KITSAP PUBLIC HEALTH DISTRICT 2018 – 2021 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 24

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

11 18	MUTU	ALLY AGREED: That the contract is hereby amended as	follows:
1. E	xhibit 1	A Statements of Work, attached and incorporated by this ref	ference, are amended as follows:
		Adds Statements of Work for the following programs:	
	\boxtimes	Amends Statements of Work for the following programs:	
		 Commercial Tobacco Prevention Program - Effective COVID-19 Coordinated Response - Effective July 1, Foundational Public Health Services (FPHS) - Effect Infectious Disease Care & Prevention (IDCP) - Effect Supplemental Nutrition Assistance Program-Education 	2020 ive July 1, 2021 tive July 1, 2021
		Deletes Statements of Work for the following programs:	
	Exhibit l	B-24 Allocations, attached and incorporated by this reference. Increase of \$1,367,686 for a revised maximum considerati	ce, amends and replaces Exhibit B-23 Allocations as follows: on of \$22,676,701 .
		Decrease of for a revised maximum consideration of	of
		No change in the maximum consideration of Exhibit B Allocations are attached only for informational particles.	purposes.
3. E	xhibit (C-23 Schedule of Federal Awards, attached and incorporate	d by this reference, amends and replaces Exhibit C-22.
Unles	s desigi	nated otherwise herein, the effective date of this amendmen	t is the date of execution.
ALL (OTHER	R TERMS AND CONDITIONS of the original contract and	any subsequent amendments remain in full force and effect.
IN W	ITNES	S WHEREOF, the undersigned has affixed his/her signature	e in execution thereof.
KITS	SAP PU	IBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Keith Gr	th Gr rellner	ellner 12.8.2021 12.8.2021 (Dec 8, 2021 12:03 PST)	Brenda Henrikson, Contracts Specialist Brenda Henrikson, Contracts Specialist (Dec 9, 2021 10:12 PST)
		Date	Date
			APPROVED AS TO FORM ONLY

Assistant Attorney General

2018-2021 CONSOLIDATED CONTRACT EXHIBIT A STATEMENTS OF WORK TABLE OF CONTENTS

DOH Program Name or Title:	Commercial Tobacco Prevention Program - Effective July 1, 2021	
9	COVID-19 Coordinated Response - Effective July 1, 2020	
8	Foundational Public Health Services (FPHS) - Effective July 1, 2021	
8	Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2021	
_	Supplemental Nutrition Assistance Program-Education - Effective October 1, 2020.	

DOH Program Name or Title: Commercial Tobacco Prevention Program -

Effective July 1, 2021

Local Health Jurisdiction Name: <u>Kitsap Public Health District</u>

Contract Number: CLH18248

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

Period of Performance: July 1, 2021 through December 31, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to provide \$38,402 in SFY22 Youth Tobacco Vapor Products and \$24,482 in FFY21 Tobacco-Vape Prev Comp 1 funding for commercial tobacco (including vaping products) prevention and control activities.

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

Note: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for SFY22. SFY22 will be split between the current 2018-2021 Consolidated Contract (ConCon) and the next ConCon term beginning January 1, 2022. Any unused portion of SFY21 will be carried forward into the new contract term.

Revision Purpose: The purpose of this revision is to add \$7,571 in SFY21 Marijuana Education funding, and add task number 7 to coincide with the added funding.

Chart of Accounts Program Name or Title	CFDA #	BARS	Master	Funding Period		Current	Change	Total
		Revenue	Index			Consideration	Increase (+)	Consideration
		Code	Code				increase (+)	
SFY22 Youth Tobacco Vapor Products	N/A	334.04.93	77410892	07/01/21	12/31/21	38,402	0	38,402
FFY21 Tobacco-Vape Prev Comp 1	93.387	333.93.38	77410211	04/29/21	12/31/21	24,482	0	24,482
SFY22 Marijuana Education	N/A	334.04.93	77420822	09/01/21	12/31/21	0	7,571	7,571
TOTALS						62,884	7,571	70,455

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Planning and Coordination		Contractor Monthly	07/01/21-12/31/21	Funding utilized:
	1. Using a template provided by CTPP, build		Progress Report (due the		State (YTVP, CDC)
	upon existing 2020-2021 implementation plan		15 th of the month) and		
	for 2021-2022 in collaboration with		Expenditure Report and		Reimbursement for actual
	representatives from all counties within the		Request for Reimbursement		expenditures, not to exceed
	respective Accountable Communities of		(due the 30 th of the month)		total funding consideration.
	Health (ACH) region.				A19-1A invoice for CTPP
	2. Participate in at least one (1) virtual meeting				expenditures must continue
	or in-person with CTPP and all regional and				to be submitted to the DOH
	priority population contractors.				

		*Ma C	AMENDM				
Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount		
	As resources permit: 3. Participate in statewide commercial tobacco prevention coalition meetings as established.				Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the		
					month following the month		
2	Dalana Camana dal Tahana Dalata I		Contract of Month!	07/01/21 12/21/21	in which costs were incurred.		
2	Reduce Commercial Tobacco-Related Disparities Among Priority Populations 1. In collaboration with priority population contractors, engage and educate internal and external decision makers, stakeholders and community leaders about: a. The value of local control in preventing initiation and continued use of commercial tobacco products that lead to tobacco-related health issues and health disparities. b. The value of a comprehensive tobacco prevention program to prevent the initiation of commercial tobacco product use among youth and young adults c. Evidence-based and promising policy options to address the appeal of commercial tobacco product to youth and young adults, including the impact of commercial tobacco product flavors (including menthol) on youth initiation and use.		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.		
3	Prevent Commercial Tobacco Use Among Youth and Young Adults 1. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing. 2. Plan and conduct a minimum of one meeting with the prevention-intervention lead at your region's Educational Service District (ESD) to establish a connection, build relationships, and		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount	
	share resources. It is encouraged that you coordinate with your YMPEP regional coordinators, where possible, to ensure these meetings are conducted together, and work collaboratively with other regional leads where ESD regions overlap.	Surrenza de la constante de la			The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.	
4	 Leverage Resources for Promoting and Supporting Commercial Tobacco Dependence Treatment Promote Washington State Quitline training, materials, and referral processes to providers (doh.wa.gov/quitlinetraining). Promote the Washington State Quitline and self-help options for TUDT, including 2Morrow Health app (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco. In collaboration with CTPP, incorporate 2021-2022 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency communications, and report efforts in a template provided by the CTPP as part of the monthly reporting requirement. Disseminate TUDT resources provided by CTPP and/or developed locally to community-based organizations, centers, and networks supporting disparately affected communities that address emerging tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed, & equity-based. 		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21		
5	Eliminate Exposure to Secondhand Smoke and Electronic Cigarette Emissions 1. Conduct education and outreach within respective ACH region addressing local smoking and vaping in public places ordinances.		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH	

		1.5.5.0			AMENDMENT #24
Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	 Upon request: Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies. Respond to technical assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses. Provide technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies. 				Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
6	Media and Health Communications Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.
7	Youth Marijuana Prevention and Education Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	09/01/21-12/31/21	Funding utilized: State (Marijuana Prevention and Education) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					Grants Management office per the consolidated contract.
					The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.

*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements/Narrative

Definitions:

CONTRACTOR – LHJ performing work under this statement of work.

A. Contractor will:

- 1. Fulfill program administration roles and responsibilities:
 - a) The CTPP Regional Contractor shall ensure the DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
 - b) Participate in required conference calls (including quarterly conference calls between MPEP and CTPP contractors), trainings, webinars, and in-person or virtual meetings for Commercial Tobacco Prevention Program (CTPP) contractors according to the schedule provided by DOH.
 - c) Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
 - d) Submit accurate and complete progress reports, budgets, and A19 invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
 - e) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each CTPP Regional Contractor.
 - f) Meet all requirements outlined in the CTPP Work Plan and Reporting Guidebook provided by CTPP.

g) Have completed background checks and on file for any staff or volunteer (funded and/or representing a CTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

B. DOH will support Contractor by providing:

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

C. Program Administration:

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

D. Subcontractor Requirements:

- 1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:
 - a. Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.
- 2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:
 - b. Provide verification that criminal history/background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

E. Required Plans and Reports

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

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

The CTPP contractor shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

F. Payment

- 1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2021.
- 2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
- 3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
- 4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2021 to June 30, 2022.
- 5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
- 6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
- 7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
- 8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
- 9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Program Manual, Handbook, Policy References

Meet requirements outlined in the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, Budget Workbook.

H. Special References (RCWs, WACs, etc)

As a provision of the Youth Tobacco and Vapor Product Prevention Account, <u>RCW 70.155.120</u>, DOH shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce the use of tobacco and vapor products by youth.

I. Restrictions on Funds

Federal Funding Restrictions and Limitations:

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Subrecipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Subrecipients may not use funds for tobacco compliance check inspections.
- Subrecipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - o Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - o The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

DOH Program Contact

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DOH Program Name or Title: COVID-19 Coordinated Response -

Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2020 through December 31, 2021

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

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

NOTE: Pending execution of a new consolidated contract term or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, DOH plans to continue the task activities and funding as noted in the task(s) below in a new or revised statement of work effective January 1, 2022.

Revision Purpose: The purpose of this revision is to add additional funding to FFY20 ELC EDE LHJ ALLOCATION, adjust the funding period for BITV-COVID ED LHJ ALLOCATION- CARES from 07/01/20-12/31/21 to 07/01/20-06/30/21, moving the remaining allocation of BITV-COVID ED LHJ ALLOCATION-CARES to FFY20 ELC EDE LHJ ALLOCATION, and update task language, DCHS-Task 1 & 2

Chart of Accounts Program Name or Title	CFDA #	BARS	Master	Funding Period		Current	Change	Total
		Revenue	Index	(LHJ Use Only)		Consideration	Increase (+)	Consideration
		Code	Code	Start Date	End Date		increase (1)	
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	06/30/21	1,461,780	-1,461,780	0
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	0	0	0
FFY21 COVID19 VACCINE SERVICES-CARES	93.268	333.93.26	74310209	07/01/20	12/31/21	42,016	0	42,016
FFY20 ELC EDE LHJ ALLOCATION	93.323	333.93.32	1897120E	01/15/21	12/31/21	2,560,581	1,636,780	4,197,361
FFY19 ELC COVID ED LHJ ALLOCATION	93.323	333.93.32	1897129G	01/01/21	12/31/21	1,145,035	0	1,145,035
*MASS VACCINATION FEMA 100%	97.036	333.97.03	934V0200	01/21/21	12/31/21	0	0	0
COVID 19 VACCINES	93.268	333.93.26	74310229	07/01/20	12/31/21	1,027,214	0	1,027,214
TOTALS						6,236,626	175,000	6,411,626

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.

Examples of key activities include:

- Incident management for the response
- Testing
- Case Investigation/Contact Tracing

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount			
• Ca • Su • Da NOTE: The								
DCHS CO	OVID-19 Response - Tasks 1 and 2 – Unspent ELC funding	can be carried forward in	nto new contract term effect	tive January 1, 2022.				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified. DOH does recognize the public health response goes beyond December 2021 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2021 as applicable.		Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed \$5,342,396 \$5,167,396 total. \$1,461,780 BITV-COVID ED LHJ ALLOCATION-CARES Funding (MI 1897129V) \$4,197,361			
2	 LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH. a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a. i. Contact tracing 1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations will count towards this minimum. 		Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	\$4,197,301 \$2,560,581 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023 \$1,145,035 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022			

					Dormont Dayment
Task		*May Support PHAB			Payment
Number	Task/Activity/Description	Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Information and/or
Number		Standards/Measures			Amount
	2. Have staff that reflect the demographi makeup of the jurisdiction and who ca				
	provide culturally and linguistically competent and responsive services. In				
	addition, or alternatively, enter into an				
	agreement(s) with Tribal, community	-			
	based and/or culturally-specific				
	organizations to provide such services DOH centralized investigations will c				
	towards this minimum.				
	3. Ensure all contact tracing staff are train				
	in accordance with DOH investigative guidelines and data entry protocols.				
	4. Coordinate with Tribal partners in				
	conducting contact tracing for Tribal				
	members.				
	Ensure contact tracing and case investigations activities meet DOH ca	SA			
	and Contact Tracing Metrics. (Metric				
	be determined collaboratively by DOI	Н,			
	LHJs and Tribes.) Work with DOH to				
	develop a corrective action plan if una to meet metrics.	iole			
	6. Perform daily monitoring for symptor	ms			
	during quarantine period of contacts				
	ii. Case investigation				
	1. Strive to maintain the capacity to surg		Enter all case		
	minimum of five (5) case investigator	S	investigation data in		
	and contact tracers for every 100,000 people in the jurisdiction, as needed, by	pased	WDRS-following guidance from-DOH.		
	on disease rates. DOH centralized	Suscu	gardance from Born		
	investigation will count toward this				
	minimum. 2. Enter all case investigation and outbre	aak			
	data in WDRS following DOH guidar				
	a. Strive to enter all case investigati	on			
	and outbreak data into CREST as				
	directed by DOH. b. Ensure all staff designated to utili	70			
	WDRS have access and are trained				
	the system.				

					Dormont
Task		*May Support PHAB			Payment
Number	Task/Activity/Description	Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Information and/or
Tumber		Standards/ Wedsards			Amount
	c. Include if new positive cases are tied to a known existing positive case or indicate community spread. d. Conduct case investigation and monitor outbreaks. e. Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume.		Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.		
	Provide reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an		Ensure all COVID positive test results are entered into WDRS within 2 days of receipt		

					Payment
Task	The state of the s	*May Support PHAB	D-12	D D-4-/T E	•
Number	Task/Activity/Description	Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Information and/or
					Amount
	ii. Maintain records of all COVID negative lab test				
	results from the LHJ and enter into WDRS				
	when resources permit or send test results to				
	DOH.				
	iii. Collaborate with Tribes to ensure Tribal entities				
	with appropriate public health authority have				
	read/write access to WDRS and CREST to				
	ensure that all COVID lab results from their				
	jurisdictions are entered in WDRS or shared				
	with the LHJ or DOH for entry.				
	d. Tribal Support. Ensure alignment of contact		Quarterly performance		
	d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by		Quarterly performance updates related to		
	coordinating with local tribes if a patient identified				
	as American Indian/Alaska Native and/or a		culturally and linguistic competency and		
	member of a WA tribe.		responsiveness, tribal		
	member of a WA tibe.		support, infection		
	e. Support Infection Prevention and control for high-		prevention and control for		
	risk populations		high-risk populations,		
	i. Migrant and seasonal farmworker support.		community education and		
	Partner with farmers, agriculture sector and		regional active monitoring		
	farmworker service organizations to develop		activities. Performance		
	and execute plans for testing, quarantine and		update should include		
	isolation, and social service needs for migrant		status of all projects		
	and seasonal farmworkers.		listed.		
	ii. Congregate care facilities: In collaboration				
	with the state licensing agency (DSHS),				
	support infection prevention assessments,				
	testing. Infection control and isolation and				
	quarantine protocols in congregate care				
	facilities.				
	iii. High risk businesses or community-based				
	operations. In collaboration with state				
	licensing agencies and Labor and Industries,				
	partner with food processing and				
	manufacturing businesses to ensure adequate				
	practices to prevent COVID-19 exposure,				
	conduct testing and respond to outbreaks.				
	iv. Healthcare: Support infection prevention and				
	control assessments, testing, cohorting, and				
	isolation procedures. Provide educational				
	resources to a variety of healthcare setting				

					D4
Task		*May Support PHAB			Payment
Number	Task/Activity/Description	Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Information and/or
Nullibei		Standards/Weasures			Amount
	types (e.g., nursing homes, hospitals, dental, dialysis). v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations. vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings. f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be				Amount
	used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. h. Establish sustainable isolation and quarantine measures. i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, establish with an adjacent jurisdiction and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.		Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.		

					Payment #24
Task	Task/Activity/Description	*May Support PHAB	Deliverables/Outcomes	Due Date/Time Frame	Information and/or
Number	, I	Standards/Measures			Amount
	 ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access 		Report census numbers to include historic total by month and monthly total for current quarter to date.		
COVID-19 forward.	9 Vaccine Services - Task 3 – will be extended through June	e 30, 2022 in new contrac	t term effective January 1, 2	2022. Any unspent funds i	may be carried
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. 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, nontraditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services		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 of actual costs incurred, not to exceed: \$42,016 FFY21 COVID19 VACCINE SERVICES-CARES Funding (MI 74310209) \$1,022,214 COVID19 VACCINES funding (MI 74310229)
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.		Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	
3.C	Catalog activities and conduct an evaluation of the strategies used		Final written report, showing the strategies used and the final	December 31, Annually	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes progress of the reach	Due Date/Time Frame	Payment Information and/or Amount
3.D	Perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.		a) Complete a redistribution agreement. b) Report inventory reconciliation page. c) Report lost (expired, spoiled, wasted) vaccine to the IIS. d) Report transfer doses in the IIS and VaccineFinder. e) Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a) Complete by August 1, 2021. b) Reconcile and submit inventory once monthly in the IIS. c) Report lost vaccine within 72 hours in the IIS. d) Update within 24 hours from when transfers occur. e) Download as needed (retain temperature data on site for 3 years)	3.D Vaccine Depot: \$5,000 COVID 19 VACCINES Funding (MI 74310229) 07/01/21-12/31/21
Regional	*NOTE: Task 4 activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH. DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional IMT to administer the vaccine as efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.). Leaders Intent about this work from DOH is included as an attachment.	cs – Task 4			*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements for Mass Vaccination Task 4 below)

Task		*May Support PHAB			Payment To a No.
Number	Task/Activity/Description	Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Information and/or Amount
4.A	Guidance on vaccination protocols must be followed as provided by DOH and CDC. Local health jurisdiction (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH. Request for regional IMT should be submitted through the normal process through WebEOC. Local health jurisdiction is the coordinating agency for the mass vaccination plan within the county. Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district. Provide any information as requested by the regional IMT.		Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution.	Amount
4.B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be preapproved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.		Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	

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

*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements/Narrative

DCHS COVID-19 Response - Tasks 1 and 2	BITV-COVID ED LHJ ALLOCATION-CARES
	FFY19 ELC COVID ED LHJ ALLOCATION
	FFY20 ELC EDE LHJ ALLOCATION
COVID-19 Vaccine Services - Task 3	FFY21 COVID 19 VACCINE SERVICES-CARES
COVID-19 Vaccine Services - Task 5	COVID 19 VACCINES
Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4	MASS VACCINATION FEMA 100%

DCHS COVID-19 Response - Tasks 1 and 2

Restrictions on Funds: Indirects are NOT allowable for CARES funding from September 2, 2020 forward – LHJ can charge administrative activities as direct costs but not incur indirects from September 2, 2020 through *June 30 December 31*, 2021 for activities funded with CARES funds (COVID LOCAL CARES - COVID LHJ OFM ALLOCATION-CARES, BITV-COVID ED LHJ ALLOCATION-CARES, FEMA-75 COVID LHJ ALLOCATION)

o Since the federal guidance was not updated until September 2, 2020, DOH understands that indirects could be charged from March–August 2020.

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

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

COVID-19 Vaccine Services - Task 3 – allowable activities https://www.doh.wa.gov/Portals/1/Documents/9240/AllowableUseFedOpsFunds.pdf

Mass Vaccination – Task 4

Program Manual, Handbook, Policy References

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

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

Non-mass vaccination efforts are not allowable through this funding stream.

Duplication of billing (sending request for reimbursement) to entities outside of this agreement is prohibited.

Indirect rates are not applicable to these funds.

Special References (RCWs, WACs, etc.)

County Health Emergency Documentation if applicable

Monitoring Visits (frequency, type):

Occasional visits from DOH or IMT/IMO personnel for the purpose of monitoring and surveillance of mass vaccination activities may be expected.

Definitions

Mass vaccination clinic are those outside of the usual healthcare delivery methods such as pop-up clinics, mobile clinics, non-clinical facility clinics (i.e., fairgrounds, arenas, etc.).

Exhibit A, Statements of Work Revised as of September 15, 2021 Page 21 of 51

Special Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.

Contract (MI) Code: 934V0200 General Mass Vaccination

BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

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

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

Eligible costs from the timeframe of January 21, 2021 through December 31, 2021 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

DOH Program Contact

Alyssa Lavin, LHJ Contract Manager DOH, PHOCIS 1610 NE 150th St, Shoreline, WA 98155 alyssa.lavin@doh.wa.gov / 360-236-3273

DOH BITV-COVID ED LHJ Allocation-CARES and DOH ELC Allocation Fiscal Contact (Tasks 1 and 2)

Christie Durkin DOH, Office of Program Financial Management PO Box 47840, Olympia, WA 98504-7841 Ph: 360-236-4235 / christie.durkin@doh.wa.gov

DOH COVID19 Vaccine Services Program Contacts (Task 3)

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Deputy Director | Operations Manager
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
tawney.harper@doh.wa.gov / 360-236-3525

Sonja Morris, COVID-19 Operations Supervisor Enhanced Influenza and COVID-19 Response Office of Immunization and Child Profile Department of Health PO Box 47843, Olympia, WA 98504-7843

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DOH General Mass Vaccination Program and Fiscal Contact (Task 4)

Patrick Plumb Janice Baumgardt

COVID FEMA Project Management Analyst

Financial Operations Manager Washington State Department of Health Washington State Department of Health

Office of Financial Services Office of Financial Services

111 Israel Road SE, Tumwater, WA 98501 111 Israel Road SE, Tumwater, WA 98501

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DOH Program Name or Title: Foundational Public Health Services

(FPHS) - Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type : Revision	Revision # (for this SOW) 1	Funding Source	Federal Compliance	Type of Payment
		Federal <select one=""></select>	(check if applicable)	Reimbursement
Period of Performance: Jul	y 1, 2021 through <u>December 31, 2021</u>	State Other	FFATA (Transparency Act) Research & Development	☑ PeriodicDistribution

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

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

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance (07/01/21 12/31/21). Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

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

The disbursement of funds scheduled for January 1, 2022, July 1, 2022 and January 1, 2023 and deliverable due dates after December 31, 2021 are included in this statement of work for informational purposes only and will be carried forward into a new statement of work in the new consolidated contract term beginning January 1, 2022.

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

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

2021-2023 Biennium:

SFY22 (July 1, 2021-June 30, 2022)

SFY23 (July 1, 2022-June 30, 2023)

Revision Purpose: The purpose of this revision is to revise language and add funding and tasks for FFY22.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding (LHJ Use Start Date	Only)	Current Consideration	Change Increase (+)	Total Consideration
FPHS-LHJ-PROVISO (YR1)	N/A	336.04.25	99202111	07/01/21	12/31/21	212,134	1,132,866	1,345,000
Note: Total Consideration is for SFY22 (07/01/21-06/30/22).						0	0	0
TOTALS						212,134	1,132,866	1,345,000

BARS			Funds to prov	vide FPHS in:			21-23
Expenditure. Code 562.xx	FPHS	Tasks / Activities / Short Description	Your jurisdiction	Other jurisdictions	SFY22	SFY23	BIENNIUM
10-17, 20, 21, 23-29 40-53, 93	All – CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		529,000	529,000	1,058,000
10	Assessment	CHA/CHIP	X		30,000	30,000	60,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		261,000	261,000	522,000
24	CD	Hepatitis C	X		37,000	37,000	74,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		488,000	488,000	976,000
				TOTAL	\$1,345,000	\$1,345,000	\$2,690,000

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
0	FOUNDATIONAL PUBLIC HEALTH FUNDING – ALL	 In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups: Increase delivery of FPHS services in each jurisdiction and statewide as measured via through FPHS annual reporting, indicators, from all agencies receiving FPHS funds, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. All of which is included as part of Results are published in the annual FPHS Investment Report. FPHS indicator metrics are available here. Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. 		Funds are available beginning July 1, 2021. Half of the annual allocation will be disbursed each July upon receipt completion of the FPHS Annual Report for the previous state fiscal year and the second half will be disbursed each January. Note: Funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Unspent funds must be returned to DOH by July 15th of each year for return to OFM.

			Frame	Amount			
		 FPHS annual reporting (template provided by-the FPHS Steering Committee via DOH) For SFY22 (07/01/21–06/30/22) FPHS annual reporting (template provided by DOH) For SFY23 (07/01/22–06/30/23) 	By 08/15/22 By 08/15/23				
$\frac{T}{W}$	Reinforcing Capacity These funds are to each LHJ to deliver FPHS in their own juris Workgroups, provide FPHS Communicable Disease (CD), Envi other FPHS Cross-cutting Capabilities (CCC) as defined in the	ironmental Public Health (EPH), Assessment (Surv					
	Assessment – CHA/CHIP (FPHS definitions G.3) These funds are to each LHJ to deliver FPHS in their own jurisdiction – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPHS definitions. • Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. • Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services.						
T W w fu C	Communicable Disease (CD) (FPHS definitions C.1, 2, 3, 4, 6). These funds are to each LHJ to deliver FPHS in their own juris. Workgroups, provide FPHS CD services as defined in the most with temporary pandemic emergency funding such that when the funds if the jurisdictions desires to retain them and/or to hire accept. As the pandemic response wains, staff funded with FPHS jaccess to and use of data systems created during the pandemic disease and other communicable and notifiable conditions with	diction— In coordination with the FPHS Steering Courrent version of the FPHS definitions. These functions for the FPHS funds can be used to retain ditional staff if needed, and/or contract with other funds are to shift focus to providing some or all or the and others under development and case investigation.	ds can (and acti n staff there wer LHJs for staff ti the FPHS CD se on and contact ti	pally are intended to) be braided be hired with pandemic emergency me or services for delivering FPHS rvices. This includes maintaining tracing for sexually transmitted			
	 Provide timely, statewide, locally relevant and accurate to other notifiable conditions. Identify statewide and local community assets for the concontrol plan addressing communicable diseases and other policies and initiatives regarding communicable diseases. Promote immunization through evidence-based strategies immunization rates. 	atrol of communicable diseases and other notifiable or notifiable conditions and seek resources and advess and other notifiable conditions. It is and collaboration with schools, health care provides and collaboration with schools.	conditions, deve ocate for high pr ders and other co	elop and implement a prioritized iority prevention and control			

			Duo	AMENDMENT #24			
Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount			
4.	Communicable Disease – Hepatitis C (FPHS definitions C.4.o-p) These funds are to select LHJs to deliver FPHS in their own jurisdictions – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data.						
	 The priorities for the 2021-2023 biennium (July 2021 – June 2023): Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population, and incorporate Hepatitis B work. 						
5.	Environmental Public Health (EPH) (FPHS definitions B.3 & These funds are to each LHJ to deliver services in their own just Workgroups, these funds are for each LHJ to deliver FPHS EPT of the FPHS definitions and specifically for:	risdiction In coordination with the FPHS Steering C					
	• Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b)						
	 Develop, implement and enforce laws, rules, policies of design and inspections, wastewater treatment and recl 						
	 Develop, implement and enforce laws, rules, policies of waste streams (e.g. animal waste, solid waste permitting 						
	 Develop, implement and enforce laws, rules, policies of review that address environmental public health concerns. 		f schools, includ	ing through education and plan			
	These funds can be used to retain, hire and/or contract with oth services that are not appropriately funded with fees. Each LHJ LHJs (FPHS funds are intended to build capacity and not inten	will be responsible to report on their progress on I	FPHS deliverabl				
	• Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance.						
		I appropriately to limit potential exposure to sewage ite Septic (OSS) permitting, enforcement and provious through fees or local government who sets the fees. sesponding to OSS failures, surfacing sewage, OSS sewage systems, other OSS-related concerns that do related to a fee-for-service activity. Examples of activity	e. Every local ju ling technical as These FPHS fu cafety concerns, o not involve loc tivities FPHS fut r wastewater ma	urisdiction in Washington is sistance and education to OSS unds provide resources to support and similar issues. These funds ally permittable systems, and other and can be used for:			

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount		
	pollution sources.Ensure that sewage from both OSS and other sou	PIC) investigations where water quality is impaire rces is adequately handled to create barriers to pot spect new installations and repairs, assess cause of	tential exposure	to sewage.		
	o Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in					

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

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

FPHS Definitions

 $\underline{https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfxzohk}$

All FPHS Resources

www.doh.wa.gov/fphs or FPHS | Powered by Box

Special Instructions

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

336.04.24 - County Public Health Assistance

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

336.04.25 – Foundational Public Health Services

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

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

Deliverables are to be submitted to Marie Flake at marie.flake@doh.wa.gov

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services Washington State Department of Health PO Box 47890, Olympia, WA 98504-7890 Mobile Phone 360-951-7566 / Fax 360.236.4024 / marie.flake@doh.wa.gov

DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) -

Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2021 through December 31, 2021

Funding Source	Federal Compliance	Type of Payment
Federal <select one=""></select>	(check if applicable)	Reimbursement
	FFATA (Transparency Act)	Fixed Price
○ Other	Research & Development	

Statement of Work Purpose: The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD).

Revision Purpose: The purpose of this amendment is to update the MI coding for Task Outreach and Emergency Financial Assistance. There were no other changes to the SOW.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue	Master Index	Funding Period (LHJ Use Only)		Current Consideration		Total Consideration
		Code	Code	Start Date	• ,		None	
FFY21 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261851C	07/01/21	12/31/21	232,292	0	232,292
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	07/01/21	12/31/21	20,000	0	20,000
FFY21 RW LOCAL PROVISO	N/A	334.04.98	12618595	07/01/21	12/31/21	41,748	-41,748	0
HIV LOCAL PROVISO - RW GRANT YEAR 2021	N/A	334.04.98	12618511	07/01/21	12/31/21	0	41,748	41,748
TOTALS						294,040	0	294,040

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount					
	Drug User Health								
Syringe	Syringe Service Program (SSP):	Identify and submit annual	Monthly by the 15th of the	\$20,000 – MI 12405100 –					
Service	To provide comprehensive Syringe Service	projections for each of the SSP	following month.	State Drug User Health					
Program (SSP)	Program (SSP) to people who use drugs	deliverables.	_	_					
	(PWUD). This plan of action is directed to			\$20,000 for 07/01/21-12/31/21					
	distribute syringes to communities that use drugs	Enter deliverable data into							
	to prevent transmission of infectious	database for tracking SSP activities							
	disease. SSP programs will operate during	by the 15th of each month							
	scheduled hours to provide new harm reduction	following service.							
	supplies and syringes to prevent transmission of								
	disease. SSP will offer referrals to address								
	social determinants of health.								

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		HIV Community Services - Care	2	
Outreach Services – Peer Navigation	Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services. Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.	Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.	Agency must adhere to DOH ID Reporting Requirements	\$41,748 - MI 12618595 Local Proviso \$41,748 for 07/01/21 12/31/21 \$41,748 - MI 12618511 - Local Proviso \$41,748 for 07/01/21-12/31/21
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake. Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$218,281 - MI 1261851C - Local Rebates \$218,281 for 07/01/21-12/31/21

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Medical Transportation	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$2,250 – MI 1261851C – Local Rebates \$2,250 for 07/01/21-12/31/21
Food Bank	addressed; 4) voucher or token systems. Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$7,486 - MI 1261851C - Local Rebates \$7,486 for 07/01/21-12/31/21
Housing	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.	Agency must track and report within the DOH approved data system any and all activity related to this Service Category Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$4,275 – MI 1261851C – Local Rebates \$4,275 for 07/01/21-12/31/21
Emergency Financial Assistance	Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another	Agency must enter data into the approved DOH data system for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake.	Agency must adhere to DOH ID Reporting Requirements	\$0 - MI 12618595 - HIV Local Proviso \$0 for 07/01/21 12/31/21 \$0 - MI 1261851C - Local Rebates \$0 for 07/01/21-12/31/21

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.	Please note: This task requires client level data to be entered into Provide		
	Please note: Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.			

*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

Program Specific Requirements/Narrative

1. Definitions

CONTRACTOR – LHJ receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

- 2. Client Eligibility and Certification Reference the HCS Manual for more information.
- 3. Title XIX HIV Medical Case Management Reference the HCS Manual for more information.
- 4. Quality Management/Improvement Activities Reference the HCS Manual for more information.
- 5. HIV Statewide Data System Reference the HCS Manual for more information.

6. HIV and STD Testing Services

- a. HIV testing services must follow DOH and CDC guidance for HIV testing.
- b. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STD/HCV partner services-CONTRACTOR must refer newly identified HIV infected persons to the local health jurisdiction for PS within three (3) business days of a positive result.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV test kits and controls should be procured through DOH.
- e. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.
- f. CONTRACTOR will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, 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.

- g. In the event of a standalone HIV test, if STD testing is available at the agency, the reason for no accompanying STD test must be documented. If the agency does not offer STD or HCV testing, a referral for STD and HCV testing must be documented.
- h. CONTRACTOR must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided 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 Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- i. CONTRACTOR will ensure that sufficient staff is available to perform HIV testing using capillary and venous draws.
- 7. PAHR Services Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.
 - a. PAHR Services programs must follow FY21 PAHR Services Implementation Guidelines.
 - b. All PAHR Services data should be tracked through Provide unless written exception is approved.
 - c. Minimum PAHR Services data elements should be collected by all agencies funded to provide PAHR Services. These data elements may be referenced in FY21 PAHR Services Implementation Guidelines.
- **8. Reporting Requirements** Reference the HCS Manual for more information.
- 9. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services
 Capacity building is 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. It allows individuals and organizations to perform at a greater capacity.
- **10. Training Requirements** Reference the HCS Manual for more information.
- 11. Participation in Washington State's HIV Planning Process Reference the HCS Manual for more information.
- 12. Contract Management Reference the HCS Manual for more information.
 - a. Fiscal Guidance
 - i) **Funding**—The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by January 25, 2022. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
 - ii) 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.
 - iii) **Submission of Invoice Vouchers** On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25**th **of the following month.**
 - iv) Advance Payments Prohibited Reference the HCS Manual for more information.
 - v) **Payer of Last Resort** Reference the HCS Manual for more information.
 - vi) Cost of Services Reference the HCS Manual for more information.
 - vii) **Emergency Financial Assistance** –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.
 - viii) **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 voucher programs to assure that recipients cannot readily convert vouchers into cash.

- ix) Funds for Needle Exchange Programs Not Allowed CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- x) **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.
- xi) Small and Attractive items Each agency 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. Agency 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 agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Agency 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)
- xii) **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 in order to receive reimbursement for these charges.

Food for staff meetings/trainings is not allowable.

PLEASE NOTE: If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for the clients only at per diem. Any expenses over per diem will be denied

b. Contract Modifications

- i) **Notice of Change in Services** The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii) **Contract Amendments** Effective Date The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH.

c. Subcontracting

This statement of work does not allow a CONTRACTOR to subcontract for services.

d. Written Agreements

The CONTRACTOR should execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- (1) Partner Counseling and Re-Linkage Services (PCRS)
- (2) HIV Testing Services
- (3) Medical Providers providing services to agency's medical case management clients
- (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR.

Technical assistance is available through DOH.

13. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through this RFA will:

a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health

PO Box 47841, Olympia, WA 98504-7841 Phone: (360) 236-3579/Fax: (360) 664-2216

Email: Michael.Barnes@doh.wa.gov

b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub- contractors). Such notice must consist of language similar to the following: "This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website."

14. Youth and Peer Outreach Workers

For purposes of this agreement, the term "youth" applies to persons under the age of 18. All programs, including subcontractors, 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; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will 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.

15. Confidentiality Requirements – Reference the HCS Manual for more information.

16. Whistleblower

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

17. 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 STD 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)

DOH Program Contact, PLWH

Krystal Sterling DOH, HIV Client Services PO Box 47841, Olympia, WA 98504-7841 360-236-3489/Fax: 360-664-2216 Krystal.Sterling@doh.wa.gov

DOH Program Contact, SSP

Tim Candela DOH, Infectious Disease Prevention PO Box 47840, Olympia, WA 98504-7841 360-236-3579/Fax: 360-664-2216 <u>Timothy.Candela@doh.wa.gov</u>

DOH Fiscal Contact

Abby Gilliland DOH, Infectious Disease Operations Unit PO Box 47840, Olympia, WA 98504-7841 360-236-3351/Fax: 360-664-2216 Abby.Gilliland@doh.wa.gov

Exhibit A Statement of Work Contract Term: 2018-2021

DOH Program Name or Title: Supplemental Nutrition Assistance Program-

Education - Effective October 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision	Revision # (for this SOW) 1	Funding Source	Federal Compliance	Type of Payment
			(check if applicable)	Reimbursement
Period of Performance: Oc	ctober 1, 2020 through <u>December 31, 2021</u>	State Other	FFATA (Transparency Act) Research & Development	Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to provide Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Basic Food, Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidelines.

Revision Purpose: The purpose of this revision is to add FFY22 IAR SNAP ED PROGAM MANAGMENT-REGION 5 funds and to extend the period of performance from September 30, 2021 to December 31, 2021.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding (LHJ Use Start Date	Only)	Current Consideration	Change Increase (+)	Total Consideration
FFY21 IAR SNAP ED PROG MGNT-REGION 5	10.561	333.10.56	76701915			97,864	0	97,864
FFY22 IAR SNAP ED PROG MGNT-REGION 5	10.561	333.10.56	76701939	10/01/21	12/31/21	0	52,249	52,249
TOTALS						97,864	52,249	150,113

Task Number	Task/Activity/Description		Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
1.0	Project Planning, Implementation,	1.	Project provides 100% of	Sites and audiences	For the Period:	Reimbursement upon
	and Performance		SNAP-Ed activities at eligible	included in Project by	10/01/20 to 09/30/21	on-time receipt and
			sites and/or with eligible	Subrecipient documented	12/31/21	approval of acceptable
	For SNAP-Ed, the Subrecipient will		audiences.	as approved eligible sites		deliverables/ outcomes
	develop, implement, and evaluate a	2.	On-time delivery,	or audiences.	Due: per the approved work	for the funding period
	SNAP-Ed project included in the		implementation, and		plan and per the required	will not exceed \$97,864
	Washington SNAP-Ed State Plan		evaluation of Project activities	Documented complete	due dates during the federal	<i>\$150,113</i> . Kitsap
	approved by Department of Social and		as scheduled in approved state	reporting by Subrecipient	fiscal year, and <i>for FFY21</i>	Public Health District
	Health Services (DSHS) and United		plan and project work plan.	of the delivery,	no later than 09/30/21.	will be paid the
	States Department of Agriculture	3.	Satisfactory progress towards	implementation, and		allowable costs incurred
	(USDA); and, as described in the		State SNAP-Ed project goal(s)	evaluation of approved		based on their approved
	Subrecipient's project work plan		selected by Subrecipient is	Project activities in the		budget and program
	approved by Department of Health		demonstrated and reported.	required PEARS online		allowability. See
	(DOH).			reporting modules, where		

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
		4. Satisfactory progress towards project objective(s) and additional project goal(s) determined by Subrecipient is demonstrated and reported. 5. Project maintains costeffectiveness per current approved cost-effective measure provided by DOH or DSHS.	relevant to Project (Program Activities, PSE Site Activities, Indirect Activities, Coalitions, Partnerships, and Success Stories). Documented complete reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports. Cost per reach reported by Subrecipient in approved form/system provided by DOH.		special billing requirements section. **NOTE: The DOH SNAP-Ed program will deny payment for any costs not submitted by the required due dates without prior DOH approval in writing.
1.1	Project Progress: Monitoring and Compliance For SNAP-Ed, the Subrecipient will demonstrate satisfactory progress of the approved Project as documented in DOH SNAP-Ed progress reports, progress reviews, and project and fiscal monitoring reports. Monitoring of Subrecipient Project progress includes but is not limited to the following activities: i. one-on-one progress reviews with DOH, ii. progress reports submitted to DOH, iii. project monitoring completed with DOH or DSHS or USDA, and iv. project monitoring site visits completed by SNAP-Ed statewide initiative teams.	 On-time delivery of proposed list of Project site(s) or audience(s) to DOH. All sites and/or audiences are determined to be eligible per current SNAP-Ed eligibility guidance before programming begins with site(s) or audience(s). Demographic data of class participants collected and reported for all direct education strategies. On-time reporting of actual participant reach to DOH in approved method/form. Intervention strategies implemented as planned, or using approved alternate strategies. Approved evaluation plans and methods implemented for the project (e.g. pre and post 	Progress reviews – documentation of one-on- one meeting(s) with DOH SNAP-Ed staff person(s) and Subrecipient completed in person, web conference, phone, or via email as needed. Documentation of progress review notes. Project monitoring – documentation of one-on- one meeting(s) with DOH SNAP-Ed staff person(s), Subrecipient, other SNAP- Ed funded staff, and community partners and/or participants completed in person, web conference, phone, or via email as needed. Completion of on- site program observations	For the Period: 10/01/20 to 09/30/21 12/31/21 Due: Progress reviews. Occur at minimum quarterly within the fiscal year, and no later than 30 business days after the end of the federal fiscal quarter, except for the last quarter of FFY21 which must be completed by 09/30/21. Progress reviews can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties. Federal quarters listed below: FFY21 Q1: Oct 1 – Dec 31 FFY21 Q2: Jan 1 – Mar 31 FFY21 Q3: Apr 1 – June 30 FFY21 Q4: July 1 – Sep 30	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
	Satisfactory progress of the Subrecipient's Project includes progress shown in the following areas and documented in reporting and/or monitoring completed: 1. Progress demonstrated in achieving goal(s) outlined in the project. 2. Progress demonstrated in achieving objective(s) outlined in the project's interventions. 3. Progress demonstrated in creating a sustainable project. 4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation. 5. Progress demonstrated in working with DSHS community services offices (CSOs). 6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients. 7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable. 8. Compliance with current SNAP- Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance).	surveys for direct education; PSE assessments). 7. Evaluation results used to report progress and outcomes of project, and to adapt the project as needed. 8. Evidence of positive change or improvement in SNAP-Ed eligible site(s) or audience(s) based on project activities is demonstrated and reported. 9. If positive change or improvement in SNAP-Ed eligible site(s) or audience(s) not apparent, project must demonstrate acceptable implementation of approved interventions and strategies and use results of process evaluation to improve project plan so that positive change in SNAP-Ed eligible site(s) or audience(s) can occur. 10. Strategy for working with one or more CSOs implemented and demonstrated to increase knowledge, awareness, or participation in SNAP-Ed eligible audience. 11. Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) implemented and demonstrated to increase knowledge, awareness, or participation of program(s) in SNAP-Ed eligible audience. 12. Direct education strategies only: Statewide SNAP-Ed Curriculum team or DOH monitoring reviews show	where applicable. Completion of project monitoring report forms, with monitoring results documented and provided to Subrecipient. Fiscal monitoring — documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit, with corresponding reports where applicable. Fiscal monitoring completed in person, web conference, phone, or via email as needed.	Due: Project monitoring. Occurs at minimum once within the fiscal year. If project monitoring documents major deficiencies or corrective action, the Subrecipient will be monitored again within the fiscal year. Project monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties. Due: Fiscal monitoring. Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.	

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
2.0	Evaluation Data and Reports	education delivered with fidelity, with no major deficiencies. If major deficiencies documented, corrected properly within timeline required. 13. Compliance maintained with current SNAP-Ed financial and cost policy guidance, 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance), and related DOH SNAP-Ed fiscal policy and procedures. On-time and correct submission of	Documentation showing	For the Period:	See payment
	For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the project and outcomes, using an approved form/system on a regular basis that will at a minimum include: 1. Progress reports 2. Reporting in PEARS online reporting system of all SNAP-Ed activities SNAP-Ed activities implemented and evaluation of the project and outcomes are reported in an online program evaluation and reporting system (PEARS) through the following required modules as appropriate for the approved project: Program Activity (direct education), Indirect Activity (health promotion, indirect education channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.	reporting, data, and materials for all SNAP-Ed funded activities implemented, including: 1. Progress for all intervention strategies reported for approved project plan. 2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE). 3. All qualitative evaluation results (success stories, pictures, etc.) reported for approved project plan describing progress or success of project activities, or positive change or improvement in SNAP-Ed eligible site(s) or audience(s). 4. Required release form(s) for all photos submitted. 5. Direct education strategies only: All required information for scheduled direct education lessons submitted to Statewide SNAP-Ed Curriculum team,	completion of progress report and submission to DOH on or before the required due dates, or by approved extension date. Completion of required evaluation data in progress reports and PEARS electronically, or using approved reporting method/form, on or before the required due dates, or by approved extension date. Direct education strategies only: 1. Submission of required SNAP-Ed participant surveys to DOH using approved submission method, on or before the required due dates for submission, or by	10/01/20 to 09/30/21 12/31/21 Progress Reports: Due at minimum quarterly, and no later than 10 calendar days after the end of the quarter, except for the last month of the FFY which is due by 09/15/21. If the 10 th calendar day falls on a weekend day, the report is due the next business day. 1st Progress report due 01/11/21 2nd Progress report due 04/12/21 3rd Progress report due 07/12/21 Final Progress report due 07/12/21 Final Progress report due 09/15/21, or follow close-out procedures. PEARS: Project evaluation and reporting required between 10/01/20 to 09/30/21 12/31/21.	information as referenced in task number 1.0

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
	The following evaluation activities and information are required based on the Subrecipient's approved project and work plan. • Formative evaluation • Process evaluation • Outcome evaluation • Qualitative evaluation • Evaluation of PSE strategies Please Note: the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements. Please Note: Topics included in Progress Report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (USDA) requirements.	using approved form/system, by dates required. On-time and correct submission of required evaluation data for direct education strategies into PEARS electronically, or using approved reporting method, according to time frame provided, including: 6. Direct education strategies only: Pre-test surveys for each project class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after completion of the pre-test survey. 7. Direct education strategies only: Post-test surveys for each project class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after completion of the post-test survey. 8. Direct education strategies only: Demographic cards for each class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after collection of the demographic cards.	approved extension date. 2. When survey data is entered by the Subrecipient, completion of required evaluation data into PEARS electronically, or using approved reporting method, on or before the required due dates for data entry, or by approved extension date.	 Direct education strategies only: PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided. Due: PEARS Indirect Activities, PSE Site Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY 21 which is due by 09/15/21. Activities completed in Oct 2020 due in PEARS by 11/30/20 Nov 20192020 by 12/31/20 Dec 20192020 by 01/29/21 Jan 2020 by 02/26/21 Feb 2020 by 03/31/21 Mar 2020 by 05/31/21 Mar 2020 by 06/30/21 Jun 2020 by 07/30/21 Jul 2020 by 08/31/21 Aug 2020 by 09/15/21 Final data entry for all FFY21 activities not already reported, due by 	

Task	Task/Activity/Description	Deliverables/Outcomes	Measure (where	FFY21	Payment Information
Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	Oue Date/Time Frame 09/15/21, or follow close-out schedule. • Activities completed in Oct 2021 due in PEARS by 11/30/21 • Nov 2021 by 12/31/21 SNAP-Ed Direct education conducted between 10/01/20 and 09/15/21 12/31/21. • Direct education strategies only: Completed Pre- and post-test surveys received by DOH, or data entered into PEARS database by Subrecipient, no later than two weeks after completion of the survey. All completed pre- and post-test surveys must be received, or data	Payment Information and/or Amount
3.0	Civil Rights Training All SNAP-Ed funded staff must complete training each fiscal year in civil rights. *See special requirements section-Civil Rights Documentation must include: • Training and source • Who attended • Date completed	On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff.	Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date.	entered by Subrecipient, no later than COB 09/15/21, or follow close-out schedule. For the Period: 10/01/20 to 09/30/21 12/31/21 FFY21 Due: 12/31/20 12/31/21 for all SNAP-Ed funded staff. New hires to complete within 30 days of hire. FFY22 Due: 12/31/21	See payment information as referenced in task number 1.0

Task Number Task/Activity/Description Deliveration	Ables/Outcomes Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
The following trainings or meetings are required for all Subrecipients when provided by DOH or WA SNAP-Ed for the staff listed. Unless more staff attendance is required, minimum of one (1) staff person required to attend to satisfy requirements. Multiple staff may attend if costs for attendance are covered in Subrecipient's annual budget. • Fiscal training – fiscal agent or project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program. • Food handler training – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public. • Training on data collection and reporting – project coordinator or any staff person responsible for collecting, reporting, or entering SNAP-Ed related data. • Regional meeting(s), when provided – project coordinator or any qualified designated staff person.	aff person(s) at all ings. In of satisfactory of aftendance; and, completion of training all web-based and inperson required training all web-based and inperson required training and strategy by project of qualified designated esponsible for AP-Ed curricula to gible audience. In training: In a Washington State of handler or fooding by all staff who and serve food to the	r all r all Fiscal: Annually, and in FFY21 no later than March 31, 2021. SNAP-Ed Curriculum: New direct education staff trained within 30 days for specific curriculum to be used in direct education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator or qualified designated staff person to	See payment information as referenced in task number 1.0.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
	 coordinator or any qualified designated staff person. SNAP-Ed Curriculum training (either in person or online) (only required for direct education strategies) – project coordinator or qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience. SNAP-Ed Systems Approaches for Healthy Communities training (online, when provided) - project coordinator and all staff involved in planning, implementing, and evaluating SNAP-Ed project activities. SNAP-Ed Systems Approaches for Healthy Communities SNAP-Ed Systems Approaches for Healthy Communities Project coordinator or qualified designated staff person. Project coordinator meetings (conference calls or in person) – project coordinator or qualified designated staff person. 	State Forum: Attendance of project coordinator or qualified, designated staff person to all state forums provided. SNAP-Ed Systems Approaches for Healthy Communities: Demonstrate satisfactory understanding of the information and concepts included in the training. Satisfactory application of knowledge and skill learned from training to SNAP-Ed project, as needed. If required meeting or training is not provided, Subrecipient is not required to make up requirements for attendance and will be in compliance. Attendance at required meetings and completion of required trainings required only when provided.		Coordinator meetings: Completed on dates scheduled by DOH, when provided. Regional meetings: Completed on dates scheduled by DOH, when provided. Regional meetings: Completed on dates scheduled by DOH, when provided. SNAP-Ed systems approaches training online: At least once within the three year period of performance, and no later than the end of the first second fiscal year within the three year period of performance. Due: On or before 09/30/21 SNAP-Ed systems approaches training in person: Once annually, when provided, on dates scheduled by WA SNAP- Ed.	
4.0	SNAP-Ed Inventory SNAP-Ed Subrecipients are required by regulation to keep an up-to-date inventory list that includes all non-capital equipment, approved capital equipment, purchased curriculum, and other SNAP-Ed purchased items that are not disposable. This list should include items purchased in prior fiscal years still in use and in possession of	On-time updates to SNAP-Ed inventory list. 1. Inventory list updated per due dates required. 2. Inventory list contains complete list of all items purchased with SNAP-Ed funds in current fiscal year and previous fiscal years still in	Completed documentation showing updated SNAP-Ed inventory using approved form/system provided.	For the Period: 10/01/20 to 09/30/21 12/31/21 Due: Inventory list is required to be updated no later than 30 days after the end of each quarter. Final inventory list updated by 09/15/20 09/15/21.	See payment information as referenced in task number 1.0.

			3.5	DDY/A4	D (7.0 ()
Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
5.0	the Subrecipient. This list should be updated per the due dates required. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure. *See special requirements section - Monitoring SNAP-Ed A19 Invoices	use and in possession of the Subrecipient. On-time delivery of correct	SNAP-Ed invoices (A19)	At the time of a fiscal or project monitoring review, or when requested, an up-to-date inventory list must be made available. For the Period:	See payment
	Subrecipients must use the A19 invoice form specific to the DOH SNAP-Ed program. This document will be sent to all Subrecipients prior to October 31st of the current fiscal year.	completion of SNAP-Ed A19 invoices, using the current form for the fiscal year. On-time delivery of detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment. Complete documentation of all actual costs incurred shall be accompanied by the Subrecipient's financial system report. If Subrecipient does not have a financial reporting system, the Subrecipient must check with the DOH SNAP-Ed program for further guidance.	with all documented costs and any required accompanying materials received at DOH by due dates required, or by approved extension date.	10/01/20 to 09/30/21 12/31/21 Due: Monthly - Submit invoices to DOH no later than 30 calendar days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30) Oct. Invoice due: 11/30/20 November: 12/30/20 December: 01/30/21 January: 02/28/21 February: 03/30/21 March: 04/30/21 April: 05/30/21 May: 06/30/21 June: 07/30/21 July: 08/30/21 August: 09/30/21 September: 11/30/21 October: 11/30/21 November: 12/31/21 Final FFY21 invoice is due October November 30, 2021, or follow close-out schedule. Or	information as referenced in task number 1.0.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
				*If pre-approved in writing by DOH, agencies can submit invoices every	
				two months. Upon approval, a list of submission dates will be provided.	

*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

Special Requirements

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 Subrecipient must have a Data Universal Numbering System (DUNS®) number.

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

*Program Specific Requirements/Narrative

Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)

The Subrecipient must meet the required set of acceptable deliverables/outcomes and adhere to contractual obligations. The contract's acceptable deliverables/outcomes along with specified due dates will be determined by the DOH SNAP-Ed program and provided to the Subrecipient in writing. Based on contract performance (as documented in progress reviews, progress reports, project monitoring reports, and fiscal monitoring reports) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see https://www.govregs.com/regulations/2/200.207), DOH reserves the right to withhold up to 10% of funds from the next applicable payment to the Subrecipient for deliverables/outcomes that are documented as consistently incomplete; continually late (without approved extension by DOH in writing); found to be unacceptable or unsatisfactory according to the standards of acceptable deliverables/outcomes outlined in the Statement of Work; or, not carried out sufficiently or consistently and documented as such. After DOH SNAP-Ed provides documentation of the issue(s) and outlines the appropriate corrective action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the Subrecipient. If satisfactory corrective action is completed within 60 days, up to 5% of funds will be withheld from each subsequent monthly payment until the appropriate corrective action is completed. If satisfactory corrective action is completed after the 60-day window, the initial 10% of funds withheld will not be provided as reimbursement to the Subrecipient as penalty. The subsequent monthly withholdings (of up to 5% per month) will be reimbursed to the Subrecipient upon satisfactory completion of the corrective action. The Subrecipient may request reconsideration by submitting a letter to Washingto

All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory and on-time completion of acceptance deliverables/outcomes and for allowable costs as outlined in the SNAP-Ed federal guidance, statement of work, state plan, and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance or that are deemed unallowable costs.

Additional Details Regarding Deliverables

Required deliverables for SNAP-Ed reporting will depend on approved SNAP-Ed plan activities for each Subrecipient, e.g. if direct education is not an approved plan activity for a Subrecipient, submission of pre/post surveys is not a required deliverable for that Subrecipient. To attend required trainings during fiscal year, the Subrecipient must use the travel funds within their current allotted budget to send the minimum number of one (1) staff person to the required training. The Subrecipient may request additional travel funds from DOH for required training(s) if necessary and if funds are available.

Monitoring Expectations

The Subrecipient's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing project activities and reviewing for project and fiscal compliance. All non-capital equipment, capital equipment, reusable educational materials and supplies, and any non-disposable items purchased using SNAP-Ed funds should be tracked in an inventory list and available for review upon request. Based on fiscal and project monitoring results or findings, additional monitoring during the fiscal year may be required at the discretion of the DOH SNAP-Ed program, DOH fiscal analyst, or DOH fiscal monitoring unit. Completed project and fiscal monitoring reports with suggestions, observations, comments, feedback, findings, and/or corrective action will be kept on file at DOH and shared with Subrecipients regularly and by request.

Staff Requirements

Upon request by DOH, the Subrecipient must demonstrate that SNAP-Ed staff meet requirements appropriate to their positions including but not limited to: background checks, food handlers' permits, qualifications, and training required by DOH.

Project Coordinator requirements

The Subrecipient must maintain a SNAP-Ed project coordinator. The project coordinator is the main contact between Department of Health SNAP-Ed team and the Subrecipient. DOH SNAP-Ed expectations for the project coordinator responsibilities include:

- Ensure all contract deliverables are met.
- Coordinate the planning, implementation, evaluation, and reporting of all parts of the approved project plan.
- Comply with and remain knowledgeable about all WA SNAP-Ed and DOH SNAP-Ed policies and procedures.
- Comply with and remain knowledgeable about the National SNAP-Ed Guidance.
- Ensure staff and any sub-Subrecipients funded through this contract stay informed of current and new SNAP-Ed policies, and are held accountable to policies when needed.
- Ensure staff and any sub-Subrecipients meet requirements appropriate to their positions, including but not limited to: background checks, food handlers' permits, and trainings required by WA SNAP-Ed and DOH.
- Attend, or designate and send qualified staff member as proxy to, required DOH and State SNAP-Ed meetings and trainings.
- Monitor or maintain knowledge of project budget status, including estimated spend out and total dollars spent to date.
- Submit plan and budget amendments for approval as outlined in the current year's policy and procedures.
- Coordinate the on-time completion of all data entry and reporting.
- Ensure photo and media release forms are obtained for persons featured in SNAP-Ed programming photographs or videos.

Communication Requirements

The Subrecipient must maintain communication with DOH SNAP-Ed. Communication required between DOH SNAP-Ed and the Subrecipient will not be unreasonable or excessive. DOH SNAP-Ed expectations for communication include:

- Submit updates to DOH following any change in contact information for the project coordinator, fiscal agent, contract signatory, or any SNAP-Ed funded staff within 10 business days of the change.
- Be available for regular and intermittent meetings, both in person and phone, with DOH SNAP-Ed as agreed upon or as needed.
- Respond to all DOH and SNAP-Ed Statewide initiative requests within the timeline requested.
- Maintain or obtain an internet connection for communication with DOH, for access to DOH SharePoint webpages, to view updates and messages from Washington SNAP-Ed through the WA SNAP-Ed Providers website, and for reliable reporting of SNAP-Ed activities. If reliable internet connection cannot be secured, the Subrecipient and DOH SNAP-Ed will agree on a plan for necessary communication, data entry, and reporting.
- Obtain a Secure Access Washington (SAW) account to access DOH SNAP-Ed SharePoint webpages.

SNAP-Ed Assurances:

The following assurances must be followed (see program Guidance https://snaped.fns.usda.gov/program-administration/guidance-and-templates)

- The Subrecipient is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Programming is provided to approved SNAP-Ed eligible audiences.
- Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) may be claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed targeted individuals. In no case may activities funded under the EFNEP grant be included in the budget for SNAP-Ed.
- Contracts are procured through competitive bid procedures governed by State procurement regulations.
- Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.
- Program activities do not supplant existing nutrition education and obesity prevention programs, and where operating in conjunction with existing programs, enhance as well as supplement them. This applies to all activities and costs under the Federal budget.
- Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.
- All materials developed with SNAP- Ed funds include the appropriate USDA non-discrimination statement and credit SNAP as a funding source in standard font that is easily readable.

SNAP-Ed Statewide Initiatives

Subrecipients are expected to communicate with, respond to, and comply with requests, guidance, requirements, and/or on-site visits from all contracted SNAP-Ed statewide initiative entities.

Any SNAP-Ed curriculum modifications should be developed and executed based on the most current Guidance for Curriculum Modification, found under "Guidance and Process" on WA SNAP-Ed Providers website. Subrecipients must consult DOH SNAP-Ed as directed.

After notification to the DOH SNAP-Ed implementing agency, the Subrecipient may adjust or deny requests, requirements, and/or site visits from any contracted SNAP-Ed statewide initiative entities if said request, requirement, and/or site visit is deemed unreasonable, burdensome, unnecessarily costly, or inequitable after appropriate consideration and deliberation between the Subrecipient, DOH SNAP-Ed, and the contracted SNAP-Ed statewide initiative entity/entities; and, when necessary, DSHS. After appropriate consideration and deliberation, the resulting decision about whether or not the Subrecipient must comply or can adjust or deny a specific will be provided in writing to the Subrecipient from DOH SNAP-Ed and/or DSHS.

Health and Safety

Subrecipients are not required to work under conditions that could endanger their health, safety, or well-being. Additionally, Subrecipients should ensure they are not putting any SNAP-Ed audience or community members in situations that could endanger their health, safety, or well-being. Participation in SNAP-Ed by the SNAP-Ed audience is voluntary. If an activity is deemed unsafe, Subrecipients must adapt activities as needed to allowable and safe alternatives. For a given situation, all Subrecipients and SNAP-Ed activities should follow current health and safety laws, regulation and guidance from the designated authorities in the applicable city/town, county, state, and/or the related federal authority, e.g. CDC, USDA. If Subrecipient is unable to adapt activities as needed to safe, allowable alternatives within their allocation, funding for the current fiscal year may change after sufficient and acceptable technical assistance between Subrecipient and DOH SNAP-Ed and after prior written notification to the Subrecipient. Any change in annual funding due to inability to adapt project activities as needed to safe, allowable alternatives will not be a permanent change in annual funding, unless accompanied by actions outlined under the 'Contract Noncompliance and Corrective Action' section.

Audits

The Subrecipient must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

Indirect Rate/Allocation Plan

All indirect rate/allocation plans must be submitted and preapproved by the DOH grants office and the DOH SNAP-Ed program. The Subrecipient is responsible for ensuring that indirect costs included in the Subrecipient's SNAP-Ed plan and budget are supported by an indirect rate and/or cost allocation plan approved by the appropriate agency. The Subrecipient cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

Annual Civil Rights Training Requirement (see USDA Instruction Number 113-1 Chapter XI) http://www.fns.usda.gov/sites/default/files/113-1.pdf "Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Local agencies are responsible for training their sub recipients, including 'frontline staff' who interact with program applicants or participants, and those persons who supervise 'frontline staff' must be provided civil rights training an annual basis."

Records Maintenance - Record Retention and Management - State Agency and All Subrecipients 7CFR 272.2

DOH SNAP-Ed regulations require that all records related to the SNAP-Ed program be retained for six (6) years from fiscal closure. This requirement applies to fiscal documentation and procurement records, contract related documents and emails, progress reports, monitoring reports, and SNAP-Ed client information (pre/post surveys, demographic cards, etc.). Supporting documentation may be kept at the Subrecipient level, but shall be available for review within six years from the date of the last quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP-Ed.

Travel

The Subrecipient is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10 (http://www.ofm.wa.gov/policy/10.htm), with the travel requirements found in the current year's SNAP-Ed federal guidance, and with any travel related DOH SNAP-Ed policy and procedures. If the Subrecipient organization's travel related policy and procedures are in conflict with any of the aforementioned travel related federal or state policies and procedures, the Subrecipient organization will follow the stricter of the travel related policy and procedures unless otherwise approved and allowable by DOH or higher authority.

Amendments

Subrecipients should check the current year's federal SNAP-Ed guidance, the current year's DOH SNAP-Ed budget amendment guidance, and/or with a DOH SNAP-Ed program consultant to know what changes they can make on their own and what changes require an amendment and pre-approval in writing. Notify DOH staff prior to implementing amendments that significantly change the scope or direction of the approved project plan, including creating new or completely ending interventions, or adding different recruitment or delivery sites for reaching SNAP eligible population. Following the current year's guidance when required, subrecipients must submit a written plan amendment or written budget amendment request to DOH, and receive written approval from DOH, prior to making any changes within their project or budget and prior to making any purchases included within the amendment. Any requests needing USDA approval must be submitted to DOH no later than April 1st of each fiscal year, or no later than date specified by USDA, DSHS, or DOH. Following the current year's guidance when required, if Subrecipients submit plan or budget no cost amendments that do not require DSHS or USDA approval, DOH can review those and make approvals on a case by case basis during the federal fiscal year following the current year's guidance when required. All cost amendments that do not require DSHS or USDA approval should be submitted to DOH no later than July 16th of each fiscal year.

Overtime

Staff overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed by the DOH SNAP-Ed program in advance and approved in writing.

Special Funding Requirements

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this contract and prior to normal completion, DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the Subrecipient within 10 working days upon notice by the funding source of funding availability.

Special Billing Requirements

- 1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
- 2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
 - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher.
 - A SNAP-Ed specific A19-1A must be submitted to the subrecipient's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
 - An Subrecipient may request pre-approval to bill every 2 months instead, in which case, that Subrecipient is required to adhere to the billing due dates provided by DOH.
- 3. The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a Subrecipient is unable to submit the SNAP-Ed A-19-1A on the due date, the Subrecipient is required to submit a request for an exception to the DOH no later than 7 days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
- 4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
 - At the very least this means a copy of a Subrecipient's financial expanded/detailed general ledger level report.
 - Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
- 5. If a Subrecipient meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH.
 - All new SNAP-Ed Subrecipients within their 1st fiscal year.
 - Subrecipients with current fiscal findings.
 - Subrecipients who have not submitted adequate or accurate backup documentation within the last year.
 - Subrecipients who receive a rating of "High" from the DOH Federal Subrecipient Risk Assessment Tool.

	BUDGET
Source	Amount
USDA	\$97,864 \$150,113

DOH Program Contact

Christine Ciancetta, SNAP-Ed Contract Manager Department of Health PO Box 47886, Olympia, WA 98504-7886 Christine.Ciancetta@doh.wa.gov / 360-236-3788

DOH Fiscal Contact

Kim Henderson, Fiscal Analyst Department of Health PO Box 47886, Olympia, WA 98504-7886 Kim.Henderson@doh.wa.gov / 360-236-3491

Indirect Rate as of January 2021: 51.80% Admin	& Fac., 31.00 % Commun	ny man r gms (me. Aai	IIII) & 31	./1 /0 Elivii	omnentar	mui r gins	,	Jse Only			
				BARS	Statemen	t of Work		Accounts		Funding	Chart of
	Federal Award			Revenue	Funding	g Period	Fundin	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	End Date	Amount	Sub Total	Total
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	(\$13,410)	\$25,000	\$145,847
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410		
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	(\$10,716)	\$78,347	
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$7,500)	\$42,500	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY20 CSS IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 10	10.561	333.10.56	10/01/19	09/30/20	10/01/19	09/30/20	\$83,000	\$83,000	\$83,000
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708	\$69,875	\$159,906
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167		
FFY18 CSS IAR SNAP Ed Program Mgnt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgnt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 24	10.561	333.10.56	10/01/21	12/31/21	10/01/21	09/30/22	\$52,249	\$52,249	\$150,113
FFY21 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 18	10.561	333.10.56	10/01/20	09/30/21	10/01/20	09/30/21	\$97,864	\$97,864	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 22	14.241	333.14.24	07/01/21	12/31/21	07/01/21	12/31/21	\$26,690	\$26,690	\$221,472
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 20	14.241	333.14.24	07/01/20	06/30/21	07/01/20	06/30/21	\$26,690	\$53,380	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 16	14.241	333.14.24	07/01/20	06/30/21	07/01/20	06/30/21	\$26,690		
FFY19 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$36,083	\$88,023	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940		
Hous. Opp for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 17, 18	14.241	333.14.24	07/01/20	06/30/21	01/20/20	06/30/21	\$15,000	\$15,000	\$15,000
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 24	21.019	333.21.01	07/01/20	06/30/21	07/01/20	06/30/21	(\$1,461,780)	\$0	\$0
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 19, 22, 24	21.019	333.21.01	07/01/20	06/30/21	07/01/20	06/30/21	\$1,096,335		
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17, 19, 22, 24	21.019	333.21.01	07/01/20	06/30/21	07/01/20	06/30/21	\$365,445		
COVID LHJ OFM Allocation-CARES	NGA Not Received	Amd 17, 19, 22	21.019	333.21.01	03/01/20	12/31/21	03/01/20	12/31/21	\$5,402,000	\$5,402,000	\$5,402,000

mun ect Rate as of January 2021: 31.00 /6 Admin	& Fac., 51.00 /6 Community	intii i giiis (inc. A	umm) & 37	./1 /0 LIIVII	omnentai i	inui i gilis		se Only			
				BARS	Statement	t of Work	Chart of	Accounts		Funding	Chart of
	Federal Award			Revenue	Funding	_		g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	End Date	Amount	Sub Total	Total
PS SSI 1-5 BEACH Task 4	01J18001	Amd 13	66.123	333.66.12	03/01/20	10/31/20	07/01/17	06/30/23	\$5,800	\$5,800	\$17,400
PS SSI 1-5 BEACH Task 4	01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	10/31/19	\$5,800	\$5,800	
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800	\$5,800	
PS SSI 1-5 PIC Task 4	01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A, Amd 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$78,805		
FFY20 Swimming Beach Act Grant IAR (ECY)	CU-01J49701-1	Amd 21	66.472	333.66.47	03/01/21	10/31/21	12/15/19	10/31/21	\$25,000	\$25,000	\$53,000
FFY19 Swimming Beach Act Grant IAR (ECY)	01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$14,000	\$14,000	
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$5,318	\$295,345	\$295,345
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$290,027		
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 23	93.069	333.93.06	07/01/21	12/31/21	07/01/21	06/30/22	\$177,207	\$177,207	\$767,897
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$118,138	\$295,345	
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 16, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$177,207		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$295,345	\$295,345	
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 23	93.136	333.93.13		12/31/21		08/31/22	\$50,000	\$50,000	\$150,000
FFY20 Overdose Data to Action Prev	NU17CE925007	Amd 17, 19	93.136	333.93.13				08/31/21	\$50,000	\$50,000	
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$50,000	\$50,000	
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	\$14,258	
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	(\$1,022,214)	\$42,016	\$42,016
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$1,022,214		
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 19, 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$42,016		

							DOH U	se Only			
				BARS	Statement	t of Work	Chart of	Accounts		Funding	Chart of
	Federal Award			Revenue	Funding	g Period	Funding	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	End Date	Amount	Sub Total	Total
COVID19 Vaccines	NH23IP922619	Amd 23	93.268				07/01/20		\$5,000	\$1,027,214	\$1,027,214
COVID19 Vaccines	NH23IP922619	Amd 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$1,022,214		
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
TTTT INCIDENCE THE CONTROL OF THE CO		711114 5, 1	y 2.200	000.50.20	07/01/10	00/00/19	07/01/10	00/20/19	Ψ10,12.	Ψ10,12.	Ψ10,121
FFY22 PPHF Ops	NH23IP922619	Amd 22	93.268	333.93.26	07/01/21	12/31/21	07/01/21	12/31/21	\$2,500	\$2,500	\$10,000
FFY21 PPHF Ops	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$1,250	\$2,500	
FFY21 PPHF Ops	NH23IP922619	Amd 16, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$1,250		
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$2,500	\$2,500	
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	\$2,500	
FFY21 VFC IQIP	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$21,000	\$42,000	\$69,588
FFY21 VFC IQIP	NH23IP922619	Amd 16, 18	93.069	333.93.06				06/30/21	\$21,000	φ.2,000	40,,000
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26				06/30/20	\$27,588	\$27,588	
11 120 VIC IQII	14112311 / 2201/	7 tilid y	75.200	333.73.20	07/01/17	00/30/20	07/01/17	00/30/20	Ψ27,300	Ψ27,300	
FFY22 VFC Ops	NH23IP922619	Amd 23	93.268	333.93.26	07/01/21	12/31/21	07/01/21	06/30/22	\$16,134	\$16,134	\$47,389
FFY21 VFC Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$8,067	\$8,067	
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$16,134	\$16,134	
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$24,482	\$24,482	\$35,494
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30				03/28/20	(\$6,120)	\$0	Ψ55,474
FFY19 Tobacco Prevention	U58DP006004	Amd 8	93.305	333.93.30		06/30/19		03/28/20	\$6,120	ΨΟ	
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305				03/29/19		\$11,012	\$11,012	
11 116 100acco rievendon	C30D1 000004	And 2	73.303	333.73.30	03/27/10	03/26/17	03/23/10	03/20/17	ψ11,012	\$11,012	
FFY19 COVID CARES	NU50CK000515	Amd 16, 19	93.323	333.93.32	06/01/20	12/31/21	06/01/20	12/31/21	\$314,824	\$314,824	\$314,824
EENTO EN CICOMB ELLI MANIA	NH150@17000515	1.20	02.222	222.02.22	01/01/01	12/21/21	01/01/01	10/01/01	¢1 145 025	ф1 145 025	Φ1 145 0Ω5
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 20	93.323	333.93.32	01/01/21	12/31/21	01/01/21	12/31/21	\$1,145,035	\$1,145,035	\$1,145,035
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 24	93.323	333.93.32	01/15/21	12/31/21	01/15/21	12/31/21	\$1,636,780	\$4,197,361	\$4,197,361
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 20	93.323	333.93.32	01/15/21	12/31/21	01/15/21	12/31/21	\$2,560,581		
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 22	93.387	333.93.38	04/29/21		04/29/21	04/28/22	\$24,482	\$24,482	\$48,964
FFY20 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 18	93.387	333.93.38	07/01/20	04/28/21	06/29/20	04/28/21	\$12,241	\$24,482	
FFY20 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 17, 18	93.387	333.93.38	07/01/20	04/28/21	06/29/20	04/28/21	\$12,241		
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	NU90TP922069	Amd 14, 19, 20	03 354	333.93.35	01/20/20	12/31/21	01/01/20	12/31/21	\$340,263	\$340,263	\$340,263
11 120 CDC COVID-13 Clisis Resp Lnj-1110e	110 30 11 322003	Aillu 14, 19, 20	75.554	333.73.33	01/20/20	12/31/21	01/01/20	12/31/21	φυ+υ,2υυ	φ540,205	φ540,203

DOH Use Only

Contract Number: CLH18248

Date: September 15, 2021

	Federal Award			BARS Revenue	Statement Funding			Accounts g Period		Funding Period	Chart of Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	End Date	Amount	Sub Total	Total
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 23	93.439	333.93.43	09/30/21	12/31/21	09/30/21	09/29/22	\$60,000	\$60,000	\$245,000
FFY20 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 22	93.439	333.93.43			09/30/20	09/29/21	\$5,000	\$65,000	Ψ213,000
FFY20 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 18	93.439	333.93.43	09/30/20	09/29/21	09/30/20	09/29/21	\$60,000		
FFY19 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 10, 16, 18	93.439	333.93.43	09/30/19	09/29/20	09/30/19	09/29/20	\$60,000	\$60,000	
FFY18 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 8	93.439	333.93.43	03/01/19	09/29/19	09/28/18	09/29/19	\$60,000	\$60,000	
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$69,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		
FFY19 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 8	93.917	333.93.91	04/01/19	06/30/19	04/01/19	06/30/19	\$14,353	\$14,353	\$71,765
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$22,871	\$57,412	
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541		
FFY18 RW HIV Provider Capacity-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
Ryan White Part B COVID-19 Response	6X7CHA368990101	Amd 16, 20	93.917	333.93.91	01/20/20	09/30/21	01/20/20	09/30/21	\$24,730	\$24,730	\$24,730
FFY19 Ryan White Supp Direct Svcs	5X07HA000832800	Amd 12	93.917	333.93.91	09/30/19	06/30/20	09/30/19	09/29/20	\$109,140	\$109,140	\$109,140
FFY22 MCHBG LHJ Contracts	B0445251	Amd 23	93.994	333.93.99	10/01/21	12/31/21	10/01/21	09/30/22	\$39,964	\$39,964	\$639,417
FFY21 MCHBG LHJ Contracts	B0440169	Amd 18	93.994	333.93.99	10/01/20	09/30/21	10/01/20	09/30/21	\$159,854	\$159,854	
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99		09/30/20		09/30/20	\$159,854	\$159,854	
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99		09/30/19	10/01/18	09/30/19	\$159,854	\$159,854	
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
FEMA-75 COVID LHJ Allocation		Amd 19	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	(\$1,096,335)	\$0	\$0
FEMA-75 COVID LHJ Allocation		Amd 17	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	\$1,096,335		

indirect rate as of suitary 2021, 51100 /6 rathin to 1 aci, 5	1.00 / Community That I gins (inc. / I	umm) & 37	., I / U EII / II		I gills (I	DOH Use Onl	v		
			BARS	Statement of V	Work	Chart of Accou	•	Funding	Chart of
Feder	al Award		Revenue	Funding Per	riod	Funding Perio	d	Period	Accounts
Chart of Accounts Program Title Identi	ification # Amend #	CFDA*	Code**	Start Date End	d Date S	Start Date End I	ate Amount	Sub Total	Total
GFS-Group B (FO-SW)	Amd 10	N/A	334.04.90	07/01/20 12/3	/31/20	07/01/19 06/30	/21 \$10,000	\$10,000	\$20,000
GFS-Group B (FO-SW)	Amd 10	N/A	334.04.90	07/01/19 06/3	5/30/20	07/01/19 06/30	/21 \$10,000	\$10,000	
GFS-Group B (FO-SW)	Amd 3	N/A	334.04.90	01/01/18 06/3	5/30/18	07/01/17 06/30	/19 (\$10,000)	\$0	
GFS-Group B (FO-SW)	N/A	N/A	334.04.90	01/01/18 06/3	5/30/18	07/01/17 06/30	/19 \$10,000		
FY2 Group B Programs for DW (FO-SW)	Amd 3	N/A	334 04 90	07/01/18 06/3	5/30/19	07/01/18 06/30	/19 \$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)	Amd 3	N/A				01/01/18 06/30		\$20,000	φ30,000
111 Gloup B Hograms for BW (10 BW)	7 Hild 3	14/11	334.04.70	01/01/10 00/3	750/10	01/01/10 00/30	Ψ20,000	Ψ20,000	
Healthy Communities	Amd 12	N/A	334.04.91	07/01/19 06/3	5/30/20	07/01/19 06/30	/21 (\$3,425)	\$0	\$0
Healthy Communities	Amd 10	N/A	334.04.91	07/01/19 06/3	5/30/20	07/01/19 06/30	/21 \$3,425		
State Drug User Health Program	Amd 22	N/A	334.04.91	07/01/21 12/3	/31/21	07/01/21 12/31	/21 \$20,000	\$20,000	\$154,478
State Drug User Health Program	Amd 18	N/A	334.04.91	07/01/20 06/3				\$40,000	Ψ13 1, 17 0
State Drug User Health Program	Amd 16, 18	N/A	334.04.91	07/01/20 06/3				ψ10,000	
State Drug User Health Program	Amd 9	N/A	334.04.91			07/01/19 06/30	,	\$40,000	
State Drug User Health Program	Amd 8	N/A	334.04.91			07/01/18 06/30		\$54,478	
Sand Brag Coor House Program	1	1,712	00 110 1191	01/01/19 00/0	, 5 0, 1 >	07,01,10	φε ι, ι το	φε ι, σ	
State HIV CS/End AIDS WA	Amd 8	N/A	334.04.91	01/01/19 06/3	5/30/19	07/01/17 06/30	/19 \$2,083	\$12,496	\$23,948
State HIV CS/End AIDS WA	Amd 6	N/A	334.04.91	01/01/19 06/3	5/30/19	07/01/17 06/30	/19 \$10,413		
State HIV CS/End AIDS WA	Amd 6	N/A	334.04.91	10/01/18 12/3	/31/18	07/01/17 06/30	/19 \$2,083	\$2,083	
State HIV CS/End AIDS WA	Amd 2	N/A	334.04.91	07/01/18 12/3	/31/18	07/01/17 06/30	/19 \$6,246	\$6,246	
State HIV CS/End AIDS WA	Amd 2	N/A	334.04.91	03/01/18 06/3	5/30/18	07/01/17 06/30	/19 \$3,123	\$3,123	
State HIV Prevention	Amd 8	N/A	334.04.91	01/01/19 06/3	5/30/19	07/01/17 06/30	/19 (\$43,333)	\$0	\$51,667
State HIV Prevention	Amd 6	N/A	334.04.91			07/01/17 06/30		ΨΟ	Ψ31,007
State HIV Prevention	Amd 6	N/A	334.04.91					\$31,667	
State HIV Prevention	N/A	N/A	334.04.91	07/01/18 12/3				φ51,007	
State HIV Prevention	N/A	N/A		01/01/18 06/3				\$20,000	
State HIV Prevention PrEP	Amd 3	N/A	334.04.91	07/01/18 06/3	5/30/19	07/01/17 06/30	/17 \$9,172	\$9,172	\$13,758
State HIV Prevention PrEP	Amd 2	N/A	334.04.91	01/01/18 06/3	5/30/18	07/01/17 06/30	/19 \$4,586	\$4,586	
FY20/21 COVID-19 Disaster Response Acct	Amd 14, 19	N/A	334.04.92	01/20/20 06/3	5/30/21	01/01/20 06/30	/21 \$309,737	\$309,737	\$309,737
FPH Lead Case Mgmt-FPH	Amd 15	N/A	334.04.93				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$1,000	\$1,000
FPH Lead Case Mgmt-FPH	Amd 12	N/A	334.04.93	07/01/19 06/3	5/30/20	07/01/19 06/30	/20 \$3,425		

indirect Rate as of January 2021; 51.80% Ac	min & Fac., 31.00 /6 Communi	ny mun r gms (mc. Au	iiiiii) & 37	./1 /0 Elivii	omnentar	mui r gins		Ise Only			
				BARS	Statemen	t of Work		Accounts		Funding	Chart of
	Federal Award			Revenue	Fundin	g Period		g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	End Date	Amount	Sub Total	Total
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93		06/30/19			\$5,000	42, 000	φυ,σσσ
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93			07/01/17		\$3,000	\$3,000	
SFY22 Marijuana Education		Amd 24	N/A	334.04.93	09/01/21	12/31/21	07/01/21	06/30/22	\$7,571	\$7,571	\$761,814
SFY22 Marijuana Education		Amd 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	06/30/22	\$247,509	\$247,509	
SFY21 Marijuana Education		Amd 16, 18	N/A	334.04.93	07/01/20	06/30/21	07/01/20	06/30/21	\$5,766	\$5,766	
SFY21 Marijuana Education		Amd 9, 20	N/A	334.04.93	07/01/20	06/30/21	07/01/20	06/30/21	\$247,509	\$247,509	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$5,950	\$5,950	
SFY20 Marijuana Education		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	\$403,323
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		Amd 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	\$7,500	\$7,500	\$52,500
Rec Shellfish/Biotoxin		Amd 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$7,500	\$22,500	
Rec Shellfish/Biotoxin		Amd 9, 16, 19	N/A	334.04.93		06/30/21	07/01/19		\$15,000		
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	
Small Onsite Management (ALEA)		Amd 23	N/A	334.04.93			07/01/21	06/30/23	\$22,500	\$22,500	\$112,500
Small Onsite Management (ALEA)		Amd 19	N/A	334.04.93					\$15,000	\$15,000	
Small Onsite Management (ALEA)		Amd 9	N/A				07/01/19		\$45,000	\$45,000	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93			07/01/17		\$15,662	\$15,662	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93			07/01/17		(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		Amd 19	N/A	334.04.93					\$15,000	\$15,000	\$60,000
Wastewater Management-GFS		Amd 9, 19	N/A	334.04.93			07/01/19		\$15,000	\$15,000	
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	
FPH-Youth Tobacco Vapor Prevention		Amd 16, 18	N/A	334.04.93		06/30/21	07/01/19		\$24,289	\$24,289	\$48,801
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$24,512	\$24,512	
Youth Tobacco Vapor Products		Amd 22	N/A	334.04.93			07/01/21	12/31/21	\$38,402	\$38,402	\$197,895
Youth Tobacco Vapor Products		Amd 16, 18	N/A	334.04.93	07/01/20	06/30/21	07/01/19	06/30/21	\$38,402	\$38,402	

Kitsap Public Health District ALLOCATIONS Contract Number: CLH18248

DOH Use Only

Date: September 15, 2021

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				BARS	Statemen			Accounts		Funding	Chart of
	Federal Award			Revenue	Funding	g Period	Funding	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	End Date	Amount	Sub Total	Total
Youth Tobacco Vapor Products		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	(\$8,451)	\$38,403	
Youth Tobacco Vapor Products		Amd 9	N/A		07/01/19			06/30/21	\$46,854		
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
FFY20 Swim Beach Act Grant IAR (ECY-ALEA)		Amd 15	N/A	334.04.96	03/01/20	10/31/20	12/15/19	12/14/20	\$18,000	\$18,000	\$18,000
HIV Local Proviso		Amd 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$41,748	\$83,496	\$83,496
HIV Local Proviso		Amd 16, 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$41,748		
HIV Local Proviso-RW Grant Year 2021		Amd 24	N/A	334.04.98	07/01/21	12/31/21	04/01/21	03/31/22	\$41,748	\$41,748	\$41,748
ADAP Rebate (Local) 19-21		Amd 16, 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$45,864	\$45,864	\$137,592
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
FFY21 RW Grant Year Local (Rebate)		Amd 22	N/A	334.04.98	07/01/21	12/31/21	04/01/21	03/31/22	\$232,292	\$232,292	\$1,501,779
FFY21 RW Grant Year Local (Rebate)		Amd 18	N/A	334.04.98	04/01/21	06/30/21	04/01/21	03/31/22	\$116,146	\$116,146	
FFY20 RW Grant Year Local (Rebate)		Amd 18	N/A	334.04.98	07/01/20	03/31/21	04/01/20	03/31/21	\$116,146	\$348,438	
FFY20 RW Grant Year Local (Rebate)		Amd 16, 18	N/A	334.04.98	07/01/20	03/31/21	04/01/20	03/31/21	\$232,292		
FFY20 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	(\$27,285)	\$88,861	
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	\$116,146		
FFY19 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	(\$81,855)	\$266,582	
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	\$348,437		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	03/31/20	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000	

mun'ect Rate as of January 2021: 51.00 /6 Admin	ii & Fac., 31.00 /0 Communit	y IIIII I gills (IIIC. A)	uiiii) & 37	./1 /0 LIIVII	omnentar i	inui i gilis	`	Jse Only			
				BARS	Statemen	t of Work		Accounts		Funding	Chart of
	Federal Award			Revenue	Funding	g Period	Fundin	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	End Date	Amount	Sub Total	Total
FFY21 RW Local Proviso		Amd 24	N/A	334.04.98	07/01/21	12/31/21	07/01/21	12/31/21	(\$41,748)	\$0	\$41,749
FFY21 RW Local Proviso		Amd 22	N/A	334.04.98	07/01/21	12/31/21	07/01/21	12/31/21	\$41,748		
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	
FPHS-LHJ-Proviso (YR1)		Amd 24	N/A	336.04.25	07/01/21	12/31/21	07/01/21	06/30/23	\$1,132,866	\$1,345,000	\$1,916,613
FPHS-LHJ-Proviso (YR1)		Amd 23	N/A	336.04.25	07/01/21	12/31/21	07/01/21	06/30/23	\$212,134		
FPHS Funding for LHJs		Amd 17, 19	N/A	336.04.25				06/30/21	\$64,789	\$212,134	
FPHS Funding for LHJs		Amd 10, 19	N/A		07/01/20				\$147,345		
FPHS Funding for LHJs		Amd 17	N/A	336.04.25	07/01/19				\$64,789	\$212,134	
FPHS Funding for LHJs		Amd 10	N/A	336.04.25		06/30/20	07/01/19	06/30/21	\$147,345		
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$13,250)	\$14,250	\$14,250
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$12,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$14,750		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 23	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	(\$1,000)	\$17,750	\$17,750
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 22	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	(\$3,000)		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 15	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$500		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 12	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$8,500		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 12	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$12,750		
YR 23 SRF - Local Asst (15%) (FO-SW) SS		Amd 23	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	(\$3,000)	\$17,250	\$17,250
YR 23 SRF - Local Asst (15%) (FO-SW) SS		Amd 22	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	\$6,000		
YR 23 SRF - Local Asst (15%) (FO-SW) SS		Amd 20	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	\$14,250		
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	12/31/18	\$2,000		
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$468	\$1,268	\$1,268
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$800		

Contract Number: CLH18248 ALLOCATIONS

DOH Use Only

Date: September 15, 2021

	Federal Award			BARS Revenue	Statement Funding	t of Work g Period		Accounts g Period		Funding Period	Chart of Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*			-	,	End Date	Amount	Sub Total	Total
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,249)	\$1,900	\$1,900
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,949		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,200		
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 22	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	(\$4,249)	\$0	\$0
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 12	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	\$3,000		
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 12	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	\$1,249		
YR 23 SRF - Local Asst (15%) (FO-SW) TA		Amd 22	N/A	346.26.66	01/01/21	12/31/21	09/01/20	12/31/21	\$4,249	\$6,249	\$6,249
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 20	N/A	346.26.66	01/01/21	12/31/21	09/01/20	12/31/21	\$2,000		
TOTAL									\$22,676,701	\$22,676,701	
Total consideration:	\$21,309,015									GRAND TOTAL	\$22,676,701
CD AND TOTAL	\$1,367,686									T-4-1 F- 4	¢1(275 2((
GRAND TOTAL	\$22,676,701									Total Fed	\$16,275,266
										Total State	\$6,401,435

^{*}Catalog of Federal Domestic Assistance

^{**}Federal revenue codes begin with "333". State revenue codes begin with "334".

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2021

		DOH	Total Amt	Allocatio	on Period						
Chart of Accounts Program Title	BARS	Federal Award Date	Federal Award	Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	04/01/15	\$5,859,307	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	e USDA-National Institute of Food and Agriculture	20157001823357	FOOD NUTRITION INCENTIVE GRANT
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	e USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	e USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY22 IAR SNAP ED PROG MGNT-REGION 5	333.10.56	10/01/21	\$5,542,922	10/01/21	12/31/21	\$52,249	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY21 IAR SNAP ED PROG MGNT-REGION 5	333.10.56	10/01/20	\$5,045,498	10/01/20	09/30/21	\$97,864	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	333.10.56	09/30/19	\$5,300,000	10/01/19	09/30/20	\$83,000	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 CSS IAR SNAP-ED PROG MGNT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,875	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGNT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$69,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
HOUS. OPP FOR PPL W/ AIDS CARES COVID-19	333.14.24	07/01/20	\$145,149	01/20/20	06/30/21	\$15,000	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WA-H2001W074	HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM SUPPLEMENTAL CARES ACT
FFY21 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	07/01/21	\$1,301,249	07/01/21	12/31/21	\$26,690	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH21-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY20 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/20/20	\$1,216,499	07/01/20	06/30/21	\$53,380	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH20-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM

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CONTRACT CLH18248-Kitsap Public Health District CONTRACT PERIOD: 01/01/2018-12/31/2021

Allocation Period DOH **Total Amt** Federal Award Federal Federal Start End BARS **CFDA Program Title Federal Grant Award Name Chart of Accounts Program Title** Contract Amt CFDA Federal Agency Name Award Date Identification Number Award Date Date NGA Not NGA Not COVID LHJ OFM ALLOCATION-CARES 333.21.01 03/01/20 12/31/21 \$5,402,000 21.019 Coronavirus Relief Fund Department of the Treasury NGA Not Received NGA Not Received Received Received Puget Sound Action Agenda: PUGET SOUND SHELLFISH Technical Investigations and Environmental Protection Agency PS SSI 1-5 PIC TASK 4 333.66.12 08/02/16 \$9,200,000 01/01/18 09/30/19 \$28,805 66.123 01.118001 STRATEGIC INITIATIVE LEAD Implementation Assistance Region 10 Puget Sound Action Agenda: Technical Investigations and **Environmental Protection Agency** PUGET SOUND SHELLFISH PS SSI 1-5 BEACH TASK 4 333.66.12 08/02/16 \$9,200,000 03/01/18 10/31/20 \$17,400 66.123 01.118001 STRATEGIC INITIATIVE LEAD Implementation Assistance Region 10 Program MARINE SWIMMING BEACH Beach Monitoring and Notificaiton Environmental Protection Agency FFY20 SWIMMING BEACH ACT GRANT IAR (ECY) 33.66.47 09/26/19 \$237,000 03/01/21 10/31/21 \$25,000 66.472 CU-01J49701-1 MONITORING AND PUBLIC Program Implementation Grants Office of Water NOTIFICATION MARINE SWIMMING BEACH Beach Monitoring and Notificaiton Environmental Protection Agency FFY19 SWIMMING BEACH ACT GRANT IAR (ECY) 333.66.47 12/01/18 \$91,991 03/01/19 10/31/19 \$14,000 66.472 01J49701 MONITORING AND PUBLIC Program Implementation Grants Office of Water NOTIFICATION MARINE SWIMMING BEACH Beach Monitoring and Notificaiton Environmental Protection Agency FFY18 SWIMMING BEACH ACT GRANT IAR (ECY) 333.66.47 12/15/17 \$91,990 03/01/18 10/31/18 \$14,000 66.472 00J75501 MONITORING AND PUBLIC Program Implementation Grants Office of Water NOTIFICATION Department of Health and Human PUBLIC HEALTH EMERGENCY Public Health Emergency FFY21 PHFP BP3 I HJ FUNDING 333.93.06 05/27/21 \$11,574,298 07/01/21 12/31/21 \$177,207 93.069 Services Centers for Disease Control NU90TP922043 PREPAREDNESS (PHEP) Preparedness and Prevention COOPERATIVE AGREEMENT Department of Health and Human PUBLIC HEALTH EMERGENCY Public Health Emergency FFY20 PHFP BP2 I H.I FUNDING 333.93.06 06/12/20 \$11,365,797 07/01/20 06/30/21 \$295,345 93 069 Services Centers for Disease Control NU90TP922043 PREPAREDNESS (PHEP) Preparedness COOPERATIVE AGREEMENT and Prevention Department of Health and Human PUBLIC HEALTH EMERGENCY Public Health Emergency FFY19 PHEP BP1 LHJ FUNDING 333.93.06 06/29/19 \$11,307,904 07/01/19 06/30/20 \$295,345 93.069 Services Centers for Disease Control NU90TP922043 PREPAREDNESS (PHEP) Preparedness and Prevention COOPERATIVE AGREEMENT HOSPITAL PREPAREDNESS Department of Health and Human Public Health Emergency PROGRAM AND PUBLIC HEALTH FFY18 EPR PHEP BP1 SUPP LHJ FUNDING 333.93.06 08/01/18 \$11,062,782 07/01/18 06/30/19 \$295,345 93.069 Services Centers for Disease Control NU90TP921889-01 EMERGENCY PREPAREDNESS Preparedness and Prevention COOPERATIVE AGREEMENT HOSPITAL PREPAREDNESS Department of Health and Human PROGRAM AND PUBLIC HEALTH Public Health Emergency FFY17 EPR PHEP BP1 LHJ FUNDING 333.93.06 07/18/17 \$11,062,782 01/01/18 06/30/18 \$163,223 93.069 Services Centers for Disease Control NU90TP921889-01 EMERGENCY PREPAREDNESS Preparedness and Prevention COOPERATIVE AGREEMENT Injury Prevention and Control Department of Health and Human WASHINGTON STATE DEPARTMENT FFY21 OVERDOSE DATA TO ACTION PREV 333.93.13 07/29/21 \$4,390,240 09/01/21 12/31/21 \$50,000 93 136 Research and State and Services Centers for Disease Control NU17CE925007 OF HEATLH OVERDOSE DATA TO Community-Based Programs and Prevention ACTION Department of Health and Human WASHINGTON STATE DEPARTMENT Injury Prevention and Control FFY20 OVERDOSE DATA TO ACTION PREV 333.93.13 11/06/20 \$4,390,240 09/01/20 08/31/21 \$50,000 93.136 Research and State and Services Centers for Disease Control NU17CE925007 OF HEATLH OVERDOSE DATA TO Community-Based Programs and Prevention ACTION Department of Health and Human Injury Prevention and Control WASHINGTON STATE DEPARTMENT Services-Centers for Disease Control NU17CE925007 FFY19 OVERDOSE DATA TO ACTION PREV 333.93.13 08/12/19 \$4,390,240 09/01/19 08/31/20 \$50,000 93.136 Research and State and OF HEATLH OVERDOSE DATA TO and Prevention-National Center for Community-Based Programs ACTION Injury Prevention and Control Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative FFY22 VFC OPS 333.93.26 07/01/21 \$1,961,462 07/01/21 12/31/21 \$16,134 93.268 Services Centers for Disease Control NH23IP922619 VACCINES FOR CHILDREN PROGRAM Agreements and Prevention

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CONTRACT CLH18248-Kitsap Public Health District CONTRACT PERIOD: 01/01/2018-12/31/2021

Allocation Period DOH **Total Amt Federal Award** Federal Federal Start End BARS **CFDA Program Title Federal Agency Name Federal Grant Award Name** Chart of Accounts Program Title Contract Amt CFDA Award Date Identification Number Award Date Date Department of Health and Human Immunization Cooperative IMMUNIZATION GRANT AND FFY22 PPHF OPS 333.93.26 07/01/21 \$1,961,462 07/01/21 12/31/21 \$2,500 93.268 Services Centers for Disease Control NH23IP922619 VACCINES FOR CHILDREN PROGRAM Agreements and Prevention Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative FFY21 VFC OPS 333.93.26 07/01/20 \$9,082,252 07/01/20 12/31/20 \$8,067 93 268 Services Centers for Disease Control NH23IP922619 VACCINES FOR CHILDREN PROGRAM Agreements and Prevention Department of Health and Human Immunization Cooperative IMMUNIZATION GRANT AND FFY21 VFC IQIP 333.93.26 07/01/20 \$9,082,252 07/01/20 06/30/21 \$42,000 93.268 Services Centers for Disease Control NH23IP922619 VACCINES FOR CHILDREN PROGRAM Agreements and Prevention Department of Health and Human Immunization Cooperative IMMUNIZATION GRANT AND FFY21 PPHF OPS 333.93.26 07/01/20 \$9,082,252 07/01/20 06/30/21 \$2,500 93.268 Services Centers for Disease Control NH23IP922619 Agreements VACCINES FOR CHILDREN PROGRAM and Prevention Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative FFY21 COVID19 VACCINE SERVICES-CARES 333.93.26 01/15/21 \$68,807,053 07/01/20 12/31/21 \$42,016 93.268 Services Centers for Disease Control NH23IP922619 VACCINES FOR CHILDREN PROGRAM Agreements and Prevention Department of Health and Human Immunization Cooperative IMMUNIZATION GRANT AND FFY20 VFC OPS 333.93.26 07/01/19 \$9,234,835 07/01/19 06/30/20 \$16,134 93.268 Services Centers for Disease Control NH23IP922619 Agreements VACCINES FOR CHILDREN PROGRAM and Prevention Department of Health and Human Immunization Cooperative IMMUNIZATION GRANT AND FFY20 VFC IQIP 333.93.26 07/01/19 \$9,234,835 07/01/19 06/30/20 \$27,588 93 268 Services Centers for Disease Control NH23IP922619 VACCINES FOR CHILDREN PROGRAM Agreements and Prevention Department of Health and Human Immunization Cooperative IMMUNIZATION GRANT AND FFY20 PPHF OPS 333.93.26 07/01/19 \$9,234,835 07/01/19 06/30/20 \$2,500 93.268 Services Centers for Disease Control NH23IP922619 VACCINES FOR CHILDREN PROGRAM Agreements and Prevention Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative FFY17 VFC OPS 333.93.26 03/03/17 \$1,201,605 01/01/18 06/30/18 \$7,054 93.268 Services Centers for Disease Control 5NH23IP000762-05-00 VACCINES FOR CHILDREN'S Agreements and Prevention **PROGRAM** Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative FFY17 PPHF OPS 333.93.26 06/29/18 \$3,634,512 07/01/18 06/30/19 \$2,500 93.268 Services Centers for Disease Control NH23IP000762 VACCINES FOR CHILDREN'S Agreements and Prevention **PROGRAM** Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative FFY17 INCREASING IMMUNIZATION RATES 333.93.26 06/29/18 \$1,722,443 07/01/18 06/30/19 \$16,134 93.268 Services Centers for Disease Control NH23IP000762 VACCINES FOR CHILDREN'S Agreements PROGRAM and Prevention Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative **FFY17 AFIX** 333.93.26 03/03/17 \$1,672,289 01/01/18 06/30/19 \$41,821 93 268 Services Centers for Disease Control 5NH23IP000762-05-00 VACCINES FOR CHILDREN'S Agreements and Prevention **PROGRAM** Department of Health and Human IMMUNIZATION GRANT AND Immunization Cooperative FFY17 317 OPS 333.93.26 03/03/17 \$575,969 01/01/18 06/30/18 \$4,837 93.268 Services Centers for Disease Control 5NH23IP000762-05-00 VACCINES FOR CHILDREN'S Agreements and Prevention PROGRAM Department of Health and Human CDC-RFA-IP19-1901 IMMUNIZATION Immunization Cooperative **COVID19 VACCINES** 333.93.26 03/31/21 \$60,234,086 07/01/20 12/31/21 \$1,027,214 93.268 Services Centers for Disease Control NH23IP922619 Agreements AND VACCINES FOR CHILDREN and Prevention Department of Health and Human National State Based Tobacco **FFY19 TOBACCO PREVENTION** 333.93.30 03/04/19 \$5,538,507 03/29/19 04/28/20 \$24,482 93.305 Services Centers for Disease Control NU58DP006004 TOBACCO CONTROL PROGRAM Control Programs and Prevention

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CONTRACT CLH18248-Kitsap Public Health District CONTRACT PERIOD: 01/01/2018-12/31/2021

Allocation Period DOH **Total Amt Federal Award** Federal Federal Start End BARS **CFDA Program Title Federal Agency Name** Chart of Accounts Program Title Contract Amt CFDA **Federal Grant Award Name** Award Date Identification Number Award Date Date Department of Health and Human National State Based Tobacco FFY18 TOBACCO PREVENTION 333.93.30 03/22/18 \$1,081,051 03/29/18 03/29/19 \$11,012 93.305 Services Centers for Disease Control U58DP006004 TOBACCO CONTROL PROGRAM Control Programs and Prevention Epidemiology and Laboratory EPIDEMIOLOGY AND LABORATORY Department of Health and Human CAPACITY FOR INFECTIOUS Capacity for Infectious Diseases FFY20 ELC EDE LHJ ALLOCATION 333 93 32 01/14/21 \$438,300,928 01/15/21 12/31/21 \$4,197,361 93.323 Services Centers for Disease Control NU50CK000515 (ELC)-Building and Strengthening DISEASES (ELC)-BUILDING AND and Prevention Epidemiology, Laboratory and STRENGTHENING EPIDEMIOLOGY, Epidemiology and Laboratory EPIDEMIOLOGY & LABORATORY Department of Health and Human Capacity for Infectious Diseases CAPACITY FOR INFECTIOUS FFY19 ELC COVID ED LHJ ALLOCATION 333.93.32 01/01/21 \$177,231,546 01/01/21 12/31/21 \$1,145,035 93.323 Services Centers for Disease Control NU50CK000515 (ELC)-Building and Strengthening DISEASES (ELC)-BUILDING & and Prevention Epidemiology, Laboratory and STRENGTHENING EPIDEMIOLOGY. Epidemiology and Laboratory EPIDEMIOLOGY & LABORATORY Department of Health and Human Capacity for Infectious Diseases CAPACITY FOR INFECTIOUS **FFY19 COVID CARES** 333.93.32 04/23/20 \$22,581,799 06/01/20 12/31/21 \$314,824 93.323 Services Centers for Disease Control NU50CK000515 (ELC)-Building and Strengthening DISEASES (ELC)-BUILDING & and Prevention Epidemiology, Laboratory and STRENGTHENING EPIDEMIOLOGY, Public Health Emergency CDC COOPERATIVE AGREEMENT Department of Health and Human Response: Cooperative FOR EMERGENCY RESPONSE: FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE 333.93.35 03/16/20 \$13,230,799 01/20/20 12/31/21 \$340,263 93.354 Services Centers for Disease Control NU90TP922069 Agreement for Emergency PUBLIC HEALTH CRISIS RESPONSE and Prevention Response: Public Health Crisis CDC-RFA-TP18-1802 Department of Health and Human TOBACCO AND VAPOR PRODUCT National and State Tobacco FFY21 TOBACCO-VAPE PREV COMP 1 333.93.38 04/21/21 \$1,508,380 04/29/21 12/31/21 \$24,482 93.387 Services Centers for Disease Control NU58DP006808 PREVENTION AND CONTROL Control Program PROGRAM and Prevention Department of Health and Human TOBACCO AND VAPOR PRODUCT National and State Tobacco FFY20 TOBACCO-VAPE PREV COMP 1 333 93 38 06/21/20 \$1,523,776 07/01/20 04/28/21 \$24,482 93.387 Services Centers for Disease Control NU58DP006808 PREVENTION AND CONTROL Control Program and Prevention **PROGRAM** Department of Health and Human State Physical Activity and STATE PHYSICAL ACTIVITY AND FFY21 PHYS ACTVTY & NUTRITION PROG 333.93.43 09/30/18 \$923,000 09/30/21 12/31/21 \$60,000 93 439 Services (HHS) Centers for Disease NU58DP006504 Nutrition (SPAN) NUTRITION-WASHINGTON (SPANWA) Control and Prevention (CDC) Department of Health and Human STATE PHYSICAL ACTIVITY AND State Physical Activity and FFY20 PHYS ACTVTY & NUTRITION PROG 333.93.43 09/30/18 \$923,000 09/30/20 09/29/21 \$65,000 93.439 Services (HHS) Centers for Disease NU58DP006504 Nutrition (SPAN) NUTRITION-WASHINGTON (SPANWA) Control and Prevention (CDC) Department of Health and Human State Physical Activity and STATE PHYSICAL ACTIVITY AND FFY19 PHYS ACTVTY & NUTRITION PROG 333.93.43 07/24/19 \$1,846,000 09/30/19 09/29/20 \$60,000 93.439 Services (HHS) Centers for Disease NU58DP006504 Nutrition (SPAN) NUTRITION-WASHINGTON (SPANWA) Control and Prevention (CDC) State Physical Activity and Department of Health and Human STATE PHYSICAL ACTIVITY AND FFY18 PHYS ACTVTY & NUTRITION PROG 333.93.43 09/01/18 \$923,000 03/01/19 09/29/19 \$60,000 93.439 NU58DP006504 Nutrition (SPAN) NUTRITION-WASHINGTON (SPANWA) Services ACA-Transforming Clinical Department of Health and Human TRANSFORMING CLINICAL **FFY17 TCPI PTN CONTRACTS** 333.93.63 09/24/15 \$11,254,883 01/01/18 09/28/18 \$73 117 93 638 Practice Initiative: Practice Services Centers for Medicare and 11 1331455 PRACTICES INITIATIVE Transformation Networks (PTNs) Medicaid Services Preventive Health and Health Department of Health and Human Services Block Grant funded PREVENTIVE HEALTH AND HEALTH FFY18 PHBG TOBACCO PPHF 333.93.75 08/31/18 \$1,675,032 10/01/18 09/30/19 \$40,000 93.758 Services Health Centers for Disease NB01OT009234 solely with Prevention and Public SERVICES BLOCK GRANT 2018 Control and Prevention Health Funds (PPHF) Preventive Health and Health Department of Health and Human Services Block Grant funded PREVENTIVE HEALTH AND HEALTH FFY17 PHBG TOBACCO PPHF 333.93.75 03/09/17 \$1,557,831 01/01/18 09/29/18 \$29,034 93.758 Services Health Centers for Disease NB01OT00918 solely with Prevention and Public SERVICES BLOCK GRANT Control and Prevention Health Funds (PPHF) Department of Health and Human HPP AND PHEP COOPERATIVE Public Health Emergency FFY17 EPR HPP BP1 HEALTHCARE SYS PREP 333.93.88 07/18/17 \$4,279,234 01/01/18 06/30/18 \$18,420 93.889 Services Centers for Disease Control NU90TP921889-01 AGREEMENT Preparedness and Prevention

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

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		DOH	Total Amt	Allocatio	on Period						
Chart of Accounts Program Title	BARS	Federal Award Date	Federal Award	Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
RYAN WHITE PART B COVID-19 RESPONSE	333.93.91	05/19/20	\$320,994	01/20/20	09/30/21	\$24,730	93.917	HIV Care Formula Grants	Department of Health & Human Services Administration	6X7CHA368990101	RYAN WHITE HIV/AIDS PROGRAM PART B COVID19 RESPONSE
FFY19 RYAN WHITE SUPP DIRECT SVCS	333.93.91	04/02/18	\$13,631,623	09/30/19	06/30/20	\$109,140	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY19 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/19	06/30/19	\$14,353	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY22 MCHBG LHJ CONTRACTS	333.93.99	10/13/21	\$1,555,601	10/01/21	12/31/21	\$39,964	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B0445251	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY21 MCHBG LHJ CONTRACTS	333.93.99	02/08/21	\$2,662,201	10/01/20	09/30/21	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B0440169	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES

TOTAL \$16,275,266