Approved: 4/24/2024
Effective: 5/16/2024

SNOHOMISH COUNTY COUNCIL
SNOHOMISH COUNTY, WASHINGTON

ORDINANCE NO. 24-016

APPROVING AMENDMENT NO. 19 TO CONSOLIDATED CONTRACT WITH WASHINGTON STATE DEPARTMENT OF HEALTH AND PROVIDING AUTHORITY FOR FUTURE AMENDMENTS REGARDING INFECTIOUS DISEASE-SYNDEMIC PREVENTION SERVICES AND OFFICE OF PEOPLE SERVICES-HR-PUBLIC HEALTH INFRASTRUCTURE GRANT

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

WHEREAS, prior to its integration into Snohomish County, the Snohomish Health District entered into a consolidated contract with the Washington State Department of Health, and the consolidated contract was subsequently amended on 18 occasions; and

WHEREAS, the Snohomish County Council approved and authorized the County Executive, or designee, to execute Amendment #16 and all subsequent amendments to the consolidated contract with the Washington State Department of Health to support programmatic work previously approved by the Snohomish Health District Board of Health and the Snohomish County Council; and

WHEREAS, the parties have need to enter into a further Amendment No. 19 to adjust the Statement of Work for the Infectious Disease-Syndemic Prevention Services and Office of People Services-HR-Public Health Infrastructure Grant; and

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

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

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

WHEREAS, the County Council held a public hearing on April 24, 2024, to consider approval of Amendment No. 19 to the consolidated contract with the Washington State Department of Health to carry out vital public health services and to authorize the Snohomish County Executive, or designee, to enter into such agreement in substantially the form attached as Exhibit B, and further to grant the Snohomish

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

NOW, THEREFORE, BE IT ORDAINED:

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

Section 2. The County Council hereby approves and authorizes the County Executive, or designee, to execute Amendment No. 19 to the consolidated contract with the Washington State Department of Health in substantially the form attached as Exhibit A.

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

PASSED this 24th day of April, 2024.

SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

Jared Mead
Council Chair

ATTEST:

Deputy Clerk of the Council

(X) APPROVED
( ) EMERGENCY
( ) VETOED

DATE: May 6, 2024

County Executive

ATTEST:

Melissa Geraghty

Approved as to form only:

02-27-2024
Deputy Prosecuting Attorney

EXHIBIT A

SNOHOMISH COUNTY THROUGH ITS HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31027 **AMENDMENT NUMBER: 19**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL: https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?=e1:9a94688da2d94d3ea80ac7fbc32e4d7c

   ☒ Adds Statements of Work for the following programs:

   Infectious Disease-Syndemic Prevention Services - Effective January 1, 2024
   Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2024
   TB Program - Effective January 1, 2024

   ☒ Amends Statements of Work for the following programs:

   Foundational Public Health Services (FPHS) - Effective July 1, 2023
   Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
   Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2023
   Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
   Office of Immunization-Regional Representatives - Effective July 1, 2023

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-19 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-18 Allocations as follows:

   ☒ Increase of **$401,970** for a revised maximum consideration of **$35,840,059**.

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

   ☐ No change in the maximum consideration of _____.
   Exhibit B Allocations are attached only for informational purposes.

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

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

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

SNOHOMISH COUNTY	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: Lacey Harper Lacey Harper (May 1, 2024 13:23 PDT)	Signature: [redacted] Brenda Henrikson (May 1, 2024 13:30 PDT)
Date: May 1, 2024	Date: May 1, 2024

APPROVED AS TO FORM ONLY
Assistant Attorney General

Snohomish County Health Department

EXHIBIT B-19
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **December 1, 2023**

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%
Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

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	SLFRP0002	Amd 5, 11	21.027	333.21.02	01/01/22	06/30/23	01/01/22	06/30/23	$684,964	$684,964	$684,964
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 16	21.027	333.21.02	07/01/23	06/30/24	07/01/23	06/30/25	$470,068	$470,068	$470,068
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 14	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	$664,210	$664,210	$664,210
LHJ Vaccination ARPA	SLFRP0002	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
PS SSI2 Subaward Management Task 3	NGA Not Received	Amd 15	66.123	333.66.12	07/01/23	12/31/24	07/01/21	08/31/28	$425,000	$425,000	$425,000
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		
FFY23 CRI BP5	**NU90TP922043**	Amd 16	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	$161,292	$161,292	$161,292
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
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 16	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	$535,318	$535,318	$1,284,763
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	
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	
FFY24 TB Elimination-FPH	**NGA Not Received**	**Amd 19**	**93.116**	**333.93.11**	**01/01/24**	**09/30/24**	**01/01/24**	**09/30/24**	**$106,970**	**$106,970**	**$300,234**
FFY23 TB Elimination-FPH	NU52PS910221	Amd 11	93.116	333.93.11	01/01/23	12/31/23	01/01/23	12/31/23	$97,815	$97,815	
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	$95,449	$95,449	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	$43,542	$143,542	$143,542
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 12	93.116	333.93.11	07/01/22	09/30/23	07/01/22	09/30/23	$100,000		
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 15	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	($43,542)	$0	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	$43,542		
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	$59,687	$209,687	$319,205
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	$150,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 15	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	($3,657)	$109,518	
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		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$2,150	$23,650	$23,650
FFY24 CDC PPHF Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$21,500		
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$7,400	$81,400	$81,400
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$74,000		

Snohomish County Health Department

EXHIBIT B-19
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **December 1, 2023**

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Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

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
FFY24 CDC VFC Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$4,515	$49,665	$49,665
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$45,150		
FFY23 CDC Ukrainian Resettlement	NH23IP922619	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$22,234	$22,234	$22,234
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	
FFY24 Ukrainian Outreach	NGA Not Received	Amd 16	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	$42,840	$42,840	$42,840
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	NU50CK000515	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	NU50CK000515	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
FFY23 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 13	93.323	333.93.32	08/01/23	09/30/23	08/01/23	09/30/23	$1,200	$1,200	$6,000
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	$1,800	$3,300	
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5, 13	93.323	333.93.32	08/01/22	07/31/23	08/01/22	07/31/23	$1,500		
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 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 18	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	$200,000	$200,000	$200,000
FFY23 Crisis Coag-Mpox	NU90TP922236	Amd 15	93.354	333.93.35	12/01/22	06/30/23	12/01/22	06/30/23	$25,000	$25,000	$25,000
FFY23 OID Crisis Coag-Mpox CDC	NU90TP922236	Amd 17	93.354	333.93.35	07/01/23	01/31/24	07/01/23	01/31/25	$25,000	$25,000	$25,000

Snohomish County Health Department

EXHIBIT B-19
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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 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 16	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	$13,945	$213,945	$213,945
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		
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	NU62PS924528	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	
FFY22 Integ HIV Prev CDC	NU62PS924635	Amd 15	93.940	333.93.94	07/01/23	06/30/24	07/01/23	06/30/24	$110,662	$110,662	$110,662
FFY22 PH Infrastructure Comp A1-LHJ	**NE11OE000053**	**Amd 19**	**93.967**	**333.93.96**	**01/01/24**	**12/31/24**	**12/01/22**	**06/30/25**	**$200,000**	**$200,000**	**$200,000**
FFY24 PCHD STD Prev Dis Control CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	$35,355	$35,355	$70,710
FFY23 PCHD STD Prev Dis Control CDC	NH25PS005146	Amd 15	93.977	333.93.97	07/01/23	12/31/23	07/01/23	12/31/23	$35,355	$35,355	
FFY24 PCHD STD Prev Supp CDC	NGA Not Received	Amd 15	93.977	333.93.97	01/01/24	06/30/24	01/01/24	06/30/24	$173,112	$173,112	$346,223
FFY23 PCHD STD Prev Supp CDC	NH25PS005146	Amd 15	93.977	333.93.97	07/01/23	12/31/23	07/01/23	12/31/23	$173,111	$173,111	
FFY23 STD Prev PCHD-FPH	NH25PS005146	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]	NH25PS005146	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	
FFY24 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 16	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	$444,879	$444,879	$751,152
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 16	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	($138,606)	$306,273	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	$444,879		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 16	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	$138,606	$138,606	$138,606
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	$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
SFY24 State Disease Control & Prev		Amd 15	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	$151,496	$151,496	$151,496

Snohomish County Health Department

EXHIBIT B-19
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State Disease Control & Prev-FPH		Amd 7, 15	N/A	334.04.91	07/01/22	06/30/23	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		
SFY25 STD Prevention		**Amd 19**	**N/A**	**334.04.91**	**07/01/24**	**12/31/24**	**07/01/24**	**06/30/25**	**$60,000**	**$60,000**	**$120,000**
SFY24 STD Prevention		**Amd 19**	**N/A**	**334.04.91**	**01/01/24**	**06/30/24**	**07/01/23**	**06/30/24**	**$60,000**	**$60,000**	
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
Mpox Gap Response		Amd 14	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	$5,000	$5,000	$5,000
Rec Shellfish/Biotoxin		Amd 15	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	$11,000	$11,000	$21,000
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	
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	$33,334	$33,334	$141,668
Small Onsite Management (ALEA)		Amd 15	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	$33,334	$33,334	
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	
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	
Small Onsite Management (GFS)		Amd 17	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	($8,332)	$0	$0
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	$8,332		
SFY25 Wastewater Management-GFS		Amd 17	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	$31,969	$31,969	$31,969
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 13	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	$350,000	$5,566,000	$8,716,000
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		
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	
SFY24 FPHS-LHJ-Funds-GFS		**Amd 19**	**N/A**	**336.04.25**	**07/01/23**	**06/30/24**	**07/01/23**	**06/30/25**	**($25,000)**	**$7,006,000**	**$7,006,000**
SFY24 FPHS-LHJ-**Funds-GFS**		Amd 16	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	$1,815,000		
SFY24 FPHS-LHJ-**Funds-GFS**		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	$5,216,000		

Snohomish County Health Department

EXHIBIT B-19
ALLOCATIONS
Contract Term: 2022-2024

Contract Number: **CLH31027**
Date: **December 1, 2023**

Indirect Rate January 1, 2022 through December 31, 2022: 10.50%
Indirect Rate January 1, 2023-Indefinite: 10.00% De-Minimus

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
SFY24 TB Capacity Expansion FPHS		Amd 17	N/A	336.04.25	07/01/23	12/31/23	07/01/23	06/30/25	$500	$500	$500
YR25 SRF - Local Asst (15%) SS		Amd 17	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	$5,200	$5,200	$16,400
YR25 SRF - Local Asst (15%) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	$6,000	$6,000	
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	
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 SS-State		Amd 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	$5,200	$16,400	$16,400
Sanitary Survey Fees SS-State		Amd 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	$6,000		
Sanitary Survey Fees SS-State		Amd 2, 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	$1,600		
Sanitary Survey Fees SS-State		Amd 1, 12, 17	N/A	346.26.65	01/01/22	12/31/24	07/01/21	12/31/24	$3,600		
YR25 SRF - Local Asst (15%) TA		Amd 12	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	$4,000	$4,000	$6,000
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	
TOTAL									**$35,840,059**	**$35,840,059**	

Total consideration:	**$35,438,089**	**GRAND TOTAL**	**$35,840,059**
	$401,970		
GRAND TOTAL	**$35,840,059**	**Total Fed**	**$19,258,230**
		Total State	**$16,581,829**

*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, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

Period of Performance: July 1, 2023 through June 30, 2024

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: Correcting BARS expenditure code typo, updating Master Index Code Chart of Accounts Title to match the title in the new 2025 biennium chart of accounts, and removing task and funding for Community Language Access Services of $25,000.

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
SFY24 FPHS-LHJ FUNDS-GFS	99210840	N/A	336.04.25	07/01/23	06/30/24	7,031,000	-25,000	7,006,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**7,031,000**	**-25,000**	**7,006,000**

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	$2,957,000
2	**Assessment Reinforcing 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	$60,000
3	**Assessment – 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	**Lifecourse - NEW SFY 24 Full Lifecourse 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	$1,409,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	**CD - NEW SFY 24 Immunization Outreach, Education & Response –** 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	$300,000
6	**EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership 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	$150,000
7	**FC - NEW SFY 24 Strengthening Local Finance 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	$62,000
8	**FC - NEW SFY 24 Public Health Communications –** 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	$200,000
9	**Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response –** 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	$150,000
10	**EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability –** 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	$237,000
11	**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
12	**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
13	**CD – Tuberculosis Program –** 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
14	**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
~~15~~	~~**FC - NEW SFY 24 Community Language Access Services –** 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~~	~~$25,000~~

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

The intent of FPHS funding is outlined in RCW 43.70.512.

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs.

Stable funding and an iterative decision-making process – The FPHS Steering Committee's roles and responsibilities are outlined in the FPHS Committee & Workgroup Charter The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined here. The Steering Committee use an iterative approach to decision making meaning 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.

Spending of FPHS funds – FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing 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. **FPHS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ's contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. 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.

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.

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).

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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.

Deliverables – FPHS funds are to be used to assure FPHS services statewide. The FPHS accountability process measures how funds are spent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

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

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

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

FPHS Intent - RCW 43.70.512
FPHS Funding – RCW 43.70.515
FPHS Committee & Workgroup Charter
FPHS Steering Committee Consensus Decision Making Model

Activity Special Instructions:

Investments to Each LHJ:

1. **FPHS Funds to Each LHJ**
   These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. 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.

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

Targeted Investments to Each LHJ:

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**
   Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. **Assessment – CHA/CHIP (FPHS definitions G.3)**
   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. **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**
   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, 562.70, and/or 562.80

5. **CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**
   Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

6. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**
   These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
   Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: ~~526.16~~ *562.16*

8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
   Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: ~~526.13~~ *562.13*

9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
   Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80

10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
    Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:

11. **CD – Hepatitis C (FPHS definitions C.4.o-p)**
    Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and DOH's Hepatitis C Prioritization document with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.

12. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**
    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.

13. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**
    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. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.

14. **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 associated operating costs. Use BARS expenditure codes: 562.60.

~~**Targeted Investments to Select LHJs – Assuring FPHS Available for/in Multiple Jurisdictions:**~~

~~15. **FC - NEW SFY 24 Community Language Access Services (FPHS definitions B.1, C.1, D.1, E.1, K.1-2)**~~
~~Funds are for staffing, indirect, contracting and other expenses necessary to provide language access services in the recipient's own jurisdiction. Use BARS expenditure codes: 562.13, 562.16, 562.17~~

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease-Syndemic Prevention Services - Effective January 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

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, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID 2024 Syndemic RFA process.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY24 STD PREVENTION	12408140	N/A	334.04.91	01/01/24	06/30/24	0	60,000	60,000
SFY25 STD PREVENTION	12408150	N/A	334.04.91	07/01/24	12/31/24	0	60,000	60,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**120,000**	**120,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Community-based integrated infectious disease testing and linkage to services in high-impact settings Provide education and testing services at sites where medical, diagnostic and/or treatment services are not routinely provided, but where select diagnostic services, including HIV, STI and Viral Hepatitis testing, are offered. Employ strategic targeting & recruitment efforts and service monitoring. The Contractor will use DOH-supported testing technologies that are most sensitive, cost-effective, and feasible. Confidential testing is the default. Incentives for testing services must be pre-approved by the contract manager prior to initiation of such testing.	Track and report data for all activity related to this Service Category, within DOH approved data system. Submit monthly data report(s) for HCV and any other rapid testing activities. Quarterly Reports are Required to be submitted - Deliverables for this reporting period will be determined collaboratively with OID staff during first six months of contract period and reported using OID's Service Deliverables Grid.	Submit all data by the 15th of each month for the month prior. Quarterly reports are due by 30th of April 2024, July 2024, October 2024, January 2025, April 2025, and July 2025. Finalize Deliverable Grid by July 1, 2024.	**Reimbursement of actual costs incurred, not to exceed $120,000 based on funding split below.** $60,000 for 1/1/24-6/30/24 $60,000 for 7/1/24-12/31/24

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Activities must include the following: • Pre-test education describing the tests offered, the testing process, and how results will be provided. • Receipt of informed consent to test from the client. • Post-test education about the meaning of the test results. • Linkage to preventive services (e.g., PrEP, syringe service programs, condoms), as relevant. • Linkage to care services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant. • Appropriate public health reporting of testing to local health jurisdiction. Testing programs should adhere to DOH Non-Clinical Testing Guidance. Integrated infectious disease testing, including HIV, STI and viral hepatitis testing, should be default. Standalone HIV testing will not fulfill SOW requirements *(See Section 6(j) below).* The Contractor will develop an Integrated Testing Quality Assurance Plan in coordination with OID Integrated Testing Coordinator. The Contractor will conduct monthly data reporting for HIV, STI and HCV testing, and surveillance reporting, using the template(s) provided by OID in accordance with OID reporting guidelines and state notifiable conditions rule. The Contractor will ensure the testing program aligns with the Testing Compliance Checklist at all times with applicable federal, state and local laws/regulations and ensure testing program complies with all DOH/OID test project requirements. The Contractor will provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of testing should be conducted in outreach settings outside of the primary office.	Submit Finalized Integrated Testing Quality Assurance Plan. Submit Performance Objectives & Work Plan within the first six months of contract period that will include: • Outcomes aligned with program strategies and activities. • SMART objectives aligned with performance targets • Activities aligned with program outcomes • Timeline for implementation (including staffing of the proposed program, training, etc.) • Anticipated capacity building or technical assistance needs. Achieve a minimum of 50% of established deliverables within the first year. Establish and maintain MOUs/MOAs with key partner agencies in jurisdiction(s) throughout contract period. Participate in monthly program check-ins with OID staff. Participate in collaborative meetings, training, technical assistance, and capacity building activities, as required. Conduct 80% of testing within identified WA State priority population groups. Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs. At least 50% of test events must be done through venue-based/ mobile/ outreach-based	Integrated Test Quality Assurance Plan due by July 1, 2024. Performance Objectives & Work Plan by July 1, 2024. By EOY 2024. Throughout period of performance. Monthly throughout period of performance. As needed. Throughout period of performance. Throughout period of performance.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The Contractor will provide hours of operation that meet the needs of the population(s) you work for and with. Non-traditional service times are encouraged (e.g., evenings, early morning hours, weekends). The Contractor will work with local health jurisdiction(s) or DOH to acquire and use local data to guide testing approaches and locations and be willing to shift testing locations in response to changes to the syndemic, including supporting infection cluster and outbreak response. The Contractor will review program data on a regular basis, in collaboration with OID staff, and adjust testing efforts as needed (e.g., shifting testing locations to reach priority populations). Priority populations for non-clinical testing services include: • People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region. • Gay, bi, and other men who have sex with men. • Gender expansive/transgender individuals. • People who use drugs. • People engaged in sex work. • People experiencing homelessness. The Contractor should partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; and additional health and support services as needed or requested by priority populations. Partnerships should be documented with an MOU/MOA. **NOTE: See Special Requirements, Terms and Conditions – Section 4 HIV, VIRAL HEPATITIS and STI Testing Services Requirements**	testing, unless written exception provided by OID. **Please note: This task requires client level data to be entered into Provide, EvaluationWeb, or OID-approved EMR/EHR.**	Throughout period of performance.	

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

Special Requirements, Terms and Conditions

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

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

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

4. **HIV, VIRAL HEPATITIS and STI Testing Services Requirements**
   a. HIV testing services must follow DOH Non-Clinical Integrated Testing Guidance and CDC Guidance for HIV Non-Clinical testing.
   b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (e.g.: all tests conducted in January but be entered by February 10th).
   c. VIRAL HEPATITIS testing must follow the Hep C Overview Implementation plan. For more information contact the OID Integrated Testing Coordinator.
   d. Monthly data collection for Hep C testing submitted to DOH, including de-identified negatives reporting, as well as the appropriate case report form to the Local Health Jurisdiction for all HCV positive test results, include rapid positive results. Please contact the DOH OID Integrated Testing Coordinator for more information.
   e. Any funds generated from payment for services should be reinvested with program intent.
   f. All testing contractors will have Integrated Testing Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact

the DOH OID Integrated Testing Coordinator for more information.

g. Point of Care HIV, HCV and Syphilis test kits and controls should be procured through DOH. Please contact the DOH OID Integrated Testing Coordinator for more information.
h. STI (GC/CT) test kits should be procured through PHSKC Lab, Molecular Testing Labs (MTL) and CDD. Please contact the DOH OID Integrated Testing Coordinator for more information.
i. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
j. In the event of a standalone HIV test, if STI testing is available at the Contractor's Organization, the reason for no accompanying STI test must be documented. If the Contractor does not offer either STI or VIRAL HEPATITIS testing, a referral for STI and/or VIRAL HEPATITIS testing must be documented.
k. Contractor will ensure that staff performing HIV, Syphilis and VIRAL HEPATITIS testing are appropriately licensed and available to perform BOTH capillary and venous draws any time testing is being performed. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or MTL.
l. Staff performing testing education and/or performing testing must have completed DOH-approved training, including DOH's "Integrated Infectious Disease Testing" training. Staff providing STI and Viral Hepatitis testing services must also attend and complete any additional training as determined necessary by DOH.
m. For contractors offering VIRAL HEPATITIS testing services, contractor must complete the DOH VIRAL HEPATITIS testing and education course and be approved by the Office of Infectious Disease before providing VIRAL HEPATITIS screening services. Please contact the DOH OID Integrated Testing Coordinator for more information.
n. Contractor shall report all reactive HIV, STI and VIRAL HEPATITIS results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
o. Contractor shall report de-identified negative test results for HIV, Viral Hepatitis and STI results to DOH on at least an annual basis. Please contact the DOH OID Integrated Testing Coordinator for more information.
p. Contractor must separately report all reactive HIV results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments. Confidential HIV positive test result case reports are to be reported to the LHJ of client's residence.
q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/VIRAL HEPATITIS partner services. Contractors must refer people with reactive HIV/STI/VIRAL HEPATITIS results to the local health jurisdiction for this partner services work and any additional follow-up within 3 business days of a positive result. Please contact the DOH OID Integrated Testing Coordinator or your Local Health Jurisdiction for more information.
r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Screeners should be documented in Evaluation Web. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners. For additional information, please contact the DOH OID Integrated Testing Coordinator.

5. Performance Objectives & Work Plan:

a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the first year of the contract period. The work plan should incorporate related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.
b. The applicant should address the following outline in their work plan:
    i. Contract Year 1 Detailed Work Plan (For each funded service category)
    ii. Program strategies and activities
    iii. Outcomes aligned with program strategies and activities

iv. SMART objectives aligned with performance targets
v. Activities aligned with program outcomes
vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
vii. Anticipated capacity building or technical assistance needs.

c. Performance Objectives & Work Plans should be submitted by July 1, 2024.
d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

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

7. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**
   a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
   b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
   c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.

8. **CLAS Standards –** The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (allianceforclas.org)

9. **Participation in Program Monitoring Activities –**
   a. DOH will conduct semi-annual or annual performance site visits in the following areas:
      i. Integrated testing
      ii. Syndemic service navigation
      iii. PrEP Housing
      iv. Syringe Service Programs
      v. Mail-order naloxone distribution programs
      vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit

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

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

      (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
      (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
      (c) Wholly or partly suspend or terminate the Federal award.

(d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
(e) Withhold further Federal awards for the project or program.
(f) Take other remedies that may be legally available

10. Contract Management –

a. Fiscal Guidance

i. Indirect – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.

ii. Advance Payments Prohibited – DOH funds are "cost reimbursement" funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of "one-twelfth" of the current fiscal year's funding.

iii. Duplication of Early Intervention Program (EIP) Services –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR's providing case management services shall make every effort to enroll clients in EIP.

iv. Payment of Cash or Checks to Clients Not Allowed – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.

1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
2) General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

v. Funds for Needle Exchange Programs Not Allowed with Federal Funding – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.

vi. Travel – Out of staff travel requires prior approval from DOH and must follow GSA guidelines and reimbursement rates.

vii. Supervision, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e., case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum, the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree

of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

viii. **Small and Attractive items –** Each Contractor shall perform a risk assessment (both financial and operational) on the agency's assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state's capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at https://ocio.wa.gov/policies.

The Contractor shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the Contractor should perform a follow-up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Contractor must include, at a minimum, the following assets with unit costs of $300 or more:

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

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

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

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

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

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

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

11. Content Review and Website Disclaimer Notice

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

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

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

12. Youth and Peer Outreach Workers

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

13. Whistleblower

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

14. Allowable Costs

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

For information in determining allowable costs, please reference OMB Circulars:
2 CFR200 (State, Local and Indian Tribal governments) at: https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

SOW Type: Revision **Revision # (for this SOW)** 8

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 Program Specific Requirements in reference to unallowable costs and update Master Index Codes.

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	74310259	93.268	333.93.26	01/01/22	06/30/24	2,865,603	0	2,865,603
COVID 19 CDC Vaccines	74310236	93.268	333.93.26	01/01/22	06/30/24	2,092,701	0	2,092,701
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**4,958,304**	**0**	**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.	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	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. 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)	Reports summarizing quantity, type, and frequency of activities	December 31 and June 30, ~~annually~~	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	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	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	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
		CDC REDCap Tool for each compliance site visit. Follow all corrective action and follow-up guidance for each incorrect response.	Visit or within 24 hours of the site visit	
		e) Using the DOH follow-up plan template, create plan in a MS Word document and email to DOH Site Visit Coordinators	e) Within two (2) business days of the site visit.	
		f) Email the signed Acknowledgement of Receipt form to the COVID-19 Vaccine Coordinator.	f) Within five (5) business days of the site visit.	
		g) Email follow-up plan (approved by DOH Site Visit Coordinator) to provider.	g) Within five (5) business days of the site visit.	

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.

Unallowable Costs:

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

- *Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)*
- *Alcoholic beverages*
- *Building, purchases, construction, capital improvements*

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

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, 2023 through June 30, 2024

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: The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs.

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
FFY24 CDC PPHF Ops	74310246	93.268	333.93.26	07/01/23	06/30/24	23,650	0	23,650
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**23,650**	**0**	**23,650**

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 Tracker	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 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

Unallowable Costs:

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

Period of Performance: July 1, 2023 through June 30, 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 is to contract with local health to conduct activities to improve immunization coverage rates

Revision Purpose: The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs.

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
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	49,665	0	49,665
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**49,665**	**0**	**49,665**

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 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) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.)	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	August 1, 2023	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	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, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates	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, 2024	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 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

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

- *Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)*
- *Alcoholic beverages*
- *Building, purchases, construction, capital improvements*
- *Clinical care (non-immunization services)*
- *Entertainment costs*
- *Fundraising Cost*
- *Goods and services for personal use*
- *Honoraria*
- *Independent Research*
- *Land acquisition*

- *Legislative/lobbying activities*
- *Interest on loans for the acquisition and/or modernization of an existing building*
- *Payment of a bad debt, collection of improper payments*
- *Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)*
- *Purchase of food/meals (unless part of required travel per diem costs)*
- *Vehicle Purchase*

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Regional Representatives - Effective July 1, 2023

Local Health Jurisdiction Name: Snohomish County Health Department

Contract Number: CLH31027

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

Period of Performance: July 1, 2023 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 is to define required Childhood Vaccine Program (CVP) activities for regional representatives.

Revision Purpose: The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs.

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
FFY24 CDC IQIP Regional Rep	74310244	93.268	333.93.26	07/01/23	06/30/24	81,400	0	81,400
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**81,400**	**0**	**81,400**

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.	a) Provider Agreement New Enrollment Packet with original or electronic signature – DOH 348-022 b) New Enrollment Training Guide (CVP SharePoint Site) c) Information Sharing Agreement with original signature - DOH 348-576. This document must be mailed to DOH.	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	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 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 vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide. ▪ 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 CVP Compliance 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 CVP Compliance 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, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.	a) By July 31 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
	All CVP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee annually.	d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit.	d) Within five (5) business days of receiving the document(s) follow-up action was completed. e) Within five (5) business days of DOH request.	
5	**IQIP** (Immunization Quality Improvement for Providers) Complete Project Management Scheduling Tool Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 30% of total visits assigned per region must be initiated within the first half Project year and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site. 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. All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur within four (4) months of the annual/ initial training.	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. Complete and submit IQIP visit evaluation survey	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.

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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

Unallowable Costs:

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department

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, 2024 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the CDC Public Health Infrastructure Grant (PHIG).

NOTE: The funding allocation in this SOW is for the period of January 1, 2024 through June 30, 2025. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. DOH intends to include any unspent funding in a new SOW in the next consolidated contract term beginning January 1, 2025 for continuation of this project through June 30, 2025.

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 PH Infrastructure Comp A1-LHJ	92321223	93.967	333.93.96	01/01/24	12/31/24	0	200,000	200,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**200,000**	**200,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by March 15, 2024, and any changes within 30 days of the change.	March 15, 2024 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	June 30, 2024, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses. Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased hiring of diverse public health staff, increased retention of existing public health staff, and improved workforce systems and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes. Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees. Allowable costs include: • Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. • Costs of contractors and contracted staff. Notes: • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of $5,000 or more.)	Requests for approval of contracts and/or equipment.	As needed	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Data collection, as applicable, based on activities LHJ has completed during the reporting period. Data collection includes: • Total new hires • Describe challenges or experiences that have impacted progress toward achieving set hiring goals. • Describe promising practices or activities that should be considered for sustained funding. • Explain your approach and mitigation plans to address challenges in meeting these hiring goals. • Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. • Existing Staff budget for this funding. Note: Reporting periods are - January 1, 2024–June 30, 2024, July 1, 2024–December 31, 2024, and January 1, 2025–June 30, 2025.	Data on form provided by DOH.	July 10, 2024 January 10, 2025 July 10, 2025	

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.)
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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

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

The following expenses are not allowable with these funds:
- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).

- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

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

Note: Preapproval is no longer required for paying overtime.
See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

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

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: TB Program - Effective January 1, 2024

Local Health Jurisdiction Name: Snohomish County Health Department
Contract Number: CLH31027

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

Period of Performance: January 1, 2024 through December 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: This statement of work is providing funding from the State TB Program for tuberculosis (TB) prevention and control activities

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 TB ELIMINATION-FPH	18402244	93.116	333.93.11	01/01/24	09/30/24	0	106,970	106,970
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**106,970**	**106,970**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Case Management and Treatment:** (1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment. a. Performance-based focus area improve Completion of Therapy (COT) i. Improve Completion of Therapy (COT) (2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines.	Summary of tasks 1-6 outcomes including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract "TB Deliverables Report" for January 1, 2024 – September 30, 2024	October 31, 2024	Payment for tasks 1-6 will be reimbursed for actual expenses up to the maximum available within the FFY24 TB ELIMINATION-FPH funding period described in the Funding Table above. **See below Restrictions on Funds and Billing Requirements.**
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			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ. • Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g. WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years.			
3	**Contact 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			
4	**Directly Observed Therapy (DOT):** Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.			
5	**Examination and Appropriate Treatment of Immigrants and Refugees:** • Increase percentage of immigrants and refugees meeting NTIP targets. • Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information.			
6	**Cohort Review** At least one (1) appropriate staff member will participate in cohort reviews in 2024. **TB Case Consultation:** Appropriate LHJ TB staff attend as requested.			
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 January 1, 2024 – December 31, 2024	January 31, 2025, for 2024 activities	In Kind

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	An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish, and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager. Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page [Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)].	Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better FOR January 1, 2024 – December 31, 2024	January 31, 2025, for 2024 activities	In Kind

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

Program Specific Requirements

Program Manual, Handbook, Policy References:
WA State TB Services and Standards Manual: Washington State TB Services & Standards Manual (sharepoint.com)
LHJ TB SharePoint pages: TB LHJ Home (sharepoint.com)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers

Restrictions on Funds:
1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used **except where noted**:
   - To supplant State or LHJ funds;
   - For inpatient care;
   - For construction or renovation of facilities;
   - To purchase treatment medications;
   - For lobbying
3. Foundational Public Health Services (FPHS) Funds must be spent on the purchase of TB medications only and not supporting materials, pharmacy services or other labor.

Special References (i.e., RCWs, WACs, etc.):
TB Laws and Regulations: (http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers
Governor's Executive Orders 22-02 and 22-04: Our state is a pro-equity, anti-racist state; any of the other programs and services we provide, we each play a role in ensuring the systems of government provide full access to the opportunities, power and resources people need to flourish.

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

Billing Requirements:
TB Elimination Federal Funds: Invoices should be billed monthly when possible. Funding must be spent by 9/30/2024 and invoiced by 10/31/2024. No funds will be carried forward.

EXHIBIT B

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