activities proposed within the Overdose Data to Action (OD2A) funding opportunity.

Note: Deliverable due dates prior to January 1, 2022 in this statement of work are for reference only and were included in the 2018-2021 contract.

Revision Purpose: N/A

**IMPORTANT: It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work (SOWs). The funding for this 2022-2024 contract SOW is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation of $150,000 was awarded in the 2018-2021 SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the current contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY21 OVERDOSE DATA TO ACTION PREV	77520271	93.136	333.93.13	01/01/22	08/31/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

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	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary	Quarterly progress reports to DOH for all tasks. Due Dates:	Monthly invoices for actual cost reimbursement will be submitted to DOH.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	efforts in their emergency departments and broader healthcare systems.	data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the Overdose Data to Action (OD2A) logic model.	September-November due December 10, 2021. December-February due March 10, 2022. March-May due June 10, 2022. June-August final report for this funding period due September 30, 2022.	Total of all invoices will not exceed $150,000 September 1, 2021 - August 31, 2022. (See Special Billing Requirements below.)
2.	Strategy 5: Extend annual contracts for the maintenance, development and hosting of the Snohomish Overdose Prevention website and the county's opioid data portal/dashboard.	Progress report: 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.		
3.	Strategy 6: Maintain involvement and leadership roles in ESF #8 – Public Health & Medical Services and ESF #15 – External Affairs within the Snohomish County Opioid Response Multi-Agency Coordination (MAC) Group. The District will continue to be a key partner in capacity building and sharing lessons learned, templates, scalable response strategies, and other information with cities, counties and the state, as well as public health and public safety counterparts throughout the country. Partnering with schools, school districts, community groups and local businesses to develop prevention and outreach strategies focused on decreasing opioid misuse and use disorder.	Progress report: Provide the strategies being developed with schools and other partners. Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with the OD2A logic model.		
4.	Strategy 5: Utilize data collected through the MAC Group, hospitals, DOH, ODMAP, first responders, treatment providers and the local syringe exchange to develop 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 treatment.	Progress report: Provide the prevention and response strategies being developed with partners. Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program to include next steps and recommendations. Demonstrate how work aligns with the OD2A logic model.		
5.	Strategy 5: Provide ongoing support of an overdose fatality review (OFR) committee. The District is in the early stages of getting the committee up and running, with the first meeting planned for this spring.	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.		
6.	Strategy 9: Increase focus on three high risk populations affected by the opioid epidemic: inmates, pregnant and parenting mothers, and babies born to women with opioid use disorder (OUD). Participate in monthly outreach to inmates at the Snohomish County Jail, Partner with Homeward House to	Progress report: Describe procedures, policies, and program design including community partners. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	support people connect to social services and continue to participate in the PPW ORW.			
7.	Participate in quarterly calls with DOH and grant partners. Share lessons learned and successes. More frequent one on one calls with DOH when needed.	Collaboration with other grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

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 Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements
Restrictions on Funds:

- 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/additionalrequirements/ar-35.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:
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.

Other: These funds are a continuation of contract CLH18261. No new funds were added to original total. A March 2022 amendment will be created to consolidate unspent funds from the previous OD2A contract with this contract.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization FSU Vaccine Hesitancy - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source	**Federal Compliance (check if applicable)**	**Type of Payment**
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates in Russian and Ukrainian-speaking communities.

Revision Purpose: N/A

** IMPORTANT: It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	**Master Index Code**	**Assistance Listing Number**	**BARS Revenue Code**	**LHJ Funding Period**		**Current Allocation**	**Allocation Change**	**Total Allocation**
				Start Date	**End Date**		**None**	
FY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	**Activity**	**Deliverables/Outcomes**	**Due Date/Time Frame**	**Payment Information and/or Amount**
1.	Building on the proposal to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates for Russian and Ukrainian-speaking communities developed in the June-December 2021 contract, provide performance-based measures and data collection as agreed upon in the final approved proposal, demonstrating progress toward goals to reduce vaccine hesitancy and improve immunization rates in the population identified.	Final written report, including activities completed and how they have addressed target population knowledge, attitudes, and practices around vaccinations (template will be provided)	June 15, 2022	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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)

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Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Perinatal Hepatitis B - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	**Federal Compliance (check if applicable)**	**Type of Payment**
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through June 30, 2022

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

Revision Purpose: N/A

** IMPORTANT: It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

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**			
FY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	**Activity**	**Deliverables/Outcomes**	**Due Date/Time Frame**	**Payment Information and/or Amount**
1	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: • Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of	Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	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
	birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. 2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. 3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.			

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 subrecipient funding.)
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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 Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OI-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through June 30, 2022

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

** IMPORTANT: It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY22 VFC Ops	74310212	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	March 31	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	June 30	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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 subrecipient funding.)
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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 Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Regional Representatives - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through June 30, 2022

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period January 1, 2022 through June 30, 2022.

Revision Purpose: N/A

** IMPORTANT: It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FY22 VFC IQIP	74310214	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

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	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted)	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
		New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement – DOH 348-576		
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be performed in accordance with CDC and CVP guidelines.	Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling visits at 5% of 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 CVP Operations Guide. 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.	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. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable ~~s~~ documentation into PEAR	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. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Complete the Compliance Site Visit Management Plan to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. 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	a) 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.	a) 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.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.	b) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	
5	**IQIP** (Immunization Quality Improvement for Providers) a) Complete Project Management Scheduling Tool b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site. c) 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.	a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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 subrecipient funding.)
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 Data Universal Numbering System (DUNS®) number.

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 Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☒ State ☒ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through June 30, 2022

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

Revision Purpose: To add estimated carry forward amounts from previous contract period (if applicable), update coding and contact information.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
STATE DISEASE CONTROL AND PREV - FPH	12411100	N/A	334.04.91	01/01/22	06/30/22	60,032	32,765	92,797
FFY22 STD PREV PCHD - FPH	12411225	93.977	333.93.97	01/01/22	06/30/22	35,250	0	35,250
FFY22 HIV PREV GRANT - FPH	12411220	93.940	333.93.94	01/01/22	06/30/22	55,331	0	55,331
RW FFY21 GRANT YEAR LOCAL (REBATE)	1261851C	N/A	334.04.98	01/01/22	03/31/22	7,858	11,990	19,848
RW FFY22 GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	04/01/22	06/30/22	7,858	0	7,858
FFY22 STD PREV SUPPLEMENTAL [PCHD]	12408320	93.977	333.93.97	01/01/22	06/30/22	161,453	0	161,453
						0	0	0
TOTALS						**327,782**	**44,755**	**372,537**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	HIV/STD Prevention			
	HIV/STD Prevention, Treatment, and Surveillance Deliver partner services to people diagnosed with HIV/STD per CDC and state guidelines. Ensure timely, correct reporting, testing and treatment of STDs or exposure to STDs for diagnosed patients and identified contacts.	Complete and report actual deliverables in the appropriate data reporting system. Monthly invoice with appropriate back-up documentation. Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH Infectious Disease (ID) Reporting Requirements	*$92,797* ~~*$60,032*~~ **- MI 12411100 – State Disease Control & Prev - FPH** *$92,797* ~~*$60,032*~~ for 1/1/22-6/30/22 **$55,331 – MI *12411220* ~~*TBD*~~ - HIV Prev~~ention (Cat A)~~ Grant - FPH** $55,331 for 1/1/22-6/30/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Refer at-risk people identified through HIV/STD testing and/or partner services for medical and supportive services to prevent HIV acquisition.			**$35,250 – MI** *12411225* ~~*TBD- STD PREV PCHD - Prevention (PCHD)*~~ **- FPH** $35,250 for 1/1/22-6/30/22 **$161,453 –MI** *12408320* ~~*TBD*~~**- STD Prevention Supplemental** $161,453 for 1/1/22-6/30/22
	HIV Positive (+) Prevention Activities Provide services to clients who are diagnosed with and/or living with HIV Deliver partner services to people diagnosed with HIV. Ensure timely, correct reporting of people diagnosed with HIV. Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression.	Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and/or the Washington Data Reporting System (Maven/WDRS). Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH ID Reporting Requirements	*$19,848* ~~*$7,858*~~**– MI 1261851C – RW Rebate** *$19,848* ~~*$7,858*~~ for 1/1/22-3/31/22 **$7,858– MI 1261852C – RW Rebate** $7,858 for 4/1/22-6/30/22

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)

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 Data Universal Numbering System (DUNS®) number.
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.

Fiscal Guidance

i) **Funding –**The LHJ shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2022. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
ii) The LHJ 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 Awards.
iii) **Submission of Invoice Vouchers –** On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All invoice vouchers must be submitted by the 25th of the following month.**

The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting invoice voucher payment requests to DOH.

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☒ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Fixed Price
☐ 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: The purpose of the Revision is to provide additional Sanitary Survey funding

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SANITARY SURVEY FEES (FO-NW) SS-STATE	24222522	N/A	346.26.65	01/01/22	12/31/22	3,600	1,600	5,200
YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS	24229224	N/A	346.26.64	01/01/22	12/31/22	3,600	1,600	5,200
YR 24 SRF - LOCAL ASST (15%) (FO-NW) TA	24229224	N/A	346.26.66	01/01/22	12/31/22	2,000	0	2,000
						0	0	0
						0	0	0
						0	0	0
TOTALS						**9,200**	**3,200**	**12,400**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.	Final Sanitary Survey Reports must be received by the ODW Regional Office within **30 calendar days** of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$400** for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$800** for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	to small community and non-community Group A water systems.			Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within **2 working days** of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid **$800** for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within **30 calendar days** of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: **$250** • 3-6 hours of work: **$500** • More than 6 hours of work: **$750** Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. 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 http://www.ofm.wa.gov/resources/travel.asp

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)
This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.
To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

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

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

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

Special Billing Requirements
The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **$~~7,200~~ *10,400*** for **Task 1,** and **$2,000** 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 of fewer connection be completed between January 1, 2022 and December 31, 2022.
- No more than ~~9~~ ***13*** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2
Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3
Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

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

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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

Revision Purpose: Modify statement of work for COVID vaccine depot work (Task 3D)

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	2,860,603	0	2,860,603
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**2,860,603**	**0**	**2,860,603**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. **Example 1:** 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
	Example 2: 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			
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.	Mid-term 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	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022 and ~~*February 28, 2022*~~, *June 30, 2022* 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.	a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)	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 local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to *LHJ Guidance for COVID Initiatives Application* requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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)

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 Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements

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

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.

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 3**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
   Injury & Violence Prevention Overdose Data to Action - Effective January 1, 2022
   Office of Immunization FSU Vaccine Hesitancy - Effective January 1, 2022
   Office of Immunization Perinatal Hepatitis B - Effective January 1, 2022
   OI-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:

   ☒ Increase of **$177,103** for a revised maximum consideration of **$16,427,594**.

   ☐ 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 HEALTH DISTRICT

Shawn Frederick
Shawn Frederick (May 11, 2022 15:06 PDT)

Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Brenda Henrikson
Brenda Henrikson (May 11, 2022 15:32 PDT)

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-3
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **March 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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	$52,828	$52,828
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	$214,127	$214,127	$214,127
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	$95,449	$95,449	$95,449
FFY21 Overdose Data to Action Surv	**NU17CE925007**	**Amd 3**	**93.136**	**333.93.13**	**01/01/22**	**08/31/22**	**09/01/21**	**08/31/22**	**$113,175**	**$113,175**	**$113,175**
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	$2,860,603	$2,860,603	$2,860,603
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**	**$59,012**
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**	
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**	**$4,916**
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	$5,736,112	$5,736,112	$5,736,112
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	NGA Not Received	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	$100,000	$100,000	$100,000
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	$55,331	$55,331	$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$35,250	$35,250	$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$161,453	$161,453	$161,453
FFY22 MCHBG LHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	$333,659	$333,659	$333,659
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	$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

Snohomish Health District

EXHIBIT B-3
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **March 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	$3,150,000	$3,150,000	$6,300,000
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
TOTAL									**$16,427,594**	**$16,427,594**	

Total consideration:	**$16,250,491**	**GRAND TOTAL**	**$16,427,594**
	$177,103		
GRAND TOTAL	**$16,427,594**	**Total Fed**	**$9,832,294**
		Total State	**$6,595,300**

*Catalog of Federal Domestic Assistance
**Federal revenue codes begin with "333". State revenue codes begin with "334".

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 4**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
   DCHS-ELC COVID-19 Response - Effective January 1, 2022
   Emergency Preparedness, Resilience & Response-PHEP - Effective January 1, 2022
   Maternal & Child Health Block Grant - Effective January 1, 2022
   Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-4 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-3 Allocations as follows:

   ☒ Increase of **$2,122,460** for a revised maximum consideration of **$18,550,054**.

   ☐ 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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Shawn Frederick Shawn Frederick (Jul 18, 2022 08:22 PDT)	Signature: Brenda Henrikson Brenda Henrikson (Jul 18, 2022 13:27 PDT)
Date: Jul 18, 2022	Date: Jul 18, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-4
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **April 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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		
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	$214,127	$214,127	$214,127
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	$95,449	$95,449	$95,449
FFY21 Overdose Data to Action Surv	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	$113,175	$113,175	$113,175
COVID19 Vaccines	**NH23IP922619**	**Amd 4**	**93.268**	**333.93.26**	**01/01/22**	**06/30/24**	**07/01/20**	**06/30/24**	**$2,069,953**	**$2,069,953**	**$2,069,953**
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	$2,860,603	$2,860,603	$2,860,603
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	$59,012
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	
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	$4,916
FFY20 ELC EDE LHJ Allocation	**NU50CK000515**	**Amd 4**	**93.323**	**333.93.32**	**01/01/22**	**12/31/22**	**01/15/21**	**07/31/24**	**($44,632)**	**$5,691,480**	**$5,691,480**
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	$5,736,112		
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	NGA Not Received	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	$100,000	$100,000	$100,000
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	$55,331	$55,331	$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$35,250	$35,250	$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$161,453	$161,453	$161,453
FFY22 MCHBG LHJ Contracts	**B0445251**	**Amd 4**	**93.994**	**333.93.99**	**01/01/22**	**09/30/22**	**10/01/21**	**09/30/22**	**($333,659)**	**$0**	**$0**
FFY22 MCHBG LHJ Contracts	B0445251	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	**NGA Not Received**	**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 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	$32,765	$92,797	$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

Snohomish Health District

EXHIBIT B-4
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **April 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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
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 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	$3,150,000	$3,150,000	$6,300,000
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
TOTAL									**$18,550,054**	**$18,550,054**	

Total consideration:	**$16,427,594**	**GRAND TOTAL**	**$18,550,054**
	$2,122,460		
GRAND TOTAL	**$18,550,054**	**Total Fed**	**$11,602,632**
		Total State	**$6,947,422**

*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: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Period of Performance: January 1, 2022 through July 1, 2022

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to revise activity language in Task 1 and 1A.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	07/01/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	***NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.** **DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.** ***The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.***			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.). Guidance on vaccination protocols must be followed as provided by DOH and CDC. *The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis.*			
1A	*The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with* Local health jurisdiction (LHJ) *to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH* will coordinate *with the LHJ and regional IMT/IMO around* planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH. Request for regional IMT should be submitted through the normal process through WebEOC. *DOH will coordinate with the* LHJ *and regional IMT/IMO regarding carrying out the ~~is the coordinating agency for the~~ filed* mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.	Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Provide any information as requested by the regional IMT.			
1B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds $5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.	Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	
1C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

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)

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 Data Universal Numbering System (DUNS®) number.

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

Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.

Eligible costs from the timeframe of January 1, 2022 through July 1, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed $5,000 per piece. Equipment over $5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

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 Health District

Contract Number: CLH31027

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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: Update Activity Task #2 "Contact Investigation and Contact Tracing" and "Isolation and Quarantine" sections; Update allocations to actual carryforward amounts.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Decrease (–)	Total Allocation
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/22	5,736,112	-44,632	5,691,480
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**5,736,112**	**-44,632**	**5,691,480**

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:

- Incident management for the response
- Testing
- Case Investigation/Contact Tracing
- Sustainable isolation and quarantine
- Care coordination
- Surge management

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Data reporting 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.			
DCHS COVID-19 Response				
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: $*5,691,480* ~~*5,736,112*~~ FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023
2	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. 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. i. Contact tracing 1. Strive to maintain the capacity to *conduct targeted investigations as appropriate.* ~~*surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.*~~ 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. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 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.) Work with DOH to develop a corrective action plan if unable to meet metrics. 6. ~~*Perform daily monitoring for symptoms during quarantine period of contacts*~~ ii. Case investigation 1. Strive to maintain the capacity to *conduct targeted investigations as appropriate.* ~~*surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.*~~ 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. a) Strive to enter all case investigation and outbreak data into *CREST* as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct *targeted* case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing	Enter all case investigation data in WDRS following guidance from-DOH.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. 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. 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. 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. 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. e. Support Infection Prevention and control for high-risk populations i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and	Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested. Ensure all COVID positive test results are entered into WDRS within 2 days of receipt 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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. 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. 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 exposure, conduct testing and respond to outbreaks. 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). 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. 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. 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.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. h. Establish sustainable isolation and quarantine *(I&Q)* measures *in accordance with* ***WAC 246-100-045*** *(Conditions and principles for isolation or quarantine).* i. Have at least one (1) location ~~*identified and confirmed*~~ *for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&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 agreement ~~*that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand;*~~ 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. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of *people requiring I&Q support* ~~*isolation and quarantine patients*~~ to *and* from adjacent jurisdictions or state facilities in the event of localized increased need. Planning must incorporate *indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.* ~~*triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access*~~	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. Report census numbers to include historic total by month and monthly total for current quarter to date		

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 Data Universal Numbering System (DUNS®) number.

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

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: Emergency Preparedness, Resilience & Response - PHEP - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through June 30, 2022

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Revision Purpose: The purpose of this revision is to add remaining funds from the previous PHEP statement of work ending 12/31/21.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 PHEP BP3 LHJ Funding	31102380	93.069	333.93.06	01/01/22	06/30/22	214,127	0	214,127
FFY21 CDC CITIES READINESS BP3	31102390	93.069	333.93.06	01/01/22	06/30/22	52,828	78,676	131,504
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**266,955**	**78,676**	**345,631**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY20 PHEP BP2 LHJ Funding				Reimbursement for actual costs not to exceed total funding consideration amount.
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	End-of-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	June 30, 2022	
2	Across Domains and Capabilities	Submit any changes to contact information (submitted in 2021) within 30 days of the change.	Within 30 days of the change.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2.1 Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator, and accounting and/or financial staff. 2.2 Submit emergency contacts to be published in the confidential Yellow Book, including but not limited to Administrator, Health Officer, and Emergency Response Coordinator. For each contact include name, role, email, daytime phone number and after-hours phone number.	End-of-year report on template provided by DOH. Note any changes or no change.	June 30, 2022	
3	Across Domains and Capabilities Participate in a site visit with DOH staff to discuss LHJ response capabilities, upon request from DOH. Site visit may be held virtually due to pandemic restrictions.	DOH will maintain documentation of site visit participation.	Upon request from DOH.	
4	Across Domains and Capabilities Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH. Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.	Budget, using template provided by DOH.	Upon request from DOH.	
5	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	End-of-year report on template provided by DOH. Input provided to DOH upon request from DOH.	June 30, 2022	
6	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	End-of-year report on template provided by DOH. Documentation of training available upon request.	June 30, 2022	
7	Across Domains and Capabilities DOH/EPR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ **may** use PHEP funding to participate in training and/or learning discussions in the following areas: • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Related topics – prior approval from EPR required. Note: Prior approval from DOH/EPR is required for any out-of-state travel.	End-of-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners in order to develop working relationships that promote capabilities, capacity and community resilience, including, but not limited to: • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional organizations that work with vulnerable populations. (For RERCs, this may include some or all of the primary groups identified in Activity 9 – All Hazards Plan – Vulnerable Populations.)	End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.	June 30, 2022	
9	Domain 1 Community Resilience Capability 1 Community Preparedness - Vulnerable populations 9.1 Update and maintain the All Hazards Plan to address vulnerable populations. 9.2 Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response. 9.3 Document the primary groups within the LHJ boundaries identified in Centers for Disease Control and Prevention (CDC)'s Social Vulnerability Index to inform public health response planning.	End-of-year report on template provided by DOH. Updated sections of the All Hazards Plan available upon request. Procedure checklist, job action sheet or other documentation available upon request. Documentation of primary vulnerable population groups available upon request.	June 30, 2022	
10	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar. Notes: • This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. • 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. • For Seattle-King County and Tacoma-Pierce County, the LHJ is the region	End-of-year report on template provided by DOH.	June 30, 2022	
11	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise	End-of-year report on template provided by DOH.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Collaborate with DOH Training & Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities). Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region			
12	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2022.	Participation in IPPW unless cancelled.	As requested by DOH.	
13	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: • The process for requesting and receiving resource support • The process for gaining, maintaining and sharing situational awareness of, as applicable: o The functionality of critical public health operations o The functionality of critical healthcare facilities and the services they provide o The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) o Number of disease cases o Number of fatalities attributed to an incident o Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report o Emergency Operations Center (EOC) or Incident Command System (ICS) activation Note: The communication drill (17.2) does not meet the requirement for participation in an exercise or real-world event	End-of-year report on template provided by DOH. After-Action Review(s) and Corrective Action Plan(s) available upon request.	June 30, 2022	
14	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 14.1 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. 14.2 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 report on template provided by DOH. Indicate that this was done or that no response incident occurred. 14.1 Notification to DOH Duty Officer within 60 minutes of activation. 14.2 Sitreps submitted to DOH Duty Officer	June 30, 2022	
15	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Complete or participate in After Action Reports (AARs) after each incident or exercise.	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned –	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: An AAR may be completed part-way through an extended response, for example, COVID-19.	or note that no AARs were completed. Submit AAR(s).		
16	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Convene a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals • Federally Qualified Health Center(s) if they are in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #12).	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned. Submit AAR(s).	June 30, 2022	
17	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 17.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (e.g. Basecamp). 17.2 Participate in at least one risk communication drill offered by DOH between July 1, 2021 and June 30, 2022. Drill will occur via webinar, phone and email. DOH will offer one between July 1 – December 31, 2021 and one drill between January 1 – June 30, 2022. 17.3 Conduct a hot wash evaluating LHJ participation in the drill. 17.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After-Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. If, the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date OR include a summary of communication activities in mid-year and/or end-of year reports and one sample of communication.	End-of-year report on template provided by DOH. 17.3 and 17.4 Hotwash or After Action Review (AAR) OR summary of communication activities and one sample.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: Participation in a real-world event may meet the requirement for 17.2, 17.3 and 17.4.			
18	Domain 3 Information Management Capability 6 Information Sharing 18.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 18.2 Participate in DOH-led notification drills. 18.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system. 18.4 Participate in quarterly DOH-led WASECURES Users Group, provide technical assistance to LHJs in region as needed. Notes: • Registered users must log in quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.	End-of-year report on template provided by DOH.	June 30, 2022	
19	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EEIs) during incident response upon request from DOH. Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.	Provide EEIs upon request. Note in end-of-year report that EEIs were provided or none were requested.	Upon request. June 30, 2022	
20	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans.	End-of-year report on template provided by DOH. Logistical Support Plans available upon request.	June 30, 2022	
21	Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	End-of-year report on template provided by DOH. Responder Safety and Health Plan available upon request.	June 30, 2022	
22	Domain 5 Surge Management Capability 10 Medical Surge Engagement with regional Health Care Coalition (HCC)	End-of-year report on template provided by DOH.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in: - Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ. - Development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - At least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test, or other drills and exercises to support planning and response efforts inclusive of public health and/or ESF8. - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ. - Reviewing HCC plans for alignment with local ESF8 plans. - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.			
23	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS). Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	End-of-year report on template provided by DOH. List of facilities and copies of current agreements available upon request.	June 30, 2022	
24	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation	End-of-year report on template provided by DOH. Vendor lists available upon request.	June 30, 2022	
FFY21 CDC CITIES READINESS BP3				
CRI 1	Review the interim Operational Readiness Review (ORR) guidance and participate in CDC webinars regarding the ORR.	End-of-year report on template provided by DOH.	June 30, 2022	
CRI 2	Update Medical Countermeasures (MCM) action plan to move toward or maintain "established" status by June 30, 2022 using areas of improvement identified in the jurisdictions most recent ORR Site Visit Report. 2.1 Participate in quarterly conference calls with DOH	End-of-year report on template provided by DOH. 2.2 Updated action plan.	June 30, 2022 2.2 March 31, 2022.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2.2 Submit updated MCM action plan to DOH.			
CRI 3	Conduct an annual PHEP exercise incorporating access and functional needs (AFN) partners. This requirement can be fulfilled by incorporating at least one AFN partner in a drill, tabletop exercise, functional exercise, full-scale exercise, or during an incident or public health event in which the AFN partner participates.	End of year report on template provided by DOH that demonstrates involvement of AFN partners during an exercise, incident or public health event.	June 30, 2022	

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 subrecipient funding.)
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 Data Universal Numbering System (DUNS®) number.
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:
31102380 and 31102390
Any subcontract/s must be approved by DOH prior to executing the contract/s.
Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:
31102380 and 31102390
Please reference the Code of Federal Regulations:
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: January 1, 2022 through September 30, 2022

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of the revision is to carry over unspent funds from the Oct-Dec contract for continuation of MCHBG-related activities and to change the MI coding for this period of performance.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	333,659	-333,659	0
FFY21 MCHBG SPECIAL PROJECT	7811021A	93.994	333.93.99	01/01/22	09/30/22	0	352,122	352,122
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**333,659**	**18,463**	**352,122**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager	Draft August 19, 2022 Final- September 9, 2022	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	

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 subrecipient funding.)
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 Data Universal Numbering System (DUNS®) number.

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:

Children and Youth with Special Health Care Needs Manual -
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds

Health Services Authorization (HSA) Form
http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted quarterly by the 30th of each month following the quarter in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

Special Instructions: Contact DOH contract manager below for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

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 Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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 add a purpose statement for the tasks and to add carryover funds from the 2021 contract. NOTE: either allocations can be used when billing for any activity in this statement of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	2,860,603	0	2,860,603
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	0	2,069,953	2,069,953
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**2,860,603**	**2,069,953**	**4,930,556**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. **Example 1:** 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
	Example 2: 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			
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.	Mid-term 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	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022, and June 30, 2022, 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.	a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)	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 local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to *LHJ Guidance for COVID Initiatives Application* requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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)

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 Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements

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

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.

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 5**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   Office of Immunization FSU Vaccine Hesitancy - Effective July 1, 2022
   OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022
   Zoonotic Disease Program-WNV Mosquito Surveillance - Effective June 1, 2022

   ☒ Amends Statements of Work for the following programs:

   COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
   DCHS-ELC COVID-19 Response - Effective January 1, 2022
   Office of Immunization COVID19 Vaccine - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-5 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-4 Allocations as follows:

   ☒ Increase of **$780,954** for a revised maximum consideration of **$19,331,008**.

   ☐ 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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Shawn Frederick Shawn Frederick (Jul 19, 2022 13:39 PDT)	Signature: Brenda Henrikson Brenda Henrikson (Jul 19, 2022 16:46 PDT)
Date: Jul 19, 2022	Date: Jul 19, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-5
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **June 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
CSFRF CTS LHJ Allocation	**NGA Not Received**	**Amd 5**	**21.027**	**333.21.02**	**01/01/22**	**12/31/22**	**01/01/22**	**12/31/22**	**$684,964**	**$684,964**	**$684,964**
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		
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	$214,127	$214,127	$214,127
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	$95,449	$95,449	$95,449
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	$113,175	$113,175	$113,175
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	$2,069,953	$2,069,953	$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	**NGA Not Received**	**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**
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	$59,012
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 Ops	**NGA Not Received**	**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	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	($44,632)	$5,691,480	$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	$5,736,112		
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	**NGA Not Received**	**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	NGA Not Received	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	$100,000	$100,000	$100,000
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	$55,331	$55,331	$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$35,250	$35,250	$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$161,453	$161,453	$161,453

Snohomish Health District

EXHIBIT B-5
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **June 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
FFY22 MCHBG LHJ Contracts	B0445251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	($333,659)	$0	$0
FFY22 MCHBG LHJ Contracts	B0445251	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	NGA Not Received	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 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	$32,765	$92,797	$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
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 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	$3,150,000	$3,150,000	$6,300,000
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
TOTAL									**$19,331,008**	**$19,331,008**	

Total consideration:	**$18,550,054**	**GRAND TOTAL**	**$19,331,008**
	$780,954		
GRAND TOTAL	**$19,331,008**	**Total Fed**	**$12,383,586**
		Total State	**$6,947,422**

*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: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through September 30, 2022

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding end date from 7/1/2022 to 9/30/2022.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	09/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	***NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.** **DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.**			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.). Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis.			
1A	The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH. Request for regional IMT should be submitted through the normal process through WebEOC. DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.	Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Provide any information as requested by the regional IMT.			
1B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds $5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.	Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	
1C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

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Federal Funding Accountability and Transparency Act (FFATA)

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

Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.

Eligible costs from the timeframe of January 1, 2022 through ~~*July 1, 2022*~~ *September 30, 2022* include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed $5,000 per piece. Equipment over $5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

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 Health District

Contract Number: CLH31027

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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: Add CSFRF CTS LHJ Allocation funding.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/22	5,691,480	0	5,691,480
CSFRF CTS LHJ ALLOCATION	934C0200	21.027	333.21.02	01/01/22	12/31/22	0	684,964	684,964
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**5,691,480**	**684,964**	**6,376,444**

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:

- Incident management for the response
- Testing
- Case Investigation/Contact Tracing
- Sustainable isolation and quarantine
- Care coordination
- Surge management
- Data reporting

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.				
DCHS COVID-19 Response				
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	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. 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. i. Contact tracing 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 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. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 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.)	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	$5,691,480 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Work with DOH to develop a corrective action plan if unable to meet metrics. ii. Case investigation 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. a) Strive to enter all case investigation and outbreak data into *CREST* as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct targeted case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested.	Enter all case investigation data in WDRS following guidance from-DOH. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. 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. 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. 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. 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. e. Support Infection Prevention and control for high-risk populations 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. 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. 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	on testing locations and volume as requested. Ensure all COVID positive test results are entered into WDRS within 2 days of receipt 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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	exposure, conduct testing and respond to outbreaks. 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). 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. 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. 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. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with **WAC 246-100-045** (Conditions and principles for isolation or quarantine). i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&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	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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.	Report census numbers to include historic total by month and monthly total for current quarter to date		

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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

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: Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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: Increase allocation for COVID vaccine depot work (Task 3D)

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	2,860,603	5,000	2,865,603
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	2,069,953	0	2,069,953
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**4,930,556**	**5,000**	**4,935,556**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. **Example 1:** 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
	Example 2: 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			
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.	Mid-term 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	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022, and June 30, 2022, 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.	a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)	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 local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to *LHJ Guidance for COVID Initiatives Application* requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization FSU Vaccine Hesitancy - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: July 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates in Russian and Ukrainian-speaking communities.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
Improving Vaccinations AA1	74310TBD	93.268	333.93.26	07/01/22	06/30/23	0	42,840	42,840
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**42,840**	**42,840**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in the project workgroup and develop a proposal to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates for Russian and Ukrainian-speaking communities. Conduct vaccine promotion activities such as: coordinating county vaccine clinics, health information sessions with the community, collaborating with community partners. Proposals should take into account equity and accessibility when reaching out to community.	Written proposal for outreach activities aimed at community. Proposal should include work plan and (if needed) any necessary data collection.	August 1, 2022	Reimbursement for actual costs incurred, not to exceed total funding consideration amount
2	Upon approval of proposal, implement the plan to reduce vaccine hesitancy and increase immunization coverage rates with the target population identified. Participate in regular meetings to discuss progress of project, including workgroup meetings	Provide verbal update on progress of project at each meeting (no written report required)		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Building on the proposal to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates for Russian and Ukrainian-speaking communities, provide performance-based measures and data collection as agreed upon in the final approved proposal, demonstrating progress toward goals to reduce vaccine hesitancy and improve immunization rates in the population identified.	Final written report, including activities completed and how they have addressed target population knowledge, attitudes, and practices around vaccinations (template will be provided)	June 15, 2023	

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)

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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

This section is for program specific information not included elsewhere. In SOWs where more than one project is listed, each requirement must be identified by MI Code.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 VFC Ops	74310222	93.268	333.93.26	07/01/22	06/30/23	0	45,150	45,150
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**45,150**	**45,150**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the *Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates* announcement.	Written proposal and a report that shows starting immunization rates for the target population	August 1, 2022	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	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)	November 30, 2022 March 31, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Perform data collection necessary to enable a comparison of immunization rates from the start of the project.	Final written report, including a report showing ending immunization rates for the target population (template will be provided)	June 15, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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)

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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 Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Zoonotic Disease Program - WNV Mosquito Surveillance - Effective June 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: June 1, 2022 through September 30, 2022

Statement of Work Purpose: The purpose of this statement of work 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 western 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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 Vector-borne T2&3 Epi ELC FPH	1882121B	93.323	333.93.32	06/01/22	07/31/22	0	1,500	1,500
FFY22 Vector-borne T2&3 Epi ELC FPH	1882122B	93.323	333.93.32	08/01/22	09/30/22	0	1,500	1,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**3,000**	**3,000**

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 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 by Thursday during mosquito season, June through September	Reimbursement up to $3,000 (including staff time, transportation, and costs related to mosquito surveillance activities)

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)

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.

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 6**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   Foundational Public Health Services (FPHS) - Effective July 1, 2022

   ☐ Amends Statements of Work for the following programs:

   ☐ 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 **$5,216,000** for a revised maximum consideration of **$24,547,008**.

   ☐ 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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Shawn Frederick Shawn Frederick (Aug 1, 2022 13:21 PDT)	Signature: Brenda Henrikson Brenda Henrikson (Aug 1, 2022 14:08 PDT)
Date: Aug 1, 2022	Date: Aug 1, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-6
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **July 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	$684,964	$684,964	$684,964
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		
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	$214,127	$214,127	$214,127
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	$95,449	$95,449	$95,449
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	$113,175	$113,175	$113,175
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	$2,069,953	$2,069,953	$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	NGA Not Received	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
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	$59,012
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 Ops	NGA Not Received	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	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	($44,632)	$5,691,480	$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	$5,736,112		
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	NGA Not Received	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	NGA Not Received	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	$100,000	$100,000	$100,000
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	$55,331	$55,331	$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$35,250	$35,250	$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	$161,453	$161,453	$161,453

Snohomish Health District

EXHIBIT B-6
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **July 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
FFY22 MCHBG LHJ Contracts	B0445251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	($333,659)	$0	$0
FFY22 MCHBG LHJ Contracts	B0445251	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	NGA Not Received	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 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	$32,765	$92,797	$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
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**	**$11,516,000**
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	$3,150,000	$3,150,000	
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
TOTAL									**$24,547,008**	**$24,547,008**	

Total consideration:	**$19,331,008**	**GRAND TOTAL**	**$24,547,008**
	$5,216,000		
GRAND TOTAL	**$24,547,008**	**Total Fed**	**$12,383,586**
		Total State	**$12,163,422**

*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: Foundational Public Health Services (FPHS) - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Periodic Distribution
☐ Other		

Statement of Work Purpose: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FPHS - LHJ - Proviso (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	0	5,216,000	5,216,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**5,216,000**	**5,216,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**FPHS funds to each LHJ –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$2,956,000
2	**Assessment funds to each LHJ –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$60,000
3	**Assessment funds to each LHJ – CHA/CHIP –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$30,000
4	**CD – Hepatitis C –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$164,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	**CD – Case Investigation Capacity –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$1,079,000
6	**CD – TB – Part 2 –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$50,000
7	**MCH – Child Death Review –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$158,000
8	**Lifecourse – Infrastructure & Workforce Capacity –** See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	$719,000

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.

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171
- For other questions:
  - Marie Flake, FPHS Lead, DOH – marie.flake@doh.wa.gov, 360-951-7566

Program Specific Requirements

The Steering Committee is engaged in a long-term, multi-biennial, phased, building-block approach to full funding and implementation of of FPHS statewide that includes:

- Full funding of FPHS with adequate, dedicated, stable funding that keeps pace with inflation and demand for services
- Full implementation of FPHS that includes system transformation and modernization to deliver services in the most equitable, effective, and efficient manner possible for the funds available

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs or FPHS | Powered by Box.

Stable funding and an iterative decision-making process – The FPHS Steering Committee is the decision making body for FPHS. The Steering Committee provides oversight including determination of goals, priorities, budget request, funding allocation and accountability metrics. The Steering Committee relies on FPHS Subject Matter Expert (SME) Workgroups and other FPHS workgroups to ensure a collaborative, systemwide, decision making process. The Steering Committee use an iterative approach to decision making. This means that additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Annual Allocations – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June. FPHS funds can be applied retroactively to expenditures within the SFY for which they were allocated even if the expenditure occurred before the Steering Committee made the allocation decision or the agency contract was signed.

SFYs are named for the year in which they end. The state biennium is named for the year in which it begins and ends.

- SFY22 (July 1, 2021 – June 30, 2022); half of annual FPHS allocation disbursed July 1, 2021 and January 1, 2022
- SFY23 (July 1, 2022 – June 30, 2023); half of annual FPHS allocation disbursed July 1, 2022 and January 1, 2023
- SFY 22 & 23 comprise the 2021 – 2023 Biennium (21-23)

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

The Consolidated Contract (ConCon) is based on the calendar year and renewed every 3 years. FPHS statements of work may include reference information such as allocations, fund disbursement schedules, deliverable due dates, etc. that fall outside of the current 3-year contract period if they are part of the same state fiscal year. The purpose for including this information in the ConCon is to provide a) historical information from the previous ConCon cycle; and/or b) prospective information about future ConCon cycle, if they are part of the same SFY.

Disbursement of FPHS funds to LHJs – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed, each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

Spending of FPHS funds – The FPHS funds are for assuring FPHS services are available, and as reflected in the SOW. Each agency is responsible for deciding how to spend their funds within the parameters established by the FPHS Steering Committee and the SOW contract. Assurance includes providing the FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff.

Deliverables – FPHS funds are to be used to increase the availability of FPHS services statewide. The FPHS accountability process measures how funds are sent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. Each part of the governmental public health system that receives FPHS funds must complete:

1. Routine reporting of spending and spending projections. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.

   Unspent or projected unspent funds may be reallocated by the Steering Committee to other FPHS activities in order to fully utilize funds within the state fiscal year timeframe to deliver services to Washington communities. Any FPHS funds unspent at the end of the state fiscal year (ending June 30) revert to the state treasury. Because LHJs receive funds up front, prospectively, any unspent funds and must be returned to DOH by end of July of each year for DOH to return to the Office of Financial Management.

2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at www.doh.wa.gov/fphs.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication

14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

There are two different BARS Revenue Codes for "state flexible funds" to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor's Office (SAO's) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance
Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services
Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the

funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: www.doh.wa.gov/lhjfunding

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

Link to RCW 43.70.512 – RCW 43.70.512: Public health system—Foundational public health services—Intent. (wa.gov)
Link to RCW 43.70.515 – RCW 43.70.515: Foundational public health services—Funding. (wa.gov)

Activity Special Instructions:

1. **FPHS funds to each LHJ**

   These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds may be used to provide any of the activities described in the most current version of FPHS definitions for foundational programs and foundational capabilities. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

   Even if FPHS services are provided by another agency through a contract, new service delivery model, or centralized service delivery model (such as the State Public Health Lab), all agencies that receive FPHS funds are responsible for reporting progress on the availability and implementation within their jurisdiction using the FPHS Annual Assessment.

   These funds are not intended for fee-based services such as selected environmental public health services, licensing of healthcare facilities, screening of newborn babies for congenital disorders, etc. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

   Use BARS expenditure codes from the list above that most closely align with expenditure made.

   Pandemic Response – These FPHS funds are to be used as directed and allocated by the FPHS Steering Committee to deliver FPHS services. As the global COVID-19 pandemic and the public health response to it continues to wane, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 6/30/23. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

2. **Assessment funds to each LHJ – (FPHS definition G.2)**

   These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction - Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. **Assessment funds to each LHJ – CHA/CHIP (FPHS definitions G.3)**

   These funds are allocated to each LHJ to assure FPHS are available in their own jurisdiction -
   Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

4. **CD – Hepatitis C (FPHS definitions C.4.o-p)**

   These funds are to select LHJs to assure FPHS are available in their own jurisdictions – Address Hepatitis C cases per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. Use BARS expenditure codes: 562.24.

   The priorities for the 2021-2023 biennium (July 2021 – June 2023):

- Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.
- Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population and incorporate Hepatitis B work.

5. **CD – Case investigation Capacity (FPHS definitions C.2, C. 4)**
   These funds are to select LHJs to assure FPHS are available in their own jurisdictions - Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

6. **CD – TB – Part 2 (FPHS definition C.4.q-v)**
   Funding allocated to LHJs with high Tuberculosis (TB) burden - Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Use BARS expenditure codes: 562.23.

7. **MCH – Child Death Review** (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)
   This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and operating costs for 9 LHJs. Use BARS expenditure codes: 562.60.

8. **Lifecourse – Infrastructure & Workforce Capacity** (FPHS definitions D, E, F)
   These funds are to each LHJ to assure FPHS are available in their own jurisdictions - Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 7**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2022
   Infectious Disease Prevention Services - Effective July 1, 2022
   Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022
   Office of Immunization Perinatal Hepatitis B - Effective July 1, 2022
   Office of Immunization Regional Representatives - Effective July 1, 2022

   ☒ Amends Statements of Work for the following programs:

   COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
   Foundational Public Health Services (FPHS) - Effective January 1, 2022
   Maternal & Child Health Block Grant - Effective January 1, 2022
   Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
   OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:

   ☐ Increase of _____ for a revised maximum consideration of _____.

   ☒ Decrease of **$1,076,053** for a revised maximum consideration of **$23,470,955**.

   ☐ 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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Shawn Frederick Shawn Frederick (Oct 12, 2022 17:03 PDT)	Signature: Brenda Henrikson Brenda Henrikson (Oct 13, 2022 07:20 PDT)
Date: Oct 12, 2022	Date: Oct 13, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-7
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **August 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	$684,964	$684,964	$684,964
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	
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	$95,449
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**	**$150,000**	**$263,175**
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	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	($44,632)	$5,691,480	$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	$5,736,112		
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

Snohomish Health District

EXHIBIT B-7
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **August 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	$100,000	$100,000	$100,000
FFY23 HIV Prev Grant -FPH	**NGA Not Received**	**Amd 7**	**93.940**	**333.93.94**	**01/01/23**	**06/30/23**	**01/01/23**	**12/31/23**	**$55,331**	**$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
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		

Snohomish Health District

EXHIBIT B-7
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **August 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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
TOTAL									**$23,470,955**	**$23,470,955**	

Total consideration:	**$24,547,008**	**GRAND TOTAL**	**$23,470,955**
	($1,076,053)		
GRAND TOTAL	**$23,470,955**	**Total Fed**	**$14,306,037**
*Catalog of Federal Domestic Assistance		**Total State**	**$9,164,918**

**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: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance from September 30, 2022 to June 30, 2023, add funding details for MASS VACCINATION CATZ 100%, add language to task 1, add a new task 2 for documentation, and add language to Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	09/30/22	0	0	0
*MASS VACCINATION CATZ 100%	934G0200	97.036	333.97.03	07/02/22	06/30/23	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	***NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.** **DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local**			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval. **Definition**: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.). Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. *Contracted partners need to be prepared to receive direction and updates at least monthly from COVID-19 Vaccine Information for Healthcare Providers | Washington State Department of Health on operational and regulatory guidance from CDC and DOH.*			
1A	The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH. Request for regional IMT should be submitted through the normal process through WebEOC. DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general	Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district. Provide any information as requested by the regional IMT.			
1B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds $5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.	Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	
1C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	*Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under $5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.*	• *Payroll Policies* • *Pull payroll documents from your system of record* • *Time sheets* • *Receipts/Invoices for any expenses that are not payroll related* • *Executed Contract Documents with Sub-Contractors* • *Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs*	*Monthly*	**Reimbursement of eligible costs.* *MASS VACCINATION CATZ 100% Funding (MI 934G0200)* *(See Program Specific Requirements below)*

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)
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
Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan
Language Access Planning Tool

Billing Requirements:
Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:
The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH *using CATZ funds for documentation from July 2, 2022 through June 30,2023.*

Eligible costs from the timeframe of January 1, 2022 through September 30, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed $5,000 per piece. Equipment over $5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22	06/30/23	0	535,318	535,318
FFY22 PHEP CRI BP4	31102490	93.069	333.93.06	07/01/22	06/30/23	0	146,153	146,153
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**681,471**	**681,471**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				Reimbursement for actual costs not to exceed total funding consideration amount.
1 **All LHJs**	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Mid- and end-of-year reports on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2 **All LHJs**	Across Domains and Capabilities 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 information by August 1, 2022, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.	August 1, 2022 Within 30 days of the change. December 31, 2022 June 30, 2023	
3 **All LHJs**	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2022 June 30, 2023	
4 **All LHJs**	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
5 **All LHJs**	Domain 1 Community Resilience Capability 1 Community Preparedness Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
6 **All LHJs**	Domain 1 Community Resilience Capability 1 Community Preparedness DOH/EPRR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ **may** use PHEP funding to participate in training and/or learning discussions in the following areas: • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Trauma-Informed Systems	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from EPRR required for training topics other than those listed above. Note: Prior approval from DOH/EPRR is required for any out-of-state travel.			
7 **All LHJs** **Note for RERCs**	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to: • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional Community Health Workers (CHWs). • Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (**For RERCs**, this may include some or all the groups identified in Activity 8)	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
8 **RERCs for their LHJ**	Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents. 8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ.	Mid- and end-of-year reports on templates provided by DOH. Plans available upon request.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location | Washington Tracking Network (WTN). 8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident. 8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident. 8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.			
9 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response. Notes: • "Mobilize a response" is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. • The target is to mobilize a response within 45 minutes. • DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 1)	June 30, 2023	
10 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response. Note: DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date. Notes: • Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). • DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 3)	June 30, 2023	
12 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar. Notes: • DOH will work with regions and LHJs to customize and schedule training(s). • 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. • For Seattle-King County and Tacoma-Pierce County, the LHJ is the region	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
13 **RERCs for their PHEP region**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in quarterly DOH Training & Exercise Call (unless cancelled). Call topics may include, but not limited to: • Training and exercise opportunities. • Delivery of training and exercises. • Training and exercise opportunities.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.			
14 LERCs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs. 14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide. 14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	14.2 Input to RERCs Mid-year report on template provided by DOH 14.3 Participation in IPPW.	14.2 As requested by RERCs December 31, 2022 14.3 As requested by DOH.	
15 RERCs with their PHEP region *except* Seattle-King and Tacoma-Pierce	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs. 15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH. 15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	Mid-year report on template provided by DOH. 15.2 Completed Integrated Preparedness Planning Workshop Guide. 15.3 Participation in IPPW.	December 31, 2022 15.3 As requested by DOH.	
16 Seattle-King and Tacoma-Pierce	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs. 16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.	Mid-year report on template provided by DOH. 16.2 Completed Integrated Preparedness Planning Workshop Guide. 16.3 Participation in IPPW.	December 31, 2022 16.3 As requested by DOH.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.			

17 RERCs for their LHJ	Domain 2 Incident Management
	Capability 3 Emergency Operations Coordination
	
	Participate in one or more exercises or real-world incidents testing each of the following:
	• The process for requesting and receiving resource support
	• The process for gaining, maintaining, and sharing situational awareness of, as applicable:
	  ○ The functionality of critical public health operations
	  ○ The functionality of critical healthcare facilities and the services they provide
	  ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)
	  ○ Number of disease cases
	  ○ Number of fatalities attributed to an incident
	  ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report
	  ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation
	
	Note: The communication drill (Activity 22) does not meet the requirement for participation in an exercise or real world event.
		Mid- and end-of-year reports on template provided by DOH.	December 31, 2022
			June 30, 2023	

18 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 18.1 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. 18.2 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.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
19 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Complete or participate in After Action Reports (AARs) after each incident or exercise. Notes: • An AAR may be completed part-way through an extended response, for example, COVID-19. • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.	Mid- and end-of-year reports on template provided by DOH. After-Action Report(s)/Improvement Plan(s)	December 31, 2022 June 30, 2023	
20 **All LHJs *except* Seattle-King**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR).	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response. • This AAR may be used to meet the requirement above as well (Activity 19).			
21 **Seattle-King**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 21.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions. 21.2 Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #19).	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	
22 **All LHJs**	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 22.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following	Mid- and end-of-year reports on templates provided by DOH. If you use a real-world event to meet 22.2, 22.3, and 22.4, submit hotwash or AAR with report.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	information on the public health communicator online collaborative workspace (for example, Basecamp). 22.2 Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023. 22.3 Conduct a hot wash evaluating LHJ participation in the drill (22.2). 22.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. Notes: • Participation in a real world event may meet the requirement for 22.2, 22.3, and 22.4. • If the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date **or** include a summary of communication activities **and** one sample of communication in mid-year or end-of year report.	If the real-world event is ongoing, submit hotwash or AAR, **or** brief summary of communication activities **and** one sample of communication with report.		
23 **All LHJs**	Domain 3 Information Management Capability 4 Emergency Public Information and Warning Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise. Notes: • The target is within the first six hours. • DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 7)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
24 **All LHJs**	Domain 3 Information Management Capability 6 Information Sharing 24.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 24.2 Participate in DOH-led notification drills. 24.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system. Notes: • Registered users must log in quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
25 **RERCs for their PHEP region**	Domain 3 Information Management Capability 6 Information Sharing 25.1 Participate in quarterly DOH-led WASECURES Users Group, 25.2 Provide technical assistance to LHJs in PHEP region as needed. (***Except*** **Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.)**	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
26 **All LHJs**	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EEIs) during incident response upon request from DOH. Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
27 **All LHJs** **RERCs additional activity** **Note for CRI LHJs**	Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region. **RERCs –** Gather input and provide technical assistance to LERCs in PHEP region, as needed. MCM plans include: • Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #28) Notes • DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28. • CRI LHJs – See also CRI activity #4.	Mid- and end-of-year reports on template provided by DOH. Updated MCM plan.	December 31, 2022 June 30, 2023 June 30, 2023	
28 **All LHJs**	Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).	LHJ performance measure data (PM 5)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
29 **RERCs for their LHJs**	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans.	Mid- and end-of-year reports on template provided by DOH. Plans available upon request.	December 31, 2022 June 30, 2023	
30 **RERCs** **for their LHJ**	Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	Mid- and end-of-year reports on templates provided by DOH. Plan available upon request.	December 31, 2022 June 30, 2023	

31
All LHJs
	Domain 5 Surge Management
	Capability 10 Medical Surge
	
	Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:
	• Northwest Healthcare Response Network (Network)
	• Regional Emergency and Disaster (REDi) Healthcare Coalition
	• Healthcare Alliance (Alliance)
	
	During each reporting period (see notes below), participate in **one or more** of the following activities:
	• Meetings - Communication
	  ○ Regional meeting, in person or virtually.
	  ○ Subgroup (catchment area, committee, district, etc. (meeting in person or virtually)
	  ○ Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities.
	  ○ Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.
		Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.	December 31, 2022
			June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount

	• Planning
	  ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans.
	• Drills and Exercises
	  ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts.
	• Response
	  ○ Information sharing process during incidents.
	  ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction.
	
	Notes:
	• Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023
	• LHJs in HCC or Alliance regions:
	  ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum.
	  ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom.
	  ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima.			

32 **All LHJs**	Domain 5 Surge Management Capability 10 Medical Surge Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency. Notes: • "Critical Healthcare Facilities" are hospitals, skilled nursing facilities, blood centers, and dialysis centers.	LHJ performance measure data (PM 8)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• DOH will provide additional guidance about submitting performance measure data.			
33 **RERCs for their LHJ**	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH. Agreements available upon request.	December 31, 2022 June 30, 2023	
34 **RERCs** **for their LHJ**	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation	Mid- and end-of-year reports on templates provided by DOH. Lists available upon request.	December 31, 2022 June 30, 2023	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps. Note: PHEP Region 4: Clark, Cowlitz, Skamania and Wahkiakum LHJs.	Mid- and end-of-year reports on templates provided by DOH. Sign in sheets and agendas for trainings conducted by Clark County available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ Request Kitsap 3	3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites. 3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.	Mid- and end-of-year reports on templates provided by DOH. Website screenshots available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 1	Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 2	As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 3	Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.	Mid- and end-of-year reports on templates provided by DOH. Agreements and subcontracts available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 2	Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 3	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 4	Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Thurston 1	Domain 5 Surge Management Capability 15 Volunteer Management 1.1 Maintain a Medical Reserve Corps (MRC) unit. 1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	local jurisdiction to support health and medical response operations. 1.3 Identify target mission sets for development within the MRC unit.			
CDC Cities Readiness Initiative (CRI) **FFY22 PHEP CRI BP4 - Clark, Snohomish, Seattle-King, and Tacoma-Pierce**				
CRI 1	Participate in webinars with CDC and DOH regarding the ORR (operational readiness review) requirements.	Mid- and end-of-year reports on templates provided by DOH, include summary of webinar participation	December 30, 2022, June 30, 2023	
CRI 2	Gain access to CDC's PORTS (PHEP ORR Reporting and Tracking System). Participate in PORTS trainings offered by CDC.	Mid- and end-of-year reports on templates provided by DOH.	December 30, 2022, June 30, 2023	
CRI 3	3.1 Submit the Integrated Action Plan into PORTS. This includes attending seminars and trainings, and reading guidance issued by CDC. 3.2 Participate in quarterly conference calls with DOH.	Integrated action plan submitted in PORTS.	June 30, 2023	
CRI 4	Update and maintain MCM plan. Note: See also activities #27 and 28 above. CRI LHs may use PHEP and/or CRI funds to update and maintain their MCM plans.	Updated MCM plan.	June 30, 2023	

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

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

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

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

Program Specific Requirements

Special Requirements:
Any subcontract/s must be approved by DOH prior to executing the contract/s.

Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:
Please reference the Code of Federal Regulations:
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>		☐ Reimbursement
☒ State	☐ FFATA (Transparency Act)	☒ Periodic Distribution
☐ Other	☐ Research & Development	

Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS. For SFY22, the Steering Committee is using an iterative approach to decision making. Determining investments for SFY22 (July 1, 2021 – June 30, 2022). This means that additional tasks and/or funds may be added to an LHJ's FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total SFY22 funding allocation is for the period of July 1, 2021 through June 30, 2022. The funding allocations will be divided into two six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022. The July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only.

FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year. (RCW 43.88.140)

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management.

Revision Purpose: Changing Period of Performance end date to June 30, 2022 to reflect this work and funding associated to SFY22. Also removing the funds associated with FPHS-LHJ-PROVISO (YR2) as it's now reflected in the Statement of Work effective July 1, 2022.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Decrease (–)	Total Allocation
FPHS-LHJ-PROVISO (YR1) Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)	99202111	N/A	336.04.25	01/01/22	06/30/22	3,150,000	0	3,150,000
FPHS-LHJ-PROVISO (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	3,150,000	-3,150,000	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**6,300,000**	**-3,150,000**	**3,150,000**

BARS Expenditure. Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in: Your jurisdiction	Funds to provide FPHS in: Other jurisdictions	SFY22	~~SFY23~~	~~21-23 BIENNIUM~~
10-17, 20, 21, 23-29 40-53, 93	All – CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		1,279,000	~~1,279,000~~	~~2,558,000~~
10	Assessment	CHA/CHIP	X		30,000	~~30,000~~	~~60,000~~
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		497,000	~~497,000~~	~~994,000~~
24	CD	Hepatitis C	X		164,000	~~164,000~~	~~328,000~~
40-53, 93	EPH	Environmental Public Health (EPH)	X		1,180,000	~~1,180,000~~	~~2,360,000~~
				TOTAL	**$3,150,000**	~~$3,150,000~~	~~$6,300,000~~

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Resuts are published in the annual FPHS Investment Report. FPHS indicator metrics available here.	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. FPHS annual reporting (template provided by the FPHS Steering Committee via DOH).	TBD For SFY22 (07/01/21 – 06/30/22) due by 08/15/22 ~~For SFY23 (07/01/22 – 06/30/23) due by 08/15/23~~	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Reinforcing Capacity –** These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction –** In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups**,** provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPHS definitions. Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53.			
2	**Assessment – CHA/CHIP** (FPHS definitions G.3) **–** These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction –** In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPHS definitions. • Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. • Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services. Coordinate with the Spokane Regional Health District to participate in County Health Insights. Suggested BARS expenditure codes: 562.11.			
3	**Communicable Disease (CD)** (FPHS definitions C.1, 2, 3, 4, 6) **–** These funds are to **each** LHJ to deliver FPHS in **their own jurisdiction –** In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups**,** provide FPHS CD services as defined in the most current version of the FPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPHS funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed and/or contract with other LHJs for staff time or services for delivering FPHS CD. As the pandemic response wains, staff funded with FPHS funds are to shift focus to providing some or all or the FPHS CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases. **1.** Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. **2.** Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. **3.** Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. **4.** Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.			
4	**Communicable Disease – Hepatitis C** (FPHS definitions C.4.o-p) **–** These funds are to **select** LHJs to deliver FPHS in **their own jurisdiction. –** In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The priorities for the 2021-2023 biennium (July 2021 – June 2023): • Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. • Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color, or other historically marginalized population, and incorporate Hepatitis B work. Suggested BARS expenditure codes: 562.24.			
5	**Environmental Public Health (EPH)** (FPHS definitions B.3 & 4) – <u>These funds are to **each** LHJ to deliver services in **their own jurisdiction**</u>. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups**,** these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for: • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue): • Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) – Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permittable systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: o Work with partners to educate and inform public on OSS monitoring and maintenance o Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. o Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. o Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources. o Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount

- Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law.

- Schools Safety (FPHS definition B.3.g) – Assure safe and effective learning environments for children attending K-12 schools – public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include:
  - Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities.
  - Participate with statewide public health groups to standardize school program implementation.
  - Focus on schools that have not previously been inspected to assess current conditions
  - Focus on existing elementary schools for first phase of inspections program
    - Indoor Air Quality
    - Classroom
    - Healthy cleaning and indoor environments
    - Playground
    - Drinking water (lead)

Suggested BARS expenditure codes: 562.xx – 40-53.

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

Program Specific Requirements

Program Manual, Handbook, Policy References:
All FPHS Resources – www.doh.wa.gov/fphs or FPHS | Powered by Box

Special References (i.e., RCWs, WACs, etc.):
Link to RCW 43.70.512 – RCW 43.70.512: Public health system—Foundational public health services—Intent. (wa.gov)
Link to RCW 43.70.515 – RCW 43.70.515: Foundational public health services—Funding. (wa.gov)

Definitions:
FPHS Definitions – https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfxzohk

Special Instructions:
There are two different BARS Revenue Codes for "state flexible funds" to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor's Office (SAO's) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance
Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services
Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: www.doh.wa.gov/lhjfunding

DOH Program Contact
Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health
Mobile Phone 360-951-7566 / marie.flake@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease Prevention Services - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☒ State ☒ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
STATE DISEASE CONTROL AND PREV - FPH	12411100	N/A	334.04.91	07/01/22	12/31/22	0	151,496	151,496
FFY22 HIV PREV GRANT - FPH	12411220	93.940	333.93.94	07/01/22	12/31/22	0	55,331	55,331
FFY23 HIV PREV GRANT - FPH	12411TBD	93.940	333.93.94	01/01/23	06/30/23	0	55,331	55,331
FFY22 STD PREV PCHD - FPH	12411225	93.977	333.93.97	07/01/22	12/31/22	0	35,250	35,250
FFY23 STD PREV PCHD - FPH	12411TBD	93.977	333.93.97	01/01/23	06/30/23	0	35,250	35,250
FFY22 STD PREV SUPPLEMENTAL [PCHD]	12408320	93.977	333.93.97	07/01/22	12/31/22	0	173,111	173,111
FFY23 STD PREV SUPPLEMENTAL [PCHD]	12408TBD	93.977	333.93.97	01/01/23	06/30/23	0	173,112	173,112
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**678,881**	**678,881**

Task #	Activity	Deliverables/ Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
HIV/STD Prevention				
HIV/STI Prevention, Treatment, and Surveillance	Deliver partner services to people diagnosed with HIV/STI per CDC and state guidelines. 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.	Submit Quarterly Contractor Report to Office of Infections Disease (OID) Contract manager using standard template.	Quarterly Reports are due 30 days after the quarter has closed: October 31, 2022 January 31, 2023	**Total reimbursement not to exceed $647,449. See split out below by code** **$120,064 - MI 12411100 – State Disease Control & Prev - FPH**

Task #	Activity	Deliverables/ Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	Refer at-risk people identified through HIV/STI testing and/or partner services for medical and supportive services to prevent HIV acquisition. Ensure timely referral and testing for people identified as exposed to HIV. 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. The contractor will document all outputs for this reporting period in Quarterly Contractor Report.		April 30, 2023 July 31, 2023	$120,064 for 7/1/22-6/30/23 **$55,331 – MI 12411220 FFY22 HIV Prevention Grant - FPH** $55,331 for 7/1/22-12/30/22 **$55,331 – MI 12411TBD FFY23 HIV Prevention Grant - FPH** $55,331 for 1/1/23-6/30/23 **$35,250 – MI 12411225-FFY22 STD Prevention PCHD** $35,250 for 7/1/22-12/30/22 **$35,250 – MI 12411TBD-FFY23 STD Prevention PCHD** $35,250 for 1/1/23-6/30/23 **$173,111 –MI 12408320-FFY22 STD Prevention Supplemental [PCHD]** $173,111 for 7/1/22-12/30/22 **$173,112 –MI 12408TBD-FFY23 STD Prevention Supplemental [PCHD]** $173,112 for 1/1/23-6/30/23

Task #	Activity	Deliverables/ Outcomes	Due Date/ Time Frame	Payment Information and/or Amount

Prevention Activities for People Living with HIV	Provide services to clients who are diagnosed with and/or living with HIV:
	• Deliver partner services to people who are newly diagnosed with HIV
	• Deliver partner services to people previously diagnosed with HIV who are:
	  ○ Diagnosed with a bacterial STI
	  ○ Returning to or sub-optimally linked to medical care and have a detectable viral load
	• Ensure timely, correct reporting of cases of people diagnosed with HIV.
	• Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression and quality of life.
	
	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.
	
	The contractor will document all outputs for this reporting period in Quarterly Contractor Report
		Submit Quarterly Contractor Report to OID Contract manager using standard template.	Quarterly Reports are due 30 days after the quarter has closed:
			
			October 31, 2022
			January 31, 2023
			April 30, 2023
			July 31, 2023
				Total reimbursement not to exceed:
				
				$31,432– MI 12411100- State Disease Control and Prev-FPH
				
				$31,432 for 7/1/22-6/30/23

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 subrecipient funding.)
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.

Fiscal Guidance

i) **Funding –**The LHJ shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2022. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

ii) The LHJ 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 Awards.

iii) **Submission of Invoice Vouchers –** On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All invoice vouchers must be submitted by the 25th of the following month.**

The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting invoice voucher payment requests to DOH.

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 Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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 District 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: N/A

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

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 $150,000 through August 31, 2023. (See Special Billing Requirements below.)
2.	Strategy 5: Maintain involvement and leadership roles in ESF #8 – Public Health & Medical Services and ESF #15 – External Affairs within the Snohomish County Opioid Response Multi-Agency Coordination (MAC) Group. The LHJ will continue to	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes. What information has been		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. 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. Extend annual contracts for the maintenance, development, and hosting of the county's opioid data dashboard.	shared with partners? Demonstrate how work aligns with the OD2A logic model. 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. 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.	June-August final report for this funding period due September 29, 2023.	
3.	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. 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.	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.		
4.	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.	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.		
5.	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. Support these organizations in developing prevention and outreach strategies focused on harm reduction,	Progress report: Share the process and progress towards developing and maintaining partnerships. Share training materials and support given to partners. Demonstrate how work aligns with OD2A logic model.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	decreasing opioid misuse, and overdose fatalities. Outreach with these partners will include the provision of educational giveaways in various community settings.			
6.	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) 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. Continued participation in the Department of Health's Pregnant & Parenting Women Workgroup and Homeward House's CORE Collaborative that focuses on providing services for parents and children with active dependency cases.	Progress report: Describe procedures, policies, and methods to increase focus on these populations. Share any recommendations or insights from partnerships, PPW Workgroup and any advancements from CORE collaborative. Demonstrate how work aligns with OD2A logic model.		
7.	Participate in quarterly calls with DOH and grant partners. Share lessons learned and successes. More frequent one on one calls with DOH when needed.	Collaboration with other grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

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

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: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through September 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2022 to September 30, 2023 for continuation of MCHBG related activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	0	0	0
FFY21 MCHBG SPECIAL PROJECTS	7811021A	93.994	333.93.99	01/01/22	09/30/22	352,122	0	352,122
FFY23 MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	0	444,879	444,879
						0	0	0
						0	0	0
						0	0	0
TOTALS						**352,122**	**444,879**	**797,001**

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
1c	*Participate in DOH sponsored MCHBG fall regional meeting.*	*Designated LHJ staff will attend regional meeting.*	*September 30, 2023*	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1d	*Report actual expenditures for October 1, 2021 through September 30, 2022.*	*Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.*	*December 2, 2022*	See Program Specific Requirements and Special Billing Requirements.
1e	*Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.*	*Submit MCHBG Budget Workbook to DOH contract manager.*	*September 9, 2022*	
1f	*Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.*	*Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.*	*May 19, 2023*	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
2c	*Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.*	*Submit monthly Action Plan reports to DOH Contract manager.*	*July-Sept 2022 quarterly report due October 15, 2022* *November 15, 2022* *December 15, 2022* *January 15, 2023* *February 15, 2023* *March 15, 2023* *April 15, 2023* *May 15, 2023* *June 15, 2023* *July 15, 2023* *August 15, 2023* *September 15, 2023*	
2d	*Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.*	*Submit MCHBG Action Plan to DOH contract manager.*	*Draft- August 18, 2023* *Final- September 8, 2023*	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	
3d	*Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.*	*Submit data to DOH per CYSHCN Program guidance.*	*October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023*	
3e	*Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.*	*Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.*	*30 days after forms are completed.*	
3f	*Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).*	*Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.*	*September 30, 2023*	

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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.

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Program Specific Requirements

*All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in preapproved Budget Workbook. Submit a paragraph to your Community Consultant explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.*

Program Manual, Handbook, Policy References:
Children and Youth with Special Health Care Needs Manual -
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds

Health Services Authorization (HSA) Form
http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted quarterly by the 30th of each month following the quarter in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

Special Instructions: Contact DOH contract manager ~~*below*~~ for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

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 Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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 add a new task and funding to conduct site visits at providers enrolled to provide COVID-19 vaccine.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
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	2,069,953	22,748	2,092,701
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**4,935,556**	**22,748**	**4,958,304**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. **Example 1:** 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
	Example 2: 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			
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.	Mid-term 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	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022, and ~~*June 30, 2022*~~, *December 31, 2022* 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.	a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)	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 local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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)

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

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

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

Program Specific Requirements

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization - Perinatal Hepatitis B - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: July 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 PPHF Ops	74310226	93.268	333.93.26	07/01/22	06/30/23	0	21,500	21,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**21,500**	**21,500**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: • Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.	Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	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
	2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. 3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.			

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 subrecipient funding.)
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 Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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: The purpose of this revision is to change the Statement of Work

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY23 VFC Ops	74310222	93.268	333.93.26	07/01/22	06/30/23	45,150	0	45,150
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**45,150**	**0**	**45,150**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners *(can use pre and post qualitative or quantitative collection methods).* ~~*The proposal must meet guidelines outlined in the Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates announcement.*~~ *Examples of qualitative & quantitative methods/measures:* ▪ *Surveys, Questionnaires, Interviews* ▪ *Immunization coverage rates expressed in percentages* ▪ *Observations (i.e., feedback from surveys/interviews, social media posts comments)*	~~*Written proposal and a report that shows starting immunization rates for the target population*~~ *Written proposal summarizing project plan and method of assessing/observing change in target population.* *(Template will be provided)*	August 1, 2022	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
	▪ *Analytic tools (i.e., google analytics measuring website traffic, page views etc.)*			
2	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)	November 30, 2022 March 31, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	~~*Perform data collection necessary to enable a comparison of immunization rates from the start of the project.*~~ *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:* ▪ *Increased partner knowledge on immunization guidelines* ▪ *Change in attitudes about childhood vaccines* ▪ *Increase in school district immunization coverage rates*	~~*Final written report, including a report showing ending immunization rates for the target population (template will be provided)*~~ *Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].* *(Template will be provided)*	June 15, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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)

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 Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Regional Representatives - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2022 - June 30, 2023

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 VFC IQIP	74310224	93.268	333.93.26	07/01/22	06/30/23	0	74,468	74,468
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**74,468**	**74,468**

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	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted) New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement - DOH 348-576	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
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. 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.	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. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable ~~s~~ documentation into PEAR	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. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Complete the Compliance Site Visit project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. 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.	a) Submit completed Compliance Site Visit Project Schedule to DOH 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. c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR. d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	a) By July 31, 2022 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. c) Within five (5) business days of the site visit. d) Within five (5) business days of receiving the document(s) follow-up action was completed.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	**IQIP** (Immunization Quality Improvement for Providers) a) Complete Project Management Scheduling Tool b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site. c) 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.	a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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 subrecipient funding.)
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 Immunization.
- Regional representatives must have access to a digital data logger with current certificate of calibration and qualified packouts or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan)

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 8**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-8 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-7 Allocations as follows:

   ☐ Increase of _____ for a revised maximum consideration of _____.

   ☐ Decrease of _____ for a revised maximum consideration of _____.

   ☒ No change in the maximum consideration of **$23,470,955**.
   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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Shawn Frederick Shawn Frederick (Nov 9, 2022 09:10 PST)	Signature: Brenda Henrikson Brenda Henrikson (Nov 9, 2022 09:47 PST)
Date: Nov 9, 2022	Date: Nov 9, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **September 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	$684,964	$684,964	$684,964
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	
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	$95,449
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	$150,000	$263,175
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	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	($44,632)	$5,691,480	$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	$5,736,112		
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

Snohomish Health District

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **September 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
Refugee Health COVID Hlth Disparities	NH75OT000042	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	$100,000	$100,000	$100,000
FFY23 HIV Prev Grant -FPH	NGA Not Received	Amd 7	93.940	333.93.94	01/01/23	06/30/23	01/01/23	12/31/23	$55,331	$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
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		

Snohomish Health District

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **September 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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
TOTAL									**$23,470,955**	**$23,470,955**	

Total consideration:	**$23,470,955**	**GRAND TOTAL**	**$23,470,955**
	$0		
GRAND TOTAL	**$23,470,955**	**Total Fed**	**$14,306,037**
*Catalog of Federal Domestic Assistance		**Total State**	**$9,164,918**

**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: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the funding period for Mass Vaccination FEMA 100% from 09/30/22 to 10/31/22.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	10/31/22	0	0	0
*MASS VACCINATION CATZ 100%	934G0200	97.036	333.97.03	07/02/22	06/30/23	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**0**	**0**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	***NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.** **DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.**			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements below)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.). Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. Contracted partners need to be prepared to receive direction and updates at least monthly from COVID-19 Vaccine Information for Healthcare Providers | Washington State Department of Health on operational and regulatory guidance from CDC and DOH.			
1A	The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH. Request for regional IMT should be submitted through the normal process through WebEOC. DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all	Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	decisional authority around vaccination planning and execution within their jurisdiction/district. Provide any information as requested by the regional IMT.			
1B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds $5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.	Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	
1C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under $5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.	• Payroll Policies • Pull payroll documents from your system of record • Time sheets • Receipts/Invoices for any expenses that are not payroll related • Executed Contract Documents with Sub-Contractors • Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs	Monthly	*Reimbursement of eligible costs. MASS VACCINATION CATZ 100% Funding (MI 934G0200) (See Program Specific Requirements below)

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)
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
Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan
Language Access Planning Tool

Billing Requirements:
Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:
The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH using CATZ funds for documentation from July 2, 2022 through June 30, 2023.

Eligible costs from the timeframe of January 1, 2022 through ~~*September 30, 2022*~~ *October 31, 2022* include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed $5,000 per piece. Equipment over $5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 9**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SNOHOMISH HEALTH DISTRICT, 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:

   Healthcare-Associated Infections & Antimicrobial Resistance - Effective September 1, 2022

   ☒ Amends Statements of Work for the following programs:

   COVID-19 Refugee and Immigrant Community Health Worker Support - Effective January 1, 2022
   DCHS-ELC COVID-19 Response - Effective January 1, 2022
   Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022
   Office of Immunization Regional Representatives - Effective July 1, 2022
   TB Program - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:

   ☒ Increase of **$243,660** for a revised maximum consideration of **$23,714,615**.

   ☐ 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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Pamela Aguilar	Signature: Brenda Henrikson Brenda Henrikson (Dec 20, 2022 15:47 PST)
Date: Dec 20, 2022	Date: Dec 20, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-9
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **October 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	$684,964	$684,964	$684,964
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	
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	$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**
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	$150,000	$263,175
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**
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**

Snohomish Health District

EXHIBIT B-9
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **October 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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

Snohomish Health District

EXHIBIT B-9
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **October 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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
TOTAL									**$23,714,615**	**$23,714,615**	

Total consideration:	**$23,470,955**	**GRAND TOTAL**	**$23,714,615**
	$243,660		
GRAND TOTAL	**$23,714,615**	**Total Fed**	**$14,549,697**
*Catalog of Federal Domestic Assistance		**Total State**	**$9,164,918**

**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: COVID-19 Refugee and Immigrant Community Health Worker Support - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through May 31, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide overview of the duties performed by Snohomish County in coordinance with the CDC COVID-19 Health Disparities Grant which was awarded to DOH and included approval to hire a culturally and linguistically appropriate Community Health Workers (CHW) who will serve the refugee and immigrant population to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

Revision Purpose: Extend the period of performance and funding period from May 31, 2023 to May 31, 2024, increase funding allocation, and add Year 3 task activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
REFUGEE HEALTH COVID HTLH DISPARITIES	18508220	93.391	333.93.39	01/01/22	05/31/24	100,000	100,000	200,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**100,000**	**100,000**	**200,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	• Create project plan and evaluation tools. • Create Community Health Worker (CHW) job description. • Supervisor meets with intra-agency leaders to strategize collaborative programming to prevent duplication.	• Submit project proposal. • Snohomish Health District (SHD) Health Committee approval. • Board of Health approval. • Complete interagency agreements. • Post Community Health Worker position.	Year 1: Quarter 3 January 1 – March 31, 2022	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	• Hire culturally and linguistically appropriate Community Health Worker (CHW). • CHW orientation on current COVID-19 protocols and education.	• Candidate accepts CHW position. • Orientation is completed within three weeks of hire.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• CHW orientation on Refugee Health Screening program. • CHW reviews current Former Soviet Union (FSU) COVID-19 local and state vaccine equity and engagement resources. • CHW meets with FSU community leaders. • CHW collaborates with DOH and DSHS Office of Refugee and Immigrant Assistance (ORIA). • CHW creates health education plan for FSU community. • Project identifies culture and language interpreter for FSU families for which the CHW may not have fluency.	• CHW meets with at least 5 local FSU leaders.		
3	• Community Health Worker (CHW) implements a health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants.	• FSU refugees/immigrants begin to receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 1: Quarter 4 April 1 – June 30, 2022	
4	• Community Health Worker (CHW) implements a health education plan for FSU community. • CHW collaborates with Public Health Nurse (PHN) to identify Former Soviet Union (FSU) refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • CHW, PHN, and Supervisor evaluate project effectiveness and efficiencies. • CHW, PHN, and Supervisor determine ongoing activities based on evaluation.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 2: Quarter 1 July 1 – September 31, 2022	
5	• Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings).	Year 2: Quarter 2 October 1 – December 31, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		• CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.		
6	• Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • Implement health education activities based on Year 2, Quarter 1 (activity 4) evaluation. • Create a transition plan for project.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 2: Quarter 3 January 1 – March 31, 2023	
7	• Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. • CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. • CHW provides tailored vaccine education and support to FSU refugees/immigrants. • Implement health education activities based on Year 2: Quarter 3 (activity 6) evaluation.	• FSU refugees/immigrants receive COVID-19 Vaccine education. • CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 2: Quarter 4 April 1 – June 30, 2023	
8	• *Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community.* • *CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support.* • *CHW provides tailored vaccine education and support to FSU refugees/immigrants.* • *CHW, PHN, and Supervisor evaluate project effectiveness and efficiencies.* • *CHW, PHN, and Supervisor determine ongoing activities based on evaluation.*	• *FSU refugees/immigrants receive COVID-19 Vaccine education.* • *CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.*	*Year 3: Quarter 1* *July 1, 2023 – September 31, 2023*	
9	• *Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community.* • *CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support.*	• *FSU refugees/immigrants receive COVID-19 Vaccine education.* • *CHW meets with at least 5 local FSU leaders to enhance*	*Year 3: Quarter 2* *October 1, 2023 – December 31, 2023*	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• *Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation.* • *CHW provides tailored vaccine education and support to FSU refugees/immigrants.*	*collaboration and cultural understanding.*		
10	• *Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community.* • *CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support.* • *Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation.* • *CHW provides tailored vaccine education and support to FSU refugees/immigrants.* • *Create a transition plan for project.*	• *FSU refugees/immigrants receive COVID-19 Vaccine education.* • *CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.* • *Begin discussion with community partners about grant completion.*	*Year 3: Quarter 3* *January 1, 2024 – March 31, 2024*	
11	• *Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community.* • *CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support.* • *CHW provides tailored vaccine education and support to FSU refugees/immigrants.* • *Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation.* • *Implement transition plan for the project based on Task 10.* • *Evaluate outcomes and goals of project.*	• *FSU refugees/immigrants receive COVID-19 Vaccine education.* • *CHW meets with at least 5 local FSU leaders to prepare for project transition*	*Year 3: Quarter 4* *April 1, 2024 – May 31, 2024*	

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.

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 Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through July 31, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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 Period of Performance and ELC EDE LHJ Funding End Date from 12/31/22 to 07/31/23; Add 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 Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
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	12/31/22	684,964	0	684,964
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**6,376,444**	**0**	**6,376,444**

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: • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management				

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Data reporting 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.			
DCHS COVID-19 Response				
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	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. 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. i. Contact tracing 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 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. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	$5,691,480 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023 *$684,964 CSFRF CTS LHJ ALLOCATION Funding (MI 934C0200) Funding end date 12/31/2022*

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. ii. Case investigation 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. a) Strive to enter all case investigation and outbreak data into *CREST* as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct targeted case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide	Enter all case investigation data in WDRS following guidance from-DOH. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. 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. 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. 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. 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. e. Support Infection Prevention and control for high-risk populations 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. 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. 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	on testing locations and volume as requested. Ensure all COVID positive test results are entered into WDRS within 2 days of receipt 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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. 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). 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. 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. 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. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with **WAC 246-100-045** (Conditions and principles for isolation or quarantine). i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if	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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	needed. This can be through contract/formal 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. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.	Report census numbers to include historic total by month and monthly total for current quarter to date		

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

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: Executive Office of Resiliency and Health Security- PHEP - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

Revision Purpose: The purpose of this revision is to update the name of our Office, add, revise, and delete activities and deliverables.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22	06/30/23	535,318	0	535,318
FFY22 PHEP CRI BP4	31102490	93.069	333.93.06	07/01/22	06/30/23	146,153	0	146,153
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**681,471**	**0**	**681,471**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				Reimbursement for actual costs not to exceed total funding consideration amount.
1 **All LHJs**	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Mid- and end-of-year reports on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2 **All LHJs**	Across Domains and Capabilities 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 information by August 1, 2022, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.	August 1, 2022 Within 30 days of the change. December 31, 2022 June 30, 2023	
3 **All LHJs**	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2022 June 30, 2023	
4 **All LHJs**	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
5 **All LHJs**	Domain 1 Community Resilience Capability 1 Community Preparedness Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
6 **All LHJs**	Domain 1 Community Resilience Capability 1 Community Preparedness DOH/~~*EPRR*~~ *Executive Office of Resiliency and Health Security (ORHS)* anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ **may** use PHEP funding to participate in training and/or learning discussions in the following areas: • Adaptive Leadership • Change Management • Trauma-Informed Change Management	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Trauma-Informed Systems • Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from ~~*EPRR*~~ *ORHS* required for training topics other than those listed above. Note: Prior approval from DOH/~~*EPRR*~~ *ORHS* is required for any out-of-state travel.			
7 **All LHJs** **Note for RERCs**	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to: • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional Community Health Workers (CHWs). • Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (**For RERCs**, this may include some or all the groups identified in Activity 8)	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
8 **RERCs for their LHJ**	Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.	Mid- and end-of-year reports on templates provided by DOH. Plans available upon request.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ. • Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location | Washington Tracking Network (WTN). 8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident. 8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident. 8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.			
9 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response. Notes: • "Mobilize a response" is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. • The target is to mobilize a response within 45 minutes. • DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 1)	June 30, 2023	
10 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response.	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: DOH will provide additional guidance about submitting performance measure data.			
11 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date. Notes: • Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). • DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 3)	June 30, 2023	
12 **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise ~~*Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region, DOH, DOH contracted partner, or DOH approved trainer in person or via webinar.*~~ *Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.* Notes: • *Prior approval from DOH is required for any out-of-state travel.* • ~~*DOH will work with regions and LHJs to customize and schedule training(s).*~~ • 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. • ~~*For Seattle-King County and Tacoma-Pierce County, the LHJ is the region*~~	Mid- and end-of-year reports on templates provided by DOH, *including title, date(s), sponsor of the training or conference, and brief summary of what you learned.*	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• *Participation in the optional trainings listed in #6 and the communication drill (#22)* ***does not*** *meet the requirement for this activity.*			
13 ~~***RERCs for their PHEP region***~~ ***All LHJs***	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in quarterly DOH Training & Exercise Call (unless cancelled). Call topics may include, but not limited to: • Training and exercise opportunities. • Delivery of training and exercises. • Training and exercise opportunities. ~~*Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.*~~	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
14 ~~***LERCs***~~ ***All LHJs***	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs. ~~*14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.*~~ *14.2 Complete Integrated Preparedness Planning Workshop (IPPW) Worksheets.* 14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	~~*14.2 Input to RERCs*~~ *14.2 IPPW Worksheets* Mid-year report on template provided by DOH 14.3 Participation in IPPW. *End-of-year report on template provided by DOH.*	~~*14.2 As requested by RERCs.*~~ *14.2 December 31, 2022* December 31, 2022 14.3 As requested by DOH. *June 30, 2023*	
~~***15***~~ ~~***RERCs with their PHEP region***~~	~~*Domain 2 Incident Management*~~ ~~*Capability 3 Emergency Operations Coordination - Training & Exercise*~~ ~~*15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health*~~	~~*Mid-year report on template provided by DOH.*~~ ~~*15.2 Completed Integrated Preparedness Planning Workshop Guide.*~~	~~*December 31, 2022*~~ ~~*15.3 As requested by DOH.*~~	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
~~**except Seattle-King and Tacoma-Pierce**~~	~~preparedness and response capabilities and identify gaps, priorities, and training needs.~~ ~~15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.~~ ~~15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.~~	~~15.3 Participation in IPPW.~~		
~~**16 Seattle-King and Tacoma-Pierce**~~	~~Domain 2 Incident Management~~ ~~Capability 3 Emergency Operations Coordination – Training & Exercise~~ ~~16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs.~~ ~~16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.~~ ~~16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.~~	~~Mid-year report on template provided by DOH.~~ ~~16.2 Completed Integrated Preparedness Planning Workshop Guide.~~ ~~16.3 Participation in IPPW.~~	~~December 31, 2022~~ ~~16.3 As requested by DOH.~~	

~~**17**~~
15
RERCs for their LHJ
	Domain 2 Incident Management
	Capability 3 Emergency Operations Coordination
	
	Participate in one or more exercises or real-world incidents testing each of the following:
	• The process for requesting and receiving resource support
	• The process for gaining, maintaining, and sharing situational awareness of, as applicable:
	  ○ The functionality of critical public health operations
	  ○ The functionality of critical healthcare facilities and the services they provide
	  ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)
	  ○ Number of disease cases
	  ○ Number of fatalities attributed to an incident
	  ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report
		Mid- and end-of-year reports on template provided by DOH.	December 31, 2022
			June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation Note: The communication drill (Activity ~~*22*~~ *20*) does not meet the requirement for participation in an exercise or real world event.			
~~*18*~~ *16* **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination ~~*18.1*~~ *16.1* 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. ~~*18.2*~~ *16.2* 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.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
~~*19*~~ *17* **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Complete or participate in After Action Reports (AARs) after each incident or exercise. Notes: • An AAR may be completed part-way through an extended response, for example, COVID-19. • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.	Mid- and end-of-year reports on template provided by DOH. After-Action Report(s)/Improvement Plan(s)	December 31, 2022 June 30, 2023	
~~*20*~~ *18* **All LHJs**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
except **Seattle-King**	Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response. • This AAR may be used to meet the requirement above as well (Activity ~~*19*~~ *17*).			
~~*21*~~ *19* **Seattle-King**	Domain 2 Incident Management Capability 3 Emergency Operations Coordination ~~*21.1*~~ *19.1* Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions. ~~*21.2*~~ *19.2* Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #~~*19*~~ *18*).			
~~*22*~~ ***20*** **All LHJs**	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication ~~*22.1*~~ *20.1* Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp). ~~*22.2*~~ *20.2* Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023. ~~*22.3*~~ *20.3* Conduct a hot wash evaluating LHJ participation in the drill (~~*22.2*~~ *20.2*). ~~*22.4*~~ *20.4* Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. Notes: • Participation in a real world event may meet the requirement for ~~*22.2*~~ *20.2*, ~~*22.3*~~ *20.3*, and ~~*22.4*~~ *20.4*.	Mid- and end-of-year reports on templates provided by DOH. If you use a real-world event to meet ~~*22.2*~~ *20.2*, ~~*22.3*~~ *20.3*, and ~~*22.4*~~ *20.4*, submit hotwash or AAR with report. If the real-world event is ongoing, submit hotwash or AAR, **or** brief summary of communication activities **and** one sample of communication with report.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• If the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date **or** include a summary of communication activities **and** one sample of communication in mid-year or end-of year report.			
~~*23*~~ *21* **All LHJs**	Domain 3 Information Management Capability 4 Emergency Public Information and Warning Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise. Notes: • The target is within the first six hours. • DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 7)	June 30, 2023	
~~*24*~~ *22* **All LHJs**	Domain 3 Information Management Capability 6 Information Sharing ~~*24.1*~~ *22.1* Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. ~~*24.2*~~ *22.2* Participate in DOH-led notification drills. ~~*24.3*~~ *22.3* Conduct at least one LHJ drill using LHJ-preferred staff notification system. Notes: • Registered users must log in quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
~~*25*~~ *23* **RERCs for their PHEP region**	Domain 3 Information Management Capability 6 Information Sharing ~~*25.1*~~ *23.1* Participate in quarterly DOH-led WASECURES Users Group,	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	~~25.2~~ *23.2* Provide technical assistance to LHJs in PHEP region as needed. (***Except* Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.)**			
~~26~~ *24* **All LHJs**	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EEIs) during incident response upon request from DOH. Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
~~27~~ *25* **All LHJs** **RERCs additional activity** **Note for CRI LHJs**	Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region. **RERCs –** Gather input and provide technical assistance to LERCs in PHEP region, as needed. MCM plans include: • Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #~~28~~ 26). Notes • DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize	Mid- and end-of-year reports on template provided by DOH. Updated MCM plan.	December 31, 2022 June 30, 2023 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #~~28~~ 26). • CRI LHJs – See also CRI activity #4.			
~~28~~ *26* **All LHJs**	Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).	LHJ performance measure data (PM 5)	June 30, 2023	
27 ***All LHJs***	*Domain 4 Countermeasures and Mitigation* *Capability 11 Non-Pharmaceutical Interventions* *Begin to update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.* *Notes:* • *This update doesn't need to be completed until the next contract period (6/30/24).* • *This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.*	*Mid- and end-of-year reports on templates provided by DOH, including progress on updating plan (meetings, draft, etc.).*	*December 31, 2022* *June 30, 2023*	
~~29~~ *28* **RERCs for their LHJs**	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).	Mid- and end-of-year reports on template provided by DOH. Plans available upon request.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Notes: • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans.			
~~*30*~~ *29* **RERCs for their LHJs**	Domain 4 Countermeasures and Mitigation ~~*Domain*~~ *Capability* 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	Mid- and end-of-year reports on templates provided by DOH. Plan available upon request.	December 31, 2022 June 30, 2023	

~~*31*~~
30
All LHJs
	Domain 5 Surge Management
	Capability 10 Medical Surge
	
	Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:
	• Northwest Healthcare Response Network (Network)
	• Regional Emergency and Disaster (REDi) Healthcare Coalition
	• Healthcare Alliance (Alliance)
	
	During each reporting period (see notes below), participate in **one or more** of the following activities:
	• Meetings - Communication
	  ○ Regional meeting, in person or virtually.
	  ○ Subgroup (catchment area, committee, district, etc. (meeting in person or virtually)
	  ○ Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities.
	  ○ Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.
	• Planning
	  ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans.
		Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.	December 31, 2022
			June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount

	• Drills and Exercises
	  ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts.
	• Response
	  ○ Information sharing process during incidents.
	  ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction.
	
	Notes:
	• Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023
	• LHJs in HCC or Alliance regions:
	  ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum.
	  ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom.
	  ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima.			

~~*32*~~ *31* **All LHJs**	Domain 5 Surge Management Capability 10 Medical Surge Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency. Notes: • "Critical Healthcare Facilities" are hospitals, skilled nursing facilities, blood centers, and dialysis centers. • DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 8)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
~~33~~ 32 **RERCs for their LHJ**	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH. Agreements available upon request.	December 31, 2022 June 30, 2023	
~~34~~ 33 **RERCs** **for their LHJ**	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation	Mid- and end-of-year reports on templates provided by DOH. Lists available upon request.	December 31, 2022 June 30, 2023	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps. Note: PHEP Region 4: Clark, Cowlitz, Skamania and Wahkiakum LHJs.	Mid- and end-of-year reports on templates provided by DOH. Sign in sheets and agendas for trainings conducted by Clark County available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 3	3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.	Mid- and end-of-year reports on templates provided by DOH. Website screenshots available upon request.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.			
LHJ Request Spokane 1	Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 2	As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 3	Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.	Mid- and end-of-year reports on templates provided by DOH. Agreements and subcontracts available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 1	*1.1 Maintain and update policies and procedures to recruit, train, mobilize and deploy volunteers registered by the local health jurisdiction to support health and medical response operations.* *1.2 Identify the priority capabilities volunteers will support, and how volunteers are trained.* *1.3 Support COVID-19 volunteer response*.	*Mid- and end-of-year reports on templates provided by DOH.*	*December 31, 2022* *June 30, 2023*	
LHJ Request Tacoma-Pierce 2	Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 3	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 4	Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ Request Thurston 1	Domain 5 Surge Management Capability 15 Volunteer Management 1.1 Maintain a Medical Reserve Corps (MRC) unit. 1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the local jurisdiction to support health and medical response operations. 1.3 Identify target mission sets for development within the MRC unit.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
CDC Cities Readiness Initiative (CRI) **FFY22 PHEP CRI BP4 - Clark, Snohomish, Seattle-King, and Tacoma-Pierce**				
CRI 1	Participate in webinars with CDC and DOH regarding the ORR (operational readiness review) requirements.	Mid- and end-of-year reports on templates provided by DOH, include summary of webinar participation	December 30, 2022, June 30, 2023	
CRI 2	Gain access to CDC's PORTS (PHEP ORR Reporting and Tracking System). Participate in PORTS trainings offered by CDC.	Mid- and end-of-year reports on templates provided by DOH.	December 30, 2022, June 30, 2023	
CRI 3	3.1 Submit the Integrated Action Plan into PORTS. This includes attending seminars and trainings, and reading guidance issued by CDC. 3.2 Participate in quarterly conference calls with DOH.	Integrated action plan submitted in PORTS.	June 30, 2023	
CRI 4	Update and maintain MCM plan. Note: See also activities #27 and 28 above. CRI LHs may use PHEP and/or CRI funds to update and maintain their MCM plans.	Updated MCM plan.	June 30, 2023	

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

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

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

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

Program Specific Requirements

Special Requirements:
Any subcontract/s must be approved by DOH prior to executing the contract/s.
Submit deliverables to the ~~*Emergency Preparedness, Resilience & Response*~~ *Executive Office of Resiliency and Health Security* ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:
Please reference the Code of Federal Regulations:
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Healthcare-Associated Infections & Antimicrobial Resistance (HAI&AR) - Effective September 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: September 1, 2022 through July 31, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to the Snohomish Health District (SHD) Communicable Disease (CD) Section for staff and activities pertaining to COVID-19 prevention and outbreak response through technical assistance to nursing homes in the SHD jurisdiction.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 SNF STRIKE TEAMS HAI ELC	1831421T	93.323	333.93.32	09/01/22	07/31/24	0	50,059	50,059
FFY21 NH & LTC STRIKE TEAMS HAI ELC	1831521U	93.323	333.93.32	09/01/22	07/31/24	0	50,059	50,059
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**100,118**	**100,118**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide proactive and COVID-19 outbreak reactive infection control assessment and response (ICAR) services through the designation of an infection preventionist (IP). • In collaboration with the Washington State Department of Health's Healthcare-Associated Infections & Antimicrobial Resistance (HAI&AR) Section *designate* a qualified infection preventionist (IP) (e.g., certified or pursuing Certified in Infection Control [CIC] within 2 years or Associate in Infection Prevention Control [A-IPC] within 1 year of hire)	Written communication to the DOH HAI&AR LHJ Coordinator on the designation of a qualified IP or equivalent Quarterly check-in email with the DOH HAI&AR LHJ Coordinator with updates on site visit prioritization.	9/1/22 – Designate IP Quarterly	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Using Centers for Disease Control and Prevention (CDC) guidance, collaborate with the DOH HAI&AR Program to prioritize and conduct healthcare facility site visits, which may include: • Long-term care facilities • Skilled nursing facilities			**Restrictions on Funds (See "Program Specific Requirements")**
2.	Provide COVID-19 technical support through the continued employment of: • one (1) 0.5 FTE data support staff • one (1) 0.10 FTE community outreach worker • one (1) 0.10 FTE vaccine coordinator	Written communication to the DOH HAI&AR LHJ Coordinator on the presence of: one (1) data support staff employed one (1) community outreach worker employed one (1) vaccine coordinator employed	9/1/22 – 7/31/24	
3.	Provide necessary supplies, infrastructure, and equipment for SHD CD COVID-19 response staff and related activities: data support staff, community outreach worker, vaccine coordinator, IP, disease intervention specialist (DIS), health educator, CD program supervisor, and CD program assistant: • Computer and data linkages • Office equipment • Workspace • DOH-provided Go Bag (gowns, masks, eye protection, N-95s, hand sanitizer, trash bags, travel bag to store supplies) • Transportation cost for conducting ICAR site visits • Translation and interpretation services	Provide documentation of the presence of an infrastructure in the first quarterly report submission (template provided by DOH)	By start date of the hired positions – 7/31/24	
4.	Participate in regular conference calls with the DOH ICAR lead to discuss ICAR successes and challenges.	Attend conference calls	Monthly	
5.	IP shall participate in community infection prevention meetings and other IP professional development activities [e.g., Association for Professionals in Infection Control and Epidemiology (APIC) Chapter meeting].	Report meeting participation at quarterly email check-in	Quarterly	
6.	Ensure that the hired IP and other SHD CD designated COVID-19 response staff can attend periodic trainings and/or meetings with the DOH HAI&AR Program • Trainings and/or meetings will occur at least four (4) times during the grant period • Shadow a DOH IP during a healthcare facility site visit during onboarding period	Report attendance of trainings/meetings at quarterly email check-in	As trainings and/or meetings are provided by the DOH HAI&AR Program.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7.	The SHD CD designated COVID-19 response staff will help develop COVID-19 vaccine (partner with vaccine preventable diseases [VPD] staff as needed) and outbreak IP tools/resources for healthcare facilities and updated SHD website with update tools and resources. On an as needed basis, the SHD CD designated COVID-19 response staff will develop tools based on their healthcare facility site visit findings.	Report tools/resources that have been created and shared in quarterly email check-in. Update SHD with updated/new tools/resources	Quarterly and as needed during funding period	
8.	Regularly report all proactive and COVID-19 reactive ICAR site visits within two (2) weeks of the visit in DOH ICAR REDcap and email findings within five (5) business days of site visit to facility	ICARs reported to REDcap Project ICAR findings reported to facility	Within 2 business weeks of site visit Within 5 business days of site visit	
9.	For COVID-19 outbreak investigations and detections, the SHD CD IP will facilitate regular (i.e., weekly) communications (i.e., site visit, via phone, email) with facility to determine status of identified gaps.	Share gap mitigation findings in quarterly email check-in	Quarterly	
10.	Provide COVID-19 testing resources to increase testing accessibility to LTCFs experiencing outbreaks • COVID-19 testing supplies • Staffing support for testing during facility outbreaks	Report on testing resources provided in quarterly email check-in	Quarterly	
11.	Maintain data collection and surveillance capabilities to fulfill current and updated reporting requirements.	Provide documentation of presence of data collection and surveillance infrastructure in quarterly email check-in	Quarterly	
12.	Other LHJs and healthcare staff will benefit from learning about the various COVID-19 prevention and response activities. To ensure resources and knowledge are shared, a designated SHD CD staff will present in the webinar outreach led by the DOH HAI&AR Program at the end of the funding period. Participation is defined as webinar attendance, presentation, and availability to answer general questions about COVID-19 activities.	Participation in at least one (1) webinar hosted by DOH	7/31/24	

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: Infection Control Assessment and Response (ICAR) | Washington State Department of Health

Staffing Requirements: (Supported by: MI1831321R; MI1831421T) At least one qualified IP or equivalent (CIC or A-PIC certified) must be employed in the program.

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):
- CDC Funding Regulations and Policies: https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf

- Nursing Home Strike Teams funds are not interchangeable. All COVID-19 activities pertaining to skilled nursing facilities must be billed to FFY21 SNF STRIKE TEAMS HAI ELC and all COVID-19 activities pertaining to non-skilled nursing facilities must be billed to FFY21 NH & LTC STRIKE TEAMS HAI ELC

Monitoring Visits (i.e., frequency, type, etc.): (Supported by: MI1831321R; MI1831421T) 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.

Assurances/Certifications: (Supported by: MI1831321R; MI1831421T) IP or equivalent must be or actively pursuing Certified in Infection Control (CIC) within 2 years or Associate in Infection Prevention Control [A-IPC] within 1 year of hire

Billing Requirements: A19-1A invoices are required to be submitted at least quarterly.

Special Instructions: (Supported by: MI1831321R; MI1831421T) Quarterly reporting will be due as follows:
- December 31, 2022
- March 31, 2023
- June 30, 2023
- September 30, 2023
- December 31, 2023
- March 31, 2024
- June 30, 2024

Other: (Supported by: MI1831321R; MI1831421T) Other conditions may be included to the extent that they are in support of or related to work to control the spread of SARS-CoV-2.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Regional Representatives - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: July 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2022 - June 30, 2023.

Revision Purpose: Modify Task 2.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY23 VFC IQIP	74310224	93.268	333.93.26	07/01/22	06/30/23	74,468	0	74,468
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**74,468**	**0**	**74,468**

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	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted) New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement - DOH 348-576	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
2	~~*Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.*~~ *Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.*	~~*Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.*~~ *Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.*	~~*Within ten (10) days of provider disenrollment*~~ *Within ten (10) days of vaccine transfer or removal*	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. 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.	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. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable ~~s~~ documentation into PEAR	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. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Complete the Compliance Site Visit project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. 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	a) Submit completed Compliance Site Visit Project Schedule to DOH 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. c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.	a) By July 31, 2022 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. c) Within five (5) business days of the site visit.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.	d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	d) Within five (5) business days of receiving the document(s) follow-up action was completed.	
5	**IQIP** (Immunization Quality Improvement for Providers) a) Complete Project Management Scheduling Tool b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site. c) 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.	a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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 subrecipient funding.)
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 Immunization.
- Regional representatives must have access to a digital data logger with current certificate of calibration and qualified packouts or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan)

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 Health District
Contract Number: CLH31027

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: This statement of work is providing funding for 2022 from the State TB Program for tuberculosis (TB) prevention and control activities

Revision Purpose: The purpose of this revision is to increase allocation of funds, add an additional activity, and update deliverables, due dates, and payment information.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
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	0	43,542	43,542
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**95,449**	**43,542**	**138,991**

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) (2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines.	Summary of task outcome including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract "TB Deliverables Report" *for 2022.*	~~Report due December 31, 2022 for 2022 activities; to be received by DOH by~~ January 31, 2023.	*Payment for tasks 1-7 will be reimbursement for actual expenses up to the maximum available within the FFY22 TB ELIMINATION-FPH funding period described in the Funding Table above.* *See below* ***Restrictions on Funds.***
2	Provide DOH with complete TB case, contact and infection data. • 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.	Summary of task outcome on the Consolidated Contract "Deliverables Report" *for 2022*	~~Report due December 31, 2022 for 2022 activities; to be received by DOH by~~ January 31, 2023.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• 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.			~~Reimbursement for actual costs. See below **Restrictions on Funds.**~~ ~~Reimbursement for actual costs.~~ ~~Reimbursement for actual costs.~~ ~~Reimbursement for actual costs.~~ ~~Reimbursement for actual costs.~~ ~~Reimbursement for actual costs~~.
3	**Contact Investigations:** • Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact investigations. • Comply with National TB Controllers Association and CDC guidelines	Summary of task outcome on the Consolidated Contract "Deliverables Report" *for 2022*	~~Report due December 31, 2022 for 2022 activities; to be received by DOH by~~ January 31, 2023.	
4	**Directly Observed Therapy (DOT):** Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.	Summary of task outcome on the Consolidated Contract "Deliverables Report" *for 2022*	~~Report due December 31, 2022 for 2022 activities; to be received by DOH by~~ January 31, 2023.	
5	**Examination and Appropriate Treatment of Immigrants and Refugees:** • 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.	Summary of task outcome on the Consolidated Contract "Deliverables Report" *for 2022*	~~Report due December 31, 2022 for 2022 activities; to be received by DOH by~~ January 31, 2023.	
6	**Cohort Review** At least one (1) appropriate staff member will participate in cohort reviews in 2022. **TB Case Consultation:** Appropriate LHJ TB staff attend as requested.	Summary of task outcome on the Consolidated Contract "Deliverables Report" *for 2022*	~~Report due December 31, 2022 for 2022 activities; to be received by DOH by~~ January 31, 2023.	
7	For any 340B medication received the LHJ agrees to: • 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	Summary of task outcome on the Consolidated Contract "Deliverables Report" *for 2022*	~~Report due December 31, 2022 for 2022 activities; to be received by DOH by~~ January 31, 2023.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.			
8	*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)*	*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.*	*January 31, 2023*	*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.*

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 Manual, Handbook, Policy References:
TB Manual: Link to be provided on DOH Website (www.doh.wa.gov/tb) when revision is completed.
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:
~~*Monthly billing is preferred, and all 2022 invoices received at DOH by January 16th, 2023.*~~ *LHJ may bill monthly. Invoices must be received no more than 60 days after billing period.*

SNOHOMISH HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 10**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL: https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?=e1:9a94688da2d94d3ea80ac7fbc32e4d7c

   ☒ Adds Statements of Work for the following programs:

   COVID-19 LHJ Vaccination-ARPA - Effective November 1, 2022

   ☐ Amends Statements of Work for the following programs:

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:

   ☒ Increase of **$80,500** for a revised maximum consideration of **$23,795,115**.

   ☐ 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 HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Pamela Aguilar	Signature: Brenda Henrikson Brenda Henrikson (Dec 20, 2022 15:48 PST)
Date: Dec 20, 2022	Date: Dec 20, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish Health District

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **November 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	$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	
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	$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
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	$150,000	$263,175
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
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

Snohomish Health District

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **November 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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

Snohomish Health District

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **November 1, 2022**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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
TOTAL									**$23,795,115**	**$23,795,115**	

Total consideration:	**$23,714,615**	**GRAND TOTAL**	**$23,795,115**
	$80,500		
GRAND TOTAL	**$23,795,115**	**Total Fed**	**$14,630,197**
*Catalog of Federal Domestic Assistance		**Total State**	**$9,164,918**

**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: COVID-19 LHJ Vaccination-ARPA - Effective November 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Period of Performance: November 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work is to support LHJ COVID-19 vaccination utilizing American Rescue Plan Act (ARPA) funding.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
LHJ VACCINATION ARPA	934V1200	21.027	333.21.02	11/01/22	06/30/23	0	80,500	80,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**80,500**	**80,500**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional hours such as evenings and 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, community outreach/messaging or to supplement the work of other community partners in underserved communities and may include administration costs for COVID-19 vaccine.	Vaccine availability to the community and prioritized in your jurisdiction's community.	November 1, 2022 - June 30, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Due date: Every 60 days as specified in the ConCon billing instructions.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1A.	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) then include internet based, phone option and other methods to ensure equitable registration. The state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 48 hours of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Within two (2) days of vaccine use	
1B.	Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe.	Final written report including activities completed and how LHJ addressed equitable distribution of the vaccine, community outreach and messaging.	Report due within 30 days of the end of each quarter listed below: Year 1 Quarter 2 November 1, 2022-December 31, 2022 Year 1 Quarter 3 January 1, 2022-March 30, 2023 Year 1 Quarter 4 April 1, 2022-June 30, 2023	

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

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

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

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

Program Specific Requirements

Special Requirements:
A report on the specific areas the LHJ partners have spent the ARPA vaccine dollars if the legislature requests this information.