

Kitsap Public Health District Consent Agenda November 4, 2025

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2441 Amendment 9 (2491)	CLH32054-9	WA State Dept. of Health <i>Consolidated Contract</i>	Amendment	01/01/2025-12/31/2025	\$250,421	\$0
Description: Adds statement of work for Office of Immunizations; amends statements of work for Foundational Public Health Services, HIV Client Services – HOPWA Formula, Maternal and Child Health Block Grant, Office of Immunization – Perinatal Hepatitis B, Office of Immunization – Regional Representatives, Office of People Services – HR Public Infrastructure Grant; Office of Resiliency and Health Security – PHEP, OSS LMP Implementation, and Supplemental Nutrition Assistance Program – Education; an increase of \$250,421 for a revised maximum consideration of \$11,310,581.						
2495	KC-003-26	Kitsap County <i>Clean Water Kitsap</i>	Interlocal Agreement	01/01/2026-12/31/2026	\$1,548,300	\$0
Description: Provides a mechanism for implementation of programs within the Clean Water Kitsap (CWK) partnership to coordinate stormwater management programs and services to achieve a comprehensive approach to surface water management.						
2496	N-25-072	Jefferson County <i>Nurse Family Partnership</i>	Professional Services	07/01/2025-06/30/2026	\$196,862	\$0
Description: The Parties share Nurse Family Partnership (NFP) staff, training, and supervision through the Department of Children, Youth, and Families (DCYF) Grant. KPHD to continue its Home Visiting Services, perform assessments and referrals, and ensure compliance with NFP model requirements, and participate in local and regional early learning coalitions and other initiatives.						

**KITSAP PUBLIC HEALTH DISTRICT
2025-2027 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH32054**AMENDMENT NUMBER: 9**

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.

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
Office of Immunizations–ELC - Effective July 1, 2025
 - ☒ Amends Statements of Work for the following programs:
Foundational Public Health Services - Effective July 1, 2025
HIV Client Services-HOPWA Formula - Effective January 1, 2025
Maternal & Child Health Block Grant – Effective January 1, 2025
Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025
Office of Immunization-Regional Representatives - Effective July 1, 2025
Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025
Office of Resiliency & Health Security-PHEP - Effective July 1, 2025
OSS LMP Implementation - Effective July 1, 2025
Supplemental Nutrition Assistance Program-Education - Effective January 1, 2025
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:
 - ☒ Increase of \$250,421 for a revised maximum consideration of \$11,310,581.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2025 through December 31, 2025: 38.5% Admin, Facilities & CH Pgms; 40.30% EH Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 SNAP Ed Prog Mgnt Admin DSHS IAR	202525Q390347	Amd 9	10.561	333.10.56	01/01/25	11/29/25	10/01/24	11/29/25	\$18,000	\$97,882	\$97,882
FFY25 SNAP Ed Prog Mgnt Admin DSHS IAR	202525Q390347	Amd 3, 9	10.561	333.10.56	01/01/25	11/29/25	10/01/24	11/29/25	\$16,538		
FFY25 SNAP Ed Prog Mgnt Admin DSHS IAR	202525Q390347	Amd 1, 9	10.561	333.10.56	01/01/25	11/29/25	10/01/24	11/29/25	\$63,344		
FFY23 Hsng-PPL w/AIDS Formula HUD	WAH23-F999	Amd 6	14.241	333.14.24	01/01/25	09/30/25	08/10/23	08/09/26	\$420	\$110,720	\$110,720
FFY23 Hsng-PPL w/AIDS Formula HUD	WAH23-F999	Amd 4	14.241	333.14.24	01/01/25	09/30/25	08/10/23	08/09/26	\$6,000		
FFY23 Hsng-PPL w/AIDS Formula HUD	WAH23-F999	Amd 1	14.241	333.14.24	01/01/25	09/30/25	08/10/23	08/09/26	\$104,300		
FFY25 SWIMMING BEACH ACT IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$22,500	\$22,500	\$22,500
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 9	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$128,375	\$295,345	\$489,097
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 7	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$166,970		
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 3	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$75,614	\$193,752	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$118,138		
FFY24 State MH Innovation Prog State Mat	U7AMC50511	Amd 1	93.110	333.93.11	01/01/25	09/30/25	09/30/24	09/29/25	\$5,000	\$5,000	\$5,000
FFY25 CDC IQIP Regional Reps	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$27,470	\$27,470	\$27,470
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$5,000	\$5,000	\$5,000
FFY25 CDC VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$12,016	\$12,016	\$12,016
COVID 19 Vaccines R4	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/20	06/30/25	\$175,327	\$175,327	\$175,327
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$1,500	\$2,000	\$2,000
FFY26 Immunizations Discre CDC YR1	NGA Not Received	Amd 7	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$500		
FFY26 Immunizations IQIP CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$32,880	\$43,173	\$43,173
FFY26 Immunizations IQIP CDC YR1	NGA Not Received	Amd 7	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$10,293		
FFY19 ELC ED Immunizations CDC	NU50CK000515	Amd 9	93.323	333.93.32	07/01/25	06/30/26	07/01/25	07/30/26	\$16,134	\$16,134	\$16,134
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$125,765	\$125,765	\$125,765
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 1	93.387	333.93.38	01/01/25	04/28/25	04/29/23	04/28/25	\$5,281	\$5,281	\$5,281
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 9	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$200,000	\$400,000	\$400,000
PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$200,000		

Indirect Rate January 1, 2025 through December 31, 2025: 38.5% Admin, Facilities & CH Pgms; 40.30% EH Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 4	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$1,816	\$121,707	\$121,707
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$119,891		
FFY25 MCHBG Special PR HRSA 2	B04MC54583	Amd 9	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$13,386	\$13,386	\$13,386
FFY26 MCHBG LHJ Contracts HRSA YR1	NGA Not Received	Amd 9	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	(\$159,854)	\$0	\$0
FFY26 MCHBG LHJ Contracts HRSA YR1	NGA Not Received	Amd 7	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$159,854		
SFY2 GFS - Group B		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/23	06/30/25	\$25,877	\$25,877	\$25,877
SFY1 GFS - Group B Proviso		Amd 6	N/A	334.04.90	07/01/25	06/30/26	07/01/25	06/30/26	\$20,259	\$20,259	\$20,259
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$21,068	\$52,594	\$52,594
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,526		
SFY26 Dedicated Cannabis Account		Amd 6	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$247,510	\$247,510	\$401,345
SFY25 Dedicated Cannabis Account		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$30,080	\$153,835	
SFY25 Dedicated Cannabis Account		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$123,755		
SFY26 Nicotine Addict Prev & Ed Prov		Amd 6	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$100,530	\$100,530	\$162,285
SFY25 Nicotine Addict Prev & Ed Pro		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$11,490	\$61,755	
SFY25 Nicotine Addict Prev & Ed Pro		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$50,265		
Rec Shellfish/Biotoxin		Amd 6	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$15,000	\$15,000	\$23,700
Rec Shellfish/Biotoxin		Amd 5	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$2,000	\$8,700	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$6,700		
Small Onsite Management (ALEA)		Amd 8	N/A	334.04.93	07/01/26	06/30/27	07/01/25	06/30/27	\$6,571	\$6,571	\$84,435
Small Onsite Management (ALEA)		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$36,611	\$36,611	
Small Onsite Management (ALEA)		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	(\$10,000)	\$41,253	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$17,920		
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$33,333		
SFY27 Wastewater Management-GFS		Amd 8	N/A	334.04.93	07/01/26	06/30/27	07/01/26	06/30/27	\$31,822	\$31,822	\$51,822
SFY25 Wastewater Management-GFS		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$10,000	\$20,000	
SFY25 Wastewater Management-GFS		Amd 5	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$10,000		
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$38,402	\$38,402	\$66,044
SFY25 Youth Tobacco Vapor Products		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$1,481	\$27,642	
SFY25 Youth Tobacco Vapor Products		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$26,161		

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY26 OHSC TBI Safe Kids DSHS IAR		Amd 6	N/A	334.04.96	07/01/25	06/30/26	07/01/25	06/30/26	\$10,000	\$10,000	\$10,000
FFY25 TBI Safe Kids IAR		Amd 2	N/A	334.04.96	03/01/25	06/30/25	07/01/24	06/30/25	\$8,000	\$8,000	\$8,000
FFY26 RW Grant YR Rebate		Amd 6	N/A	334.04.98	04/01/26	06/30/26	04/01/26	03/31/27	\$646,500	\$646,500	\$1,253,000
FFY25 RW Grant YR Rebate		Amd 6	N/A	334.04.98	07/01/25	03/31/26	04/01/25	03/31/26	\$215,500	\$215,500	
FFY25 RW Grant Year Rebate		Amd 1	N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$195,500	\$195,500	
FFY24 RW Grant Year Rebate		Amd 1	N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$195,500	\$195,500	
SFY26 FPHS-LHHJ Funds-GFS		Amd 7	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$3,558,000	\$3,558,000	\$7,207,000
SFY25 FPHS-LHHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$3,649,000	\$3,649,000	
SFY25 FPHS-LHHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$250,000	\$250,000	\$250,000
SFY25 Lead Management (FPHS)		Amd 4	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$7,262	\$7,262	\$7,262
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$12,500	\$12,500	\$12,500
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$7,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$7,000		
YR 27 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$7,000)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$7,000		
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$2,000	\$2,000	\$2,000
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$2,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$2,000		
YR 27 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$2,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$2,000		
TOTAL									\$11,310,581	\$11,310,581	
Total consideration:	\$11,060,160									GRAND TOTAL	\$11,310,581
	\$250,421										
GRAND TOTAL	\$11,310,581									Total Fed	\$1,672,458
										Total State	\$9,638,123

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Foundational Public Health Services - Effective July 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: July 1, 2025 through June 30, 2026

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☐ Reimbursement ☒ Periodic Distribution
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Statement of Work Purpose: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

Revision Purpose: Core Teams correction, no change to allocation

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
SFY26 FPHS - LHJ FUNDS - GFS	99210860	N/A	336.04.25	07/01/25	06/30/26	3,558,000	0	3,558,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						3,558,000	0	3,558,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$1,278,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$687,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$225,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$50,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$205,000
11	CD – Hepatitis C – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$37,000
12	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$339,000
13	CD – Tuberculosis Program – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$21,000
14	MCH – Child Death Review – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$83,000
15	EPH Core Team – Climate Change Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$43,000

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

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

- For LHJ questions about the use of funds:
 - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166

- Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171

The intent of FPHS funding is outlined in [RCW 43.70.512](#).

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

Stable funding and an iterative decision-making process – The FPHS Steering Committee’s roles and responsibilities are outlined in the [FPHS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Spending of FPHS funds – FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPHS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ’s contract was signed.**

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

Annual Allocations – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June.

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

This Statement of Work is for the period of July 1, 2025-June 30,2026 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference

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

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

[FPHS Steering Committee Consensus Decision Making Model](#)

Activity Special Instructions:

Investments to Each LHJ:**1. FPHS Funds to Each LHJ**

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

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

Targeted Investments to Each LHJ:**2. Assessment Reinforcing Capacity (FPHS definition G.2)**

Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. Assessment – CHA/CHIP (FPHS definitions G.3)

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

4. Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

5. CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)

Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

6. EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

7. FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16

8. FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)

Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13

9. Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)

Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80

10. EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)

Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

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

Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH's Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.

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

Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

13. CD – Tuberculosis Program (FPHS definition C.4.q-v)

Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.

14. MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)

This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.

EPH – Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently ~~six~~ *four* EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- ~~Water System Capacity~~
- ~~Homelessness Response~~
- Safe & Healthy Communities

Kitsap is receiving funds to participate in these EPH Core Teams:

15. **EPH Core Team – Climate-Change Response**

This Core Team will address environmental health concerns related to climate and the effects of climate change.

- Model program development will start with Wildfire Smoke and Harmful Algal Blooms, and may include other priorities and topics.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: HIV Client Services-HOPWA Formula -
Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: January 1, 2025 through September 30, 2025

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to help the housing needs of persons with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) or related diseases and their families.

Revision Purpose: The purpose of this revision is to remove \$3,000 from TBRA and add \$3,000 to STRMU. There were no other changes to this agreement.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FFY23 HSNG-PPL W/AIDS FORMULA HUD	12660231	14.241	333.14.24	01/01/25	09/30/25	110,720	0	110,720
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						110,720	0	110,720

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families. The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program. Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).	-Perform prompt housing inspections. -Make prompt rent and deposit payments to landlords and make utility payments to utility companies. -Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually. -Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.	Required reports are to be submitted in a timely manner. DOH may delay payment until the reports are received or recapture unclaimed funds.	Administrative: \$6,470 Support Services: \$750 STRMU: \$16,500 \$13,500 Tenant Based Rental Assistance: \$81,000 \$84,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services. -Submission of Consolidated Annual Performance Report (CAPER) by requested due date. -Submission of Monitor responses by the due date requested.		Permanent Housing Placement: \$6,000 TOTAL: \$110,720

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

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

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

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

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

Program Specific Requirements

The outcome of this performance-based grant is safe, affordable, and stable housing for the clients of the HOPWA Program.

LHJ shall provide the following inputs:

- Staff who provide services described in this Statement of Work (SOW)

Compensation and Payment:

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **October 31, 2027**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- 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 25th of the following month.**
 - The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.
- Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.
E-mail invoices to: ID.Operations@doh.wa.gov
Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

- Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.

- (2) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

Confidentiality Requirements:

LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: Contractors that keep confidential and identifiable records including medical diagnosis and lab slips.

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records*. Proof of LHJ meeting these requirements may be requested during a site visit or audit. To meet the requirements LHJ must have the following in place:

- Clearly written agency policies regarding confidentiality and security of records;
- Appropriate physical and electronic security measures to prevent unauthorized disclosures;
- Signed statements of confidentiality and security for the staff member hired under this agreement who has access to sensitive information, either through access to files or through direct contact with clients. This statement will be on file at LHJ's office and updated yearly; and
- Appropriate confidentiality training provided to the staff member hired under this agreement with records of attendance.

Technical assistance is available through the Washington State Department of Health.

* 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.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Maternal & Child Health Block Grant-
Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: January 1, 2025 through September 30, 2026

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to remove FFY26 MCHBG LHJ CONTRACTS HRSA YR1 funding as the Department of Health has not received the FFY26 funding, add FFY25 MCHBG SPECIAL PR HRSA 2 funds and change language in task 3f.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Decrease (-)	Total Allocation
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	121,707	0	121,707
FFY26 MCHBG LHJ CONTRACTS HRSA YR1	78101261	93.994	333.93.99	10/01/25	09/30/26	159,854	-159,854	0
FFY25 MCHBG SPECIAL PR HRSA 2	7810125A	93.994	333.93.99	10/01/25	09/30/26	0	13,386	13,386
						0	0	0
						0	0	0
						0	0	0
TOTALS						281,561	-146,468	135,093

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2024 through September 30, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	December 5, 2025	See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 15, 2026	
1f	Report annual FTE billed to MCHBG.	Submit FTE information on DOH-provided template.	July 1, 2026	
1g	Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 4, 2026	
1h	Participate in DOH-sponsored MCHBG fall regional meeting.	LHJ Contract Lead or designee will attend regional meeting.	September 30, 2026	
Implementation				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
2c	Report 2025-26 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 14, 2026 Final – September 11, 2026	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed. Through September 30, 2025	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
3e	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026	

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Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3f	Review your program’s entry on ParentHelp123.org <i>Help Me Grow's ParentHelp123 Resource Finder</i> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2026	
3g	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	
MCHBG Assessment and Evaluation				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.	Submit documentation as requested by DOH.	November 21, 2025	
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2026	

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

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

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

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

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

Program Specific Requirements

Special Requirements:

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

Program Manual, Handbook, Policy References:

CYSHCN Information and Resources:

[Children and Youth with Special Health Care Needs Website\(wa.gov\)](https://www.wa.gov)

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used for services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high-risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low-income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

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

Check-ins with DOH Community Consultant as needed.

Billing Requirements:

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

Special Instructions:

Contact DOH Community Consultant for approval of expenses not reflected in pre-approved Budget Workbook.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of Immunizations–ELC - Effective July 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: July 1, 2025 through June 30, 2026

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct activities related to health education and promotion of COVID-19, long COVID and other vaccine-preventable diseases for at-risk populations, including strengthening bi-directional relationships with health care providers and increasing access to care.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY19 ELC ED IMMUNIZATIONS CDC	7431025E	93.323	333.93.32	07/01/25 06/30/26	0	16,134	16,134
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	16,134	16,134

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Implement communication, health education and other strategies or other activities, working with health care providers, community-based organizations or other partners to reach the locally identified population.	Written report describing activity/activities expected to be implemented on provided document. Implementation plan of activities to be conducted as part of activity on DOH provided document. Forecast of expected spending of funds through remainder period of performance (June 2025) on provided document.	Within 30 days of execution of contract amendment. Within 30 days of execution of contract amendment. Within 30 days of execution of contract amendment.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Catalog activities and conduct an evaluation of the strategies used to increase access to services.	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, 2026	
3.	Co-sponsor one mobile health event with Care-a-Van in their jurisdiction including planning, outreach, and logistics to reach the locally identified population.	Plan to incorporate to be added to implementation plan. Written report describing the mobile health event including date, location, services offered, partners, and number of attendees.	June 30, 2026	
4.	Provide culturally and linguistically appropriate information about vaccine-preventable diseases and Long COVID to reach locally identified populations.	Written report describing outreach and education strategies. Copies of any developed materials.	June 30, 2026	
5.	Other activities to consider, with support provided by DOH: - Consider adding activities that assess the need for Long COVID screening and treatment, distribute Long COVID clinical education resources to providers in each jurisdiction, and support linkages between social care and clinical care. - Consider hosting Mental Health First Aid training for the public health and health care workforce to increase skill and response capability. Contact Jennifer Robinson at: jeni-robinson@wsu.edu Website: https://www.mentalhealthfirstaid.org/ - Consider hosting a virtual or in-person training for health care leaders to support the workforce and reduce burnout. - Example: Leading in Healthcare: Contributing to more health within the system - Description: This workshop focuses on simple and accessible best-practices for supervisors and managers on leading through crisis and developing healthy team / work group culture. We will cover communication tactics and strategies during times of adversity or high-intensity, crisis recovery, and grief and loss. We will focus on actionable steps that those in leadership positions can take to improve the wellness and functionality of their teams from a behavioral health lens, and the specific strategies used by highly successful teams during and after recovery from adverse events.	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Distribute and promote provider behavioral health and wellbeing resources from DOH.			

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

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

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

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

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

Program Specific Requirements

Invoicing:

Invoices must be submitted monthly to include the previous month's reimbursements/costs to DOH using a Contract A19-1A invoice voucher form and required back-up documentation. Final invoices are due within 45 days of the end of the contract.

Unallowable Costs:

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: July 1, 2025 through June 30, 2026

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

Revision Purpose: The purpose of this revision is to add additional funds.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY26 IMMUNIZATIONS DISCRE CDC YR1	74610269	93.268	333.93.26	07/01/25	06/30/26	500	1,500	2,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						500	1,500	2,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds.	1. Review previously submitted preliminary budget for changes and return to DOH. 2. Using DOH provided forecast template, submit the forecast for expenditure of contract.	July 30, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status.	Enter information for each case identified into the Washington Disease Reporting System.	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Reporting of HBsAg-positive women and their infants. - Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. - Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. - Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Washington Disease Reporting System.			
3	Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period.	Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds.	January 15, 2026	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

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

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

Program Specific Requirements

Invoicing:

Invoices must be submitted monthly to include the previous month's reimbursements/costs to the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

Unallowable Costs:

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of Immunization-Regional Representatives - Effective July 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: July 1, 2025 through June 30, 2026

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

Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives.

Revision Purpose: The purpose of this revision is to add additional funds, add a deliverable/outcome, and add to program specific requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY26 IMMUNIZATIONS IQIP CDC YR1	74610263	93.268	333.93.26	07/01/25	06/30/26	10,293	32,880	43,173
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						10,293	32,880	43,173

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.				
1.	Within 30 days of executed contract review preliminary budget and submit any projected updates/changes to budget and forecast for expenditure of funds.	1. Deliverable: Review previously submitted preliminary budget for changes and return to DOH. 2. Deliverable: Using DOH provided forecast template, submit forecast for expenditure of contract.	July 30, 2025	
2.	Conduct enrollment site visits with all new providers and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with the CVP Operations Guide.	a) Email Provider Agreement New Enrollment Packet with provider's original or electronic signature – DOH 348-022 if	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		1. Provider did not previously submit the provider agreement to DOH. 2. Changes are made to the provider agreement during the enrollment visit. b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures		
3.	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program and when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Email completed Provider Disenrollment form DOH 348-423 or list to verify vaccine inventory transferred/removed from provider site.	Within ten (10) days of vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4.	Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide. Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR	a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
5.	Conduct Announced Vaccine Storage and Handling (ASH) visits upon DOH request after an enrolled site moves to a new physical location. All visits must be conducted in person, within 60 days of DOH request, in accordance with the CVP Operations Guide.	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each announced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.	a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	If site is due for a compliance visit within the current project period, conduct a compliance visit instead of an ASH visit. Complete Announced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR	b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.	
6.	Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 6 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with the CVP Operations Guide. Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR. Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.	a) Submit completed CVP Compliance Visit Project Schedule to DOH b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR. d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit.	a) By July 31, 2025 b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. c) Within five (5) business days of the site visit. d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. e) Within 5 business days of DOH request.	
7.	<u>IQIP (Immunization Quality Improvement for Providers)</u>	a) Copy of combined site visit project schedule (template will be provided)	a) By July 31, 2025	Reimbursement for actual costs incurred, not to exceed

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Complete Combined Site Visit Project Schedule Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2025. A minimum of 40% of total visits assigned per region must be initiated within the first half Project Year (Dec 31, 2025) and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site. Continue following up with provider sites at two (2), six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide. All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur by Dec 31, 2025	b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up. <i>IQIP Consultants must complete at least 85% of twelve (12) month follow-ups for IQIP visits initiated.</i>	b) Within five (5) business days of visit c) Within five (5) business days of contact By Dec 31, 2025	total funding consideration amount.
8.	Review previously submitted budget forecast and submit any updates; provide notice of any projected unspent funds by end of contract period.	Using DOH provided forecast template, submit the forecast for expenditure of any remaining funds. Submit notice of any projected unspent funds	January 15, 2026	

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

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

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

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

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

Program Specific Requirements

- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunizations.

- Regional Representatives must have access to a digital data logger with current certificate of calibration and qualified pack outs or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan).
- Regional consultants will limit use of Immunization Information System (IIS) user accounts to view the data needed to conduct site visits with enrolled sites, and DOH reserves the right to limit regional consultant IIS access if used for unauthorized purposes, including but not limited to, editing, or approving Childhood Vaccine Program provider agreements or vaccine-related requests.
- *LHJs must notify DOH as soon as possible with staffing changes for site visit reviewers/consultants to develop a transition and training plan*

Invoicing:

Invoices must be submitted monthly to include the previous month's reimbursements/costs to the DOH using a Contract A19-1A invoice form and required back-up documentation. Final invoices are due within 45 days of the end of the end of the contract.

Unallowable Costs:

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: January 1, 2025 through November 30, 2027

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG).

Revision Purpose: Purpose of revision is to add second allocation of funding and update Task 2 and 3 due dates.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
PH INFRASTRUCTURE COMP A1-LHJ	92321223	93.967	333.93.96	01/01/25	11/30/27	200,000	200,000	400,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						200,000	200,000	400,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a contact list of staff responsible for the statement of work (SOW).	Submit to DOH Program Contact names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit by email to DOH Program Contact any staff change(s) within 30 days	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop an implementation plan to use these funds for one or more of the allowable costs listed below. Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased retention of existing public health staff, and improved workforce systems	Submit initial implementation plan to the DOH Program Contact for review and prior approval as soon as possible.	Implementation plans must be submitted by email to DOH Program Contact before using funds.	Invoice Vouchers must be billed monthly and received by DOH within 45 days of the close of the month in which services were provided.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes. Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees. Allowable costs include: • Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. • Costs of allowed contractors and contracted staff. Notes: • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)	Revisions to the implementation plans are not required to be submitted to DOH for preapproval. Submit updated implementation plans at the end of the grant year with an overview of those changes.	Revised implementation plans are due a month and 10 days after the end of the grant year November 30th <i>except for the final year of the grant:</i> • January 10, 2026 • January 10, 2027 • January 10, 2028 <i>November 30, 2027</i>	
3	Data collection, as applicable, is based on: • Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period. • Hiring and retention activities the LHJ has at the end of the reporting period.	Data on form provided by DOH Data collection includes: • Number of funded positions filled by job classification and program area since the inception of the grant (December 1, 2022), as of the end of the reporting period.	Reporting periods are: • December 1, 2024–May 31, 2025 • June 1, 2025–November 30, 2025 • December 1, 2025–May 31, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period. • Data Quality and Context ○ Are the data provided questionable or low/poor quality? ○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance? ○ Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe. ○ Provide any additional context or information related to this measure. Note: 6-month Reporting periods see Due Date/Time Frame	• June 1, 2026–November 30, 2026 • December 1, 2026–May 31, 2027 • June 1, 2027–November 30, 2027 Report due dates are a month and 10 days after the end of the reporting period <i>except for the final reporting period:</i> • July 10, 2025 • January 10, 2026 • July 10, 2026 • January 10, 2027 • July 10, 2027 • January 10, 2028 <i>November 30, 2027</i>	

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

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

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

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

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

Program Specific Requirements

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

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or response)

- Equipment not primarily used by or for public health employees.
- Food or beverages (unless employee is in travel status)
- Incentives (except for retention incentives)
- Items to be given to community members (members of the public)
- Salaries at a rate more than Executive Level II (Federal Pay Scale)
- Vehicles (with preapproval, funds may be used to lease vehicles)
- Capital expenses

Preapproval from DOH is required to use these funds for:

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

Note: See also DOH A19 Documentation Matrix for additional expenses that may require preapproval.

Billing Requirements:

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

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

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this statement of work for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 45 days of the end of the period of performance for this statement of work.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP - Effective July 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: July 1, 2025 through June 30, 2026

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

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

This statement of work includes a partial allocation of PHEP funds because DOH has received a partial allocation from the CDC. DOH will add the remaining funds to the statement of work when they are received. If they are not received, DOH will review the statement of work and adjust activities as needed.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

Revision Purpose: The purpose of this revision is to add the remaining PHEP BP2 funds. LHJ Request Activities 17.1 and 17.2 are removed at the request of the LHJ.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 PHEP BP2 - CDC- LHJ PARTNERS	31602254	93.069	333.93.06	07/01/25	06/30/26	166,970	128,375	295,345
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						166,970	128,375	295,345

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Maintain accurate and up-to-date contact information. This includes names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2025, and any changes within 30 days of the change. Mid-and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2025 Within 30 days of the change. December 31, 2025 June 30, 2026	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	As requested, submit additional information to DOH to comply with federal grant requirements and/or DOH requirements.	Information requested by DOH.	Upon request from DOH.	
3	Participate with DOH in a site visit (virtual or in person) to develop stronger relationships, enhance collaboration, and promote a unified approach to public health preparedness and response efforts.	Participation in site visit. Preparation and follow-up activities as requested by DOH.	As requested by DOH.	
4	Jurisdictional Risk Assessment Implementing the preparedness cycle in any organization or jurisdiction is dependent on information about jurisdictional hazards. DOH is providing every local health jurisdiction with access to the H2azaRDS tool that was developed by the University of Washington. This Jurisdictional Risk Assessment (JRA) identifies, analyzes, and prioritizes potential public health and medical threats and hazards within the jurisdiction.			
4.1	Participate in the public health disaster risk assessment tool/report (H2azaRDs tool) training. This training will provide a foundational understanding of the tool and the rollout of it. Note: LHJs will be notified at least 30 days in advance of the training date.	Participation in training. Mid-year reports on template provided by DOH (note participation in training).	December 31, 2025	
4.2	Complete a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 Integrated Preparedness Planning Workshop (IPPW). OR Participate in a jurisdictional risk assessment tool/report during the PHEP FFY24 BP1 grant period or between July 1 and December 31, 2025, to inform the 2026 IPPW. The completed risk assessment report will include: • Documented risk profiles, capability gaps, and recommendations to inform planning and resource allocation. • Preparedness strategies in alignment with local, state, and federal emergency management frameworks. • A list of identified risks within the jurisdiction. • A prioritized ranking of the top five risks. • A summary of how these risks impact the most affected populations.	Risk Assessment	December 31, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Training Maintaining baseline training competency is essential for a coordinated and effective public health emergency response. Ensuring staff complete the appropriate Incident Command System (ICS) training enables them to operate within standardized response structures and communicate effectively during emergencies. Requiring sub-awardees to verify completion through a DOH-approved training plan promotes accountability and consistency across jurisdictions.			
5.1	Ensure baseline NIMS compliant training competency is maintained as determined by the LHJ. PHEP funding may be used to support additional public health emergency response trainings identified by the LHJ.	Mid- and end-of-year reports on templates provided by DOH, including titles, dates, and sponsor of trainings.	December 31, 2025 June 30, 2026	
6	Exercising Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) principles. Assessing the effectiveness of our emergency response plans and the training of those who might respond to the public health impacts of disasters, is a core component of the preparedness cycle. The act of exercising combined with the learning as demonstrated by an After-Action Report (AAR) drives future planning and training. It is DOH's responsibility to meet the exercise requirements under our CDC PHEP Cooperative Agreement. DOH uses the Multi-Year Preparedness Activities Calendar (MYPAC) to demonstrate that sub-recipients of the PHEP funding are participating in, or leading exercises. Local Jurisdictions and Tribes may use PHEP funding for any exercise that furthers their preparedness.			
6.1	If DOH participation is requested, complete the WA DOH Exercise Notification Form prior to conducting an exercise that was not previously identified in the LHJ's MYPAC or led by DOH.	Exercise Notification Form	As soon as the LHJ is aware of the exercise date and details.	
6.2	Conduct, or participate in, at least one emergency response exercise by June 30, 2026. LHJs should coordinate preparedness exercises with local partners, including Tribes, emergency management, healthcare facilities, and first responder agencies. Participation in exercises hosted by other organizations within the jurisdiction or geographic region is also strongly encouraged to support regional coordination and strengthen multi-agency response capabilities. Note: A real-world response would meet this deliverable.	Submit a Completed After-Action Report/Improvement Plan (AAR/IP)	For AARs that the LHJ are responsible for, 90 days after exercise completion. For others, when the AAR is publicly available.	
7	Public Health Emergency Response Planning A core component of every public health preparedness and response program is maintaining an up-to-date and complete emergency response plan that describes how the jurisdiction will respond to the public health impacts of the most likely threats faced by the jurisdiction.			
7.1	Update or develop LHJ identified sections of the Comprehensive Emergency Response Plan addressing gaps/needs identified from an After Action Report from an exercise or a real world response	Describe progress to date in the mid-year report on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Align the Plan with National Incident Management System/Incident Command System (NIMS/ICS) standards and coordinate with community-based organizations, healthcare, and local emergency response agencies.	Emergency Response Plan by June 30, 2026.		
8	Integrated Preparedness Planning Washington values the strengths of a decentralized public health system while recognizing that PHEP resources are limited. The Integrated Preparedness Planning (IPP) process is intended to promote inter-jurisdictional efficiency by aligning planning, training, and exercise efforts across the many public health jurisdictions in the state.			
8.1	To inform IPPW, develop a Multi-Year Preparedness Activities Calendar (MYPAC). Use the following to inform development of your MYPAC: exercise plans, emergency response plans, AAR/IPs, IPPs, and response training plans.	MYPAC Bring (or have available) your MYPAC to the IPPW (digital or on paper). Highlight activities that are new since January 2025.	January 5, 2026 January 13-14, 2026	
8.2	Participate in both days of DOH Integrated Preparedness Planning Workshop (IPPW), with at least one representative (virtually or in person). The IPPW is scheduled for January 13-14, 2026 (location TBD).	Participation in IPPW (DOH will be looking at sign in documents). End-of-year report on template provided by DOH.	January 13-14, 2026 June 30, 2026	
8.3	Develop or update a multi-year-integrated preparedness plan with critical response and recovery partners using the whole community approach. Use the information gathered in tasks 8.1. and 8.2 to inform the development of this plan	Multiyear integrated preparedness plan that is aligned with HSEEP principles, developed or updated between February 1 and June 30, 2026 (after the IPPW).	June 30, 2026	
9	Emergency Information Sharing Effective emergency communication and notification are critical for ensuring a timely, coordinated response to public health incidents. Immediate notification and accurate situation reporting enable rapid decision-making, resource deployment, and situational awareness at the state, tribal, and local levels. Maintaining reliable communication systems and conducting regular drills help verify readiness, strengthen coordination, and ensure that response protocols function as intended during real-world emergencies.			
9.1	Notification Requirement: Notify the Washington State Department of Health (DOH) Duty Officer at 360-888-0838 or via email at hanalert@doh.wa.gov for any incident that involves the activation of emergency response plans and/or the implementation of an incident command structure.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
9.2	Situation Reporting: Develop situation reports (sitreps) documenting jurisdictional activities during all response incidents that extend beyond two operational periods and require a written Incident Action Plan. Situation reports may be prepared directly by the LHJ or by another jurisdiction, provided they include input from the LHJ to ensure accuracy and completeness. Submit Situation Reports to DOH Duty Office (hanalert@doh.wa.gov) during LHJ response as soon as they are available.	Mid- and end-of-year reports on template provided by DOH. Note whether Situation Reports were submitted, or there was no need to submit them.	December 31, 2025 June 30, 2026	
9.3	Maintain the Washington Secure Electronic Communications, Urgent Response, and Exchange System (WASECURES) as the primary platform for emergency notifications. Participate in DOH-led notification drills. Notes: - Registered users must log in (or respond to an alert) quarterly at a minimum. - DOH will provide technical assistance to LHJs on using WASECURES. - LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.4	Participate in quarterly WASECURES notification drills coordinated by DOH to support statewide communication readiness.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
9.5	Conduct at least one Local Health Jurisdiction (LHJ)-led drill using the jurisdiction’s preferred staff notification system to ensure operational effectiveness.	Submit results of the drill on the mid- OR end-of-year reports on template provided by DOH.	December 31, 2025 OR June 30, 2026	
10	Medical Materiel and Volunteer Management Effective medical materiel and volunteer management are essential for ensuring timely access to critical supplies and skilled personnel during public health emergencies, enabling local health jurisdictions to respond quickly, coordinate resources efficiently, and maintain continuity of operations under surge conditions. While LHJs are not expected to sustain these capabilities independently, they must have plans in place to access and coordinate resources through local, mutual aid, and state systems when needed.			
10.1	Maintain and update the LHJ’s medical materiel management plan components, operational guide, or process document by verifying that the local agency’s preferred large parcel delivery sites are accurate and operational and jointly confirmed with DOH, confirming that	Mid- and end-of-year reports on template provided by DOH that describe progress on this task.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	inventory tracking systems work as intended, and ensuring the LHJ can procure, store, manage, and distribute palletized and bulk medical supplies during a public health emergency when necessary.	Summary of medical materiel management plan components, operational guide, or process document. (You may submit the whole plan, guide, or document if you prefer.)	December 31, 2025 OR June 30, 2026	
10.2	Develop process/procedure to integrate clinical volunteers into your emergency response plan(s) including the process for management of volunteers during a public health emergency. This could be in partnership with other response partners (EM, Hospitals, Local Volunteer agencies, etc.). This plan must identify a point of contact to collaborate with state volunteer registries and support volunteer vetting, credentialing, and response readiness. If a Medical Reserve Corps (MRC) is housed within the Local Health Jurisdiction (LHJ), confirm a Point of Contact (POC). For LHJs without an MRC, identify a POC to liaise with external volunteer management organizations, including the State Emergency Medical Reserve Corps.	Mid- and end-of-year reports on template provided by DOH, including identified volunteer management point of contact. Volunteer management process, procedure, or plan, including the point of contact. Updated volunteer management point of contact, as needed.	December 31, 2025 June 30, 2026 June 30, 2026 As changes occur.	
11	Public Health Information and Warning Effectively communicating with the public about health risks during emergencies is essential for reducing morbidity and mortality. When people understand the nature of a threat and what actions they can take to stay safe, they are better equipped to protect themselves and others. Timely, clear, and culturally appropriate messaging helps minimize confusion, supports informed decision-making, and ultimately saves lives during public health emergencies.			
11.1	Incorporate communication strategies into exercises to strengthen your jurisdiction’s capacity to manage and disseminate accurate information during emergencies to populations disproportionately affected by top public health hazards within jurisdiction.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
12	Healthcare Coalition Partnerships Collaboration between local PHEP recipients and healthcare coalitions is essential to align public health and healthcare system preparedness capabilities, enhance interoperable response plans, and ensure efficient allocation of critical resources during emergencies.			
12.1	Participate in the Northwest Healthcare Response Network (NWHRN) monthly or the Healthcare Alliance (HCA) bi-monthly meetings, at least once during each contract reporting period.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The contract reporting periods are July 1 – December 31, 2025, and January 1 – June 30, 2026.			
12.2	Participate in the following additional activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): • Communications • Planning • Training, and/or exercises.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
13	Coordination with Tribes Tribes bring valuable cultural knowledge, governance structures, and community networks, essential for effective preparedness, response, and recovery. Partnering with tribes enhances trust, optimizes resource use, and ensures equitable support during crises.			
13.1	Seek to engage and coordinate with local tribes on preparedness activities, if you have federally recognized tribes within your LHJ. Note: The jurisdictional risk assessment might be an opportunity to work with tribes (Task #4).	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
14	Administrative Preparedness Plans/Procedures Administrative preparedness is essential for LHJs to effectively fulfill their obligation to respond to public health emergencies in their jurisdiction. Having established administrative procedures that allow your organization to implement appropriate flexibility during declared emergencies—even in the absence of a formal plan—helps ensure rapid access to resources, contracts, staffing, and operational support during public health emergencies.			
14.1	Based on the unique structure and administrative procedures, review and have an understanding of the following areas: • Conditions under which expedited processes can be activated. • Identification of those authorized to implement emergency administrative processes and procedures. • Streamlined processes for securing emergency funding from federal, state, or both levels of government (recognizing that state and federal funding is contingent on availability). • Accelerated procedures for procuring resources, including additional staff (temporary or permanent). • Criteria for deactivating emergency processes and transitioning back to normal operations.	Mid- and end-of-year reports on template provided by DOH. Plan and/or procedures available upon request	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15	Build Highly Qualified PHEP Workforce Maintaining a qualified PHEP workforce is essential for ensuring operational readiness and effective emergency response. Ongoing participation in communities of practice fosters shared learning, supports the dissemination of best practices, and strengthens workforce competencies needed to execute critical public health preparedness functions.			
15.1	Engage in at least one community of practice (CoP) group that identifies problems, solutions, and best practices in public health emergency preparedness. This can be a community of practice led by DOH, CDC, or Northwest Center for Evidence-Based Public Health Emergency Preparedness and Response. Note: Attending the MCM CoP (Task 16.2) meets this activity also.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
16	Medical Countermeasures All LHJs, including non-Cities Readiness Initiative (CRI)* LHJs, must be able to meet medical countermeasure (MCM) capabilities to ensure timely protection of their communities during public health emergencies. Building and maintaining this capability supports equitable access to life-saving interventions and strengthens the overall statewide response system. *Non-CRI LHJs are LHJs that do not receive Cities Readiness Initiative (CRI) funding. In Washington State, the LHJs that receive CRI funding are Clark County Public Health, Public Health – Seattle & King County, Snohomish County Health Department, and Tacoma–Pierce County Health Department.			
16.1	Update MCM plan between July 1, 2025, and June 30, 2026, to reflect current capabilities, procedures, and resources, to demonstrate ongoing medical countermeasure (MCM) readiness. If the MCM plan does not include jurisdiction's ability to receive, stage, store, and distribute MCM, provide a comprehensive supplemental report on these capabilities. This report should include: The process for receiving, staging, storing, and distributing MCM.	Updated MCM plan (submit once by June 30, 2026, or sooner). If the Plan is not submitted by December 31, 2025, describe progress to date in the mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2025 June 30, 2026	
16.2	Attend one of the MCM quarterly meetings for the non-CRI LHJs and one MCM community of practice meeting throughout the performance period. Note: Participation in the MCM community of practice also meets the requirement of Task 15.1.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
17	LHJ Request Activities The following activities are added at the request of the LHJ.			
17.1	Provide consultation and grant support to Clallam and Jefferson Public Health Emergency Response Coordinators as requested.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
17.2	Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites. Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	

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

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

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

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

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

Program Specific Requirements

Special Requirements:

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform the implementation of activities in this statement of work. DOH will provide copies of the documents.

New Statement of Work Guidance Document (under development)

Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.

Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health

Public Health Emergency Preparedness (PHEP) Cooperative Agreement (2024 – 2029 Guidance Document)

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

Recipients may only use funds for reasonable program purposes, including personnel, travel, supplies, and services.” PHEP Notice of Funding Opportunity: Funding Limitations Supplemental Guidance – February 2024

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Salaries at a rate above Federal Executive Schedule Level II.
- Vehicles (with preapproval, funds may be used to lease vehicles).
- Pay or reimburse backfilling costs for staff.
- Vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by CDC/ACIP schedules.
- Influenza vaccines for the public.
- Promotional items and memorabilia.
- Construction or major renovations.

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing food or beverages is generally not allowable (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.
- Overtime pay for staff directly associated with this statement of work.
- Purchase of caches of vaccine for public health responders and their households to ensure the health and safety of the public health workforce.
- Purchase of caches of vaccine for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

Please refer to the Billing Instructions in the 2025 – 2027 Consolidated Contract.

All expenses on invoices must be related to the Statement of Work Tasks.

Submit invoices monthly on a signed A19-1A invoice voucher form with backup documentation appropriate for risk level. DOH will provide A19 form and risk level.

- Submit invoices monthly within 60 days of the end of the month of service (unless the related ConCon amendment has not been executed, in that case submit invoices as soon as possible after the amendment is executed).
- Please do not submit invoices until the ConCon amendment including the funds has been executed.
- If invoices include indirect costs, there must be a DOH-approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Contact via email.
- If you are submitting a supplemental, revised, corrected, or any additional invoice for a month, please clarify your intentions in the email with the invoice.
- Submit final billing within 60 days of the end of the funding period.

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: OSS LMP Implementation - Effective July 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: July 1, 2025 through June 30, 2027

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP). This funding is for the 2025-2027 biennium.

Revision Purpose: Add task-level budgets and update goals and measurable objectives table.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/25	06/30/26	36,611	0	36,611
SFY27 WASTEWATER MANAGEMENT - GFS	26701170	N/A	334.04.93	07/01/26	06/30/27	31,822	0	31,822
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/26	06/30/27	6,571	0	6,571
						0	0	0
						0	0	0
						0	0	0
TOTALS						75,004	0	75,004

GOALS & MEASURABLE OBJECTIVES

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported on an ongoing basis in the semiannual progress reports.

Description (e.g., "OSS compliance")	Units (e.g. "systems")	Starting Amount	Targets
OSS compliant with inspections in Marine Recovery Areas (MRAs) and/or Sensitive Areas (SA)	Number of OSS	29,000	30,000
OSS compliant with inspections countywide	Number of OSS	2,700	2,900
OSS failures identified/corrected in MRA/SA	Number of OSS failures identified and repaired/replaced	0/0	75%
OSS failures identified/corrected countywide	Number of OSS failure identified and repaired/replaced	0/0	75%

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	Bi-monthly Invoicing and Progress Reports DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. Local or County Health subrecipients will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices.	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period	Reimbursement up to \$0 based on actual costs.
1.2	Semi-Annual Progress Reports Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.	Data about the following: - Qualitative: - Summary of work - Barriers to LMP Implementation - Quantitative: - OSS inventory metrics - Enforcement actions - Outreach and Education efforts	Due July 15 for the duration of the contract period	
Task 2. Local Management Plan Implementation This task includes all work done to implement the county’s LMP excluding grant management tasks and inspection rebates/incentives.				
2.1	Operations and Maintenance (O&M) Program Administration - Mail inspection reminders to homeowners as needed. - Inspection compliance tracking/mapping - Failure and repair tracking/mapping - Compliance enforcement - Complaint response - O&M data reports about inventory and deficiencies	a. Enforcement Protocol b. Data on the following: - Number of OSS with current inspections - Number of OSS failures and calculated risk using DOH-provided risk assessment. - Number of repairs	a. By first semi-annual progress report due date b. Report in semi-annual progress report in Subtask 1.2.	Reimbursement up to \$X \$52,504 based on actual costs.
Task 3. Indirects OPTIONAL TASK – INDIRECTS CAN BE ADDED TO TASK BUDGETS ABOVE OR PULLED OUT AS THEIR OWN TASK Indirect rates can only be charged to this work if the LHJ has a current approved rate on file with DOH.				
3.1	Indirect rate on TMDC at a rate of 30.08% . Annual rate may change during contract period.	Submit current approved indirect rate to DOH Grants Management Office for approval.	Before indirects can be approved for reimbursement	Reimbursement up to \$X \$22,500 based on actual costs.

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: January 1, 2025 through November 29, 2025

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

Statement of Work Purpose: The purpose of this statement of work is to 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 shorten the period of performance from 12/31/2027 to 11/29/2025 to end this statement of work, add funding to FFY25 SNAP ED PROG MGNT ADMIN DSHS IAR (\$18,000) and extend the funding end date from 09/30/2025 to 11/29/2025, update Task 2.1 to extend the date for final invoicing, remove Task 3.1, and add language in the Special Billing Requirements to change the final due date of all and any A19 Invoices.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 SNAP ED PROG MGNT ADMIN DSHS IAR	76701950	10.561	333.10.56	01/01/25	11/29/25	79,882	18,000	97,882
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						79,882	18,000	97,882

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WA SNAP-ED STATE PLAN EXECUTION			See "Billing Requirements" below.
1.0	Develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient's project work plan approved by Department of Health (DOH).	1. Project(s) provide(s) 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences. 2. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan.	Ongoing - entire contract period	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		3. Satisfactory progress towards State SNAP-Ed project(s) selected by Subrecipient is demonstrated and reported. Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.		
1.1	Be in full compliance with the approved WA SNAP-Ed Federal Fiscal Year (FFY) 24-26 State Plan and the USDA SNAP-Ed Plan Guidance. DOH reserves the right to complete any additional monitoring activities deemed necessary in the contract year to ensure full compliance with the program.			Payment withheld if not received by due date.
1.1a	Maintain communication with DOH	Be available for regular and intermittent meetings, both in-person and virtual, with DOH SNAP-Ed, as agreed upon or as needed. Respond to all DOH and SNAP-Ed Statewide initiative requests within the timeline requested. 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.	Ongoing	Payment withheld if not received by due date.
1.1b	Follow the budget amendment guidance in the SNAP-Ed LIA Handbook. Changes to the work plan or budget must be approved by DOH in accordance with DSHS and/or USDA Guidance.	Workplan and budget are up-to-date and approved.	Ongoing	
1.1c	Conduct all work in accordance with local health guidance including that for COVID-19 and other environmental or public health hazards.		Ongoing	
1.2	Develop relationships with and engage partners and members of the SNAP-Ed audience in developing, implementing, and evaluating culturally relevant SNAP-Ed programs, messages, and educational activities.	Work plan includes a plan to engage partners and members of the SNAP-Ed audience in developing, implementing, and evaluating culturally relevant SNAP-Ed programs, messages, and educational activities.	Ongoing	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Document work engaging partners and members of the SNAP-Ed audience in PEARS.		
1.3	Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences.	Document all sites and the data that indicates that sites are eligible on your work plan(s).	Ongoing	
2	PAYMENT AND FISCAL RESPONSIBILITIES			
2.1	Submit timely invoice vouchers for SNAP-Ed specific activities. Use current approved SNAP-Ed Contractor budget workbook budget line items and amounts to track expenses with each invoice.	Prepare and submit an invoice using the A19-1A Invoice Vouchers and include supporting documentation, if applicable. - Total costs billed will not exceed the USDA-approved budget amount. - Bills must only be for SNAP-Ed specific activities.	Monthly: due no later than thirty (30) days after the end of the preceding month. (e.g., October invoice submitted no later than November 30 and so on.) Final invoice is due October 30, 2025. <i>January 12, 2026.</i>	Payment withheld if not received by due date.
2.2	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.	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.	Every other year: can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.	See “Billing Requirements” below.
3	DOH and State-wide Reporting, Calls and Meetings, and Training			
3.1	Fully cooperate with DOH SNAP-Ed to implement all related program activities and report progress on all activities.	Prepare and submit four (4) quarterly reports, due to DOH. Prepare and submit an (1) annual report, due to DOH. Report SNAP-Ed activities and progress in PEARS.	Quarter Reports: First quarter report due by Wednesday, January 8, 2025. Second quarter report due by Wednesday, April 9, 2025. Third quarter report due by Wednesday, July 9, 2025.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Fourth quarter report due by Wednesday, September 17, 2025. Annual Report: The annual report deadline is set by DSHS and LIAs will be notified by email as soon as the date is known. PEARS: Update Direct Education in the Program Activity Module within two weeks of delivery. Update all other SNAP-Ed work monthly, no later than the last business day of the following month.	
3.2	Fully cooperate with the statewide SNAP-Ed Curriculum, Training and Website Team to implement consistent evidence-based curricula .	Train for and implement direct education curricula in accordance with defined requirements		
3.3	Fully cooperate with the statewide SNAP-Ed Evaluation team and follow the <i>most up to date</i> SNAP-Ed Evaluation Guidance to meet programmatic outcomes and reporting measures.	Collect and submit program data in accordance with defined requirements.		
3.4	Participate in DOH, DSHS, Evaluation Team, Curriculum Training & Website Team conference calls and meetings.	Participate in scheduled Coordinator calls, Statewide SNAP-Ed Forum.	- Coordinator calls – monthly. - Statewide Forum – as scheduled by DSHS.	
3.5	Participate in DOH, DSHS, Evaluation team, or Curriculum Training & Website Team trainings, as relevant to your program and skill development. Agencies will conduct, manage, and record all trainings. If agencies cannot access training, they will contact DOH.	Document required trainings on the Contractor Required Training Tracking Sheet.		
3.5a	Complete and document required Civil Rights Training. If training is not documented the agency will have to repeat training. This training is required for all SNAP-funded staff.	Document completed Civil Rights Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	Due December 31 each calendar year for all SNAP-Ed funded staff. New hires to complete within 30 days of hire.	Payment withheld if not received by due date.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Frequency: Annually, for each Federal Fiscal Year (Oct-Sept). Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.			
3.5b	Complete and document required Fiscal Training. If training is not documented the agency will have to repeat training. This training is required for 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. Frequency: Annually, for each Federal Fiscal Year (Oct-Sept). Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.	Document completed Fiscal Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	Due no later than March 31 each year. New hires to complete within 30 days of hire.	
3.5c	Complete and document required Systems Approaches to Healthy Communities Training (online version). If training is not documented the agency will have to repeat training. This training is required for the Project coordinator and all staff involved in planning, implementing, and evaluating SNAP-Ed project activities. Frequency: To be completed by new staff who have not previously taken this or similar PSE training. Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.	Document completed Systems Approaches to Healthy Communities Training (online version) Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	New staff to complete within 6 months of hire.	
3.5d	Complete and document required Food Handler Training, if applicable. If training is not documented the agency will have to repeat training. This training is required for staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public. Frequency: WA food handler cards expire two years after first issuance, three-five years if card renewed. Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.	Document completed Food Handler Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	Due prior to handling, preparing, cooking, assembling and/or serving food or drink.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.5e	Complete and document required Data Collecting and Reporting Training. If training is not documented the agency will have to repeat training. This training is required for Project coordinator or any staff person responsible for collecting, reporting, or entering SNAP-Ed related data. Frequency: Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided. Refer to the Required Trainings section of the LIA Handbook for more information.	Document completed Data Collection and Reporting Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided.	
3.5f	Complete and document required Curriculum Training, if applicable. If training is not documented the agency will have to repeat training. This training is required for Project coordinator and all staff involved in planning, implementing, and evaluating direct education. Frequency: 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 complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy. Refer to the Required Trainings section of the LIA Handbook for more information.		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 complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy.	
3.5g	Complete and document required WA SNAP-Ed Nondiscrimination Statements Training. If training is not documented the agency will have to repeat training. This training is required for all SNAP-funded staff. Frequency: To be completed by new staff who have not previously taken this training. Refer to the Required Trainings section of the Provider Handbook for more information	Document completed Data Collection and Reporting Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	New staff to complete within 30 days of hire.	

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

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

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

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

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

Program Specific Requirements

- Contractor shall ensure, and shall require of its subcontractor, that services provided by the subcontractor are provided in accordance with the terms and conditions of the Contract; and Contractor is responsible for the acts and omissions of the subcontractor.
- Contractor shall ensure that the subcontractor and subcontractor's staff who will have unsupervised access to children or vulnerable adults served under the Contract have each completed and received a satisfactory background check before providing services to DSHS clients, as required under the Contract.
- Contractor shall ensure that the subcontractor has and maintains insurance with the same types and limits of coverage as required of the Contractor under the Contract.
- Contractor is responsible to ensure that all terms, conditions, assurances, and certifications set forth in this Contract are included in the subcontract, including all confidentiality and data security requirements.
- All contract terms in the above-referenced contract remain in full force and effect and nothing in this Checklist shall be construed as waiver of terms in the above-referenced Contract.

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, the funds withheld will be released to the Subrecipient. If satisfactory corrective action does not take place 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 Washington Department of Health SNAP-Education, PO Box 47886, Olympia, WA 98504-7886, or in writing via email to snap-ed@doh.wa.gov.

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.’ ‘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
 - A 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.
6. *All SNAP-Ed A19-1A Invoices (Month, Supplemental and/or Final) are due on or before January 12, 2026. No exceptions will be allowed for any invoices submitted after this date.*

**CONTRACT NO. KC-003-26
INTERLOCAL AGREEMENT**

**BETWEEN KITSAP COUNTY AND
KITSAP PUBLIC HEALTH DISTRICT**

I. PREAMBLE

This Interlocal Agreement (AGREEMENT) is by and between Kitsap County (COUNTY), a political subdivision, whose principal offices are located at 614 Division Street, Port Orchard, Washington 98366 and Kitsap Public Health District (DISTRICT), whose principal offices are at 345 6th Street, Suite 300, Bremerton, Washington 98337.

II. RECITALS

Kitsap County Board of Commissioners enacted Chapter 12.36 of the Kitsap County Code (KCC) for the purpose of establishing a comprehensive approach to stormwater management pursuant to Chapter 36.89 RCW. Chapter 12.36 KCC, called the County's "Stormwater Management Program," authorizes the coordination of stormwater management programs and services through interlocal or other operating agreements with other departments, governmental entities or special districts in order to achieve a comprehensive approach to surface water management.

A multi-agency partnership, called Clean Water Kitsap, operates through interlocal agreements between Kitsap County Public Works Department, Kitsap Public Health District, Kitsap Conservation District, Washington State University Extension Program, and Kitsap Public Utility District. Each member has identified areas of responsibility, program elements, and budgets consistent with Chapter 12.36 KCC for the purpose of coordinating program implementation and administration.

COUNTY and DISTRICT now desire to enter into an AGREEMENT to provide funding, collected by Kitsap County through Chapter 12.40 KCC, to assist in the implementation of DISTRICT programs through Clean Water Kitsap. Mutual benefits will accrue to the parties hereto and the people that each serves in the cooperative implementation of Clean Water Kitsap. The Interlocal Cooperation Act, Chapter 39.34 RCW, further authorizes the parties hereto to enter into this AGREEMENT.

This AGREEMENT consists of the following documents:

1. Interlocal Agreement
2. Kitsap Public Health District 2026 Scope of Work and Budget

ACCORDINGLY, THE PARTIES AGREE AS FOLLOWS:

III. AGREEMENT

1. Purpose

The purpose of the AGREEMENT will provide a mechanism for implementation of programs within the Clean Water Kitsap (CWK) partnership.

2. Funding

Funding for services provided shall be obtained from revenues derived from service charges authorized under Chapter 12.36 KCC and assessed annually on parcels of real property in unincorporated Kitsap County. The COUNTY and the DISTRICT shall endeavor to seek and obtain, whenever possible, grants or other external funding sources to minimize the financial burden to the citizens of unincorporated Kitsap County.

3. Scope of Work

DISTRICT shall perform such duties and services as are listed on Attachment A, attached hereto and incorporated herein by reference. Said services shall be performed in accordance with the approved Scope of Work and Budget specified in Attachment A and as provided for in AGREEMENT. All services funded under this AGREEMENT shall be provided exclusively within the boundaries of unincorporated Kitsap County.

4. Kitsap County Representative

The Director of Public Works, or his/her designee, shall represent the Department of Public Works and the COUNTY in all matters pertaining to the services to be rendered under this AGREEMENT. All requirements of COUNTY pertaining to the services and materials to be rendered under this AGREEMENT shall be coordinated through said County representative. Pursuant to RCW 39.34.030(4)(a) the representative shall act as an administrator.

5. Kitsap Public Health District Representative

The Director of Environmental Health for DISTRICT, or his/her designee, shall represent the DISTRICT in all matters pertaining to the services and materials to be rendered under this AGREEMENT. All requirements of DISTRICT pertaining to the services or materials to be rendered under this AGREEMENT shall be coordinated through said District representative. Pursuant to RCW 39.34.030(4)(a) the representative shall act as an administrator.

6. Program Reporting

DISTRICT shall produce a mid-year progress update and a year-end report summarizing the work performed and evaluating the performance and results of the work performed pertaining to this AGREEMENT.

Progress update shall include, but not be limited to, the following information:

- a. An update of the work performed during the period and progress made to date, including performance indicators that reflect effectiveness of the program elements as set forth in ATTACHMENT A – Scope of Work and Budget.
- b. Status of the project schedule.
- c. Description of any adverse conditions that have affected the program objectives and/or time schedules, and actions taken to resolve these issues.

Progress update and report shall be submitted as follows:

- Semi-annual update report (January 1 to June 30) due July 31, 2026
- Annual Year-end report (January 1 to December 31) due January 31, 2027

The Year End Report shall contain a summary of major accomplishments realized during the year. The report will be written in such a manner so as to allow a summary paragraph to be excerpted from the report and incorporated into the CWK Annual Executive Summary Report. DISTRICT shall also be responsible for submitting additional information to be included in the Annual Executive Summary Report. This information shall include, but not be limited to, photographs, slides, and any other graphics that would enhance the content and/or appearance of the Annual Executive Summary Report.

7. Performance Analysis

COUNTY Representative shall complete a semi-annual performance analysis evaluating the services provided under the AGREEMENT for effectiveness and compliance with the program elements set forth in Chapter 12.36 KCC and shall report to the CWK partnership.

8. CWK Partnership Committee

DISTRICT shall participate on the existing CWK Partnership Committee.

DISTRICT representative shall represent the DISTRICT on the CWK Partnership Committee. The Director of Public Works, or their designee shall represent the COUNTY on the CWK Partnership Committee. A representative of the Washington State University Extension Program shall represent that agency on the CWK Partnership Committee. A representative of the Kitsap Conservation District shall represent that agency on the CWK Partnership Committee. A representative of the Kitsap Public Utility District shall represent that agency on the CWK Partnership Committee.

The CWK Partnership Committee shall hold quarterly meetings which shall focus on the following:

- a. Evaluating program performance to ensure that the program funding is used in the most effective manner.
- b. Ensuring that the CWK programs address water quality issues of most concern to the public.
- c. Providing a means to coordinate water quality programs among agencies to capitalize on each other's efforts and avoid duplication of activities.
- d. Providing a direct and effective means of communication among CWK agencies.
- e. Making recommendations for program revisions to the Director of Public Works and the Kitsap County Board of Commissioners.

9. Reimbursement

COUNTY shall reimburse DISTRICT only for actual incurred costs upon presentation of a properly executed invoice in a form approved by COUNTY. Costs shall be charged, and funds reimbursed based upon appropriate program elements and cost categories as defined in Attachment A. The sum of DISTRICT'S reimbursement requests during the duration of this Agreement shall not exceed **\$1,548,300.00** the budget for all program elements combined as identified in Attachment A.

The Kitsap County Board of Commissioners must approve any payment request by DISTRICT exceeding this maximum reimbursement amount in advance of the payment. DISTRICT may exceed line item amounts within individual program element budgets but shall not exceed the total budget for each individual program element without the approval of the Director of Public Works.

Reimbursement requests shall not be made more frequently than once a month. COUNTY reserves the right to withhold payments pending timely delivery of progress reports or documents as may be required under this AGREEMENT. COUNTY shall reimburse DISTRICT within 30 days of receipt of a properly executed District invoice.

10. Documentation of Costs and Maintenance of Records

DISTRICT shall maintain all books, documents, receipts, invoices and records including payroll records necessary to sufficiently and properly reflect the expenditure of COUNTY funds. The accounting records must provide for a separate recording and reporting of all CWK program receipts and expenditures.

Financial records pertaining to matters authorized by this AGREEMENT are subject to inspection and audit by representatives of COUNTY or the State Auditor upon request. Financial records shall be preserved and made available to COUNTY and its agents for a period of six (6) years after the end of this AGREEMENT or, in the event of an audit, records shall be kept until the audit is completely resolved.

11. Property

Title to property purchased by DISTRICT, the cost of which DISTRICT has been reimbursed as a direct item of cost under this AGREEMENT, shall pass to and vest to DISTRICT. Property purchased with funds delivered pursuant to this AGREEMENT may be used only for the performance of this AGREEMENT and shall be purchased in accordance with applicable state law and COUNTY purchasing policies.

12. Assignment

DISTRICT shall not assign or subcontract any portion of the services provided within the terms of this AGREEMENT without obtaining prior written approval of COUNTY. All terms and conditions of the AGREEMENT shall apply to any approved subcontract or assignment related to this AGREEMENT.

13. Nondiscrimination

DISTRICT and COUNTY agree to comply with all applicable local, state, and/or federal laws and ordinances, and agree that they shall not discriminate in their employment practices or delivery of services or other activities on the grounds of race, color, religion, national origin, age, sex, marital status, veteran status, sexual orientation, or the presence of any sensory, mental or physical handicap. DISTRICT and KITSAP COUNTY shall ensure that any subcontractor shall fully comply with this paragraph.

14. Compliance with Laws

DISTRICT shall comply with all federal, state, and local laws, statutes, ordinances, rules, and regulations applicable to the performance of this AGREEMENT. DISTRICT agrees to comply with all the provisions of the Americans with Disabilities Act and all regulations interpreting or enforcing such act.

15. Indemnity

It is understood and agreed that this AGREEMENT is solely for the benefit of the parties hereto and gives no right to any other party. No joint venture or partnership is formed as a result of this AGREEMENT. Each party hereto agrees to be responsible and assumes liability for its own negligent acts or omissions, and those of its officers, agents, and employees to the fullest extent required by law, and agrees to save, indemnify, defend, and hold the other party harmless from any such liability. In the case of negligence of both the COUNTY and DISTRICT, any damages allowed shall be levied in proportion to the percentage of negligence attributable to each party, and each party shall have the right to seek contribution from the other party in proportion to the percentage of negligence attributable to the other party.

This indemnification clause shall also apply to any and all causes of action arising out of the performance of work activities under this AGREEMENT. Each contract for services or activities utilizing funds provided in whole or in part by this AGREEMENT shall include a

provision that KITSAP COUNTY is not liable for damages or claims from damages arising from any subcontractor's performance or activities under the terms of the contracts.

For the purposes of this indemnification, the parties specifically and expressly waive any immunity granted under the Washington Industrial Insurance Act, Title 51 RCW. This waiver has been mutually negotiated and agreed to by the parties. The provision of this section shall survive the expiration or termination of the Agreement.

16. Insurance

The DISTRICT certifies that it is part of a liability insurance pool or maintains appropriate liability insurance policies and agrees to pay for all losses for which DISTRICT is found liable.

Insurance carried by the DISTRICT shall be primary insurance with respect to any insurance or self-insurance programs maintained by the COUNTY and shall not contribute with it.

The policy shall provide, and the certificate shall reflect the insurance afforded applies separately to each insured against which a claim is made, or a suit is brought except with respect to the limits of the insurer's liability.

Upon request of the County, the DISTRICT shall furnish proof of liability insurance including policy limits.

The DISTRICT agrees to comply with all State requirements related to Workers Compensation Insurance.

17. Amendments to Agreement

The parties hereby further agree that this AGREEMENT cannot be amended or modified without the written concurrence of both parties.

18. Modification for Funding Reasons

COUNTY may negotiate modification of the AGREEMENT at any time if funding is reduced or limited in any way after the effective date of this agreement.

19. Termination

Either party to this AGREEMENT may elect to terminate this AGREEMENT for any reason by delivering a thirty (30) day written notice of intent to terminate to the other party. In the event of such termination, DISTRICT shall be compensated for the actual costs incurred prior to the time of notification of contract termination.

20. Duration of Agreement

This Agreement is in effect from the January 1, 2026 through December 31, 2026.

21. Filing

This AGREEMENT shall be filed with the County Auditor following execution by all parties.

Dated this ____ day of _____, 2025

KITSAP PUBLIC HEALTH DISTRICT

YOLANDA FONG, ADMINISTRATOR

Dated this ____ day of _____, 2025

**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**

CHRISTINE ROLFES, CHAIR

ORAN ROOT, COMMISSIONER

KATHERINE T. WALTERS, COMMISSIONER

ATTEST:

DANA DANIELS, CLERK OF THE BOARD

***Approved as to form by the Kitsap
County Prosecuting Attorney's Office***

ATTACHMENT A SCOPE OF WORK AND BUDGET

Clean Water Kitsap Partnership Kitsap Public Health District Scope of Work and Budget, 2026				Total Budget: \$1,548,300	
Tasks	Activities	Performance Criteria	Target / Benchmark		
Pollution Identification and Correction Program					
Goal 1: Protect Public Health and the Environment from Fecal Pollution					
Identify and correct fecal pollution in high priority surface waters.	Develop and implement the 2027 PIC priority workplan.	Priority workplan memo delivered to KCPW	11/30/2026		
	Conduct PIC surveys according to current PIC Manual protocols through public complaints, DPR response, and priority work areas.	Number of PIC property inspections	350		
Prevent fecal pollution from failing onsite sewage systems (OSS) by promoting proper maintenance and use to homeowners, community groups, the OSS industry, realtors, developers, builders, lenders, etc.	Conduct Septic Sense Workshops in partnership with WSU and KCPW	% of properties with identified fecal pollution sources found during inspections	NA		
		% of identified fecal pollution sources found that have been corrected within 12 months	100%		
Educate the public about water quality and sources of water quality pollution that impact public health	Issue septic pumping vouchers as incentive for inspection of septic and provide education to property owners.	Number of workshops completed	3		
Investigate public sewage complaints in a timely and efficient fashion.	Participate in public education events related to water quality and water pollution prevention (e.g. water festival, salmon in the classroom)	Number of vouchers (maximum 40)	40 Vouchers at \$360 each (\$14,000 Total)		
		Number of events	3		
Investigate OSS deficient pump reports (DPR) from certified septic pumpers in a timely and efficient fashion.	Respond to public sewage complaints within 7 days of receipt. Track and manage sewage complaints, and identify and correct failing OSS.	Number of complaints	NA		
		Percent of complaints responded to within 7 days	100%		
Investigate agricultural complaints in a timely and efficient fashion.	Respond to DPRs within 7 days of assignment. Track and manage DPR response, and identify and correct failing OSS.	Number of failures found during complaint inspection	NA		
		Number of reports responded to with field inspections	NA		
Investigate IDDE complaints in a timely and efficient fashion.	Coordinate with the Kitsap Conservation District on correcting fecal pollution caused by livestock waste, pursuant to existing interlocal agreement.	Percent of reports responded to within 7 days	100%		
		Number of failures found	NA		
Investigate citizen complaints related to water quality concerns in a timely and efficient fashion.	Coordinate with Kitsap County Public Works on the correction of fecal sources discharging to (or from) the county's stormwater system. Conduct work in compliance with "KPHD/KCPW stormwater illicit Discharge Detection and Elimination (IDDE) Protocol."	Number of complaints	NA		
		Percent of complaints responded to within 7 days	100%		
Investigate public sewer system spills.	Track and manage water quality complaints. Identify and correct pollution sources.	Number of pollution sources found	NA		
		% of found pollution sources corrected within 12 months	100%		
Investigate public sewer system spills.	Track and respond to reports of waterborne illness in cooperation with the Health District's Communicable Disease Program and the Washington State Department of Health.	Number of complaints	NA		
		Percent of complaints responded to within 7 days	100%		
Investigate public sewer system spills.	Respond to sewage spills in unincorporated Kitsap County pursuant to Health District's "Sewage Spill Reporting and Response Procedures". Report spills into or from the public storm drainage system to Kitsap 1. Post signage and issue health advisories to protect public health.	Number of pollution sources found	NA		
		% of found pollution sources corrected within 12 months	100%		
Investigate public sewer system spills.	Respond to reports of waterborne illnesses reported and investigated implicating lake swimming beaches	Number of water borne illnesses reported and investigated implicating lake swimming beaches	NA		
		Number of sewage spill advisories	NA		

Tasks	Activities	Performance Criteria	Target / Benchmark
Goal 2: Monitor and Assess the Impact of Stormwater Pollution on Kitsap County Surface Waters Determine fecal pollution levels (improvement and declines) in Kitsap County streams	Collect water quality samples monthly to monitor for bacterial contamination in streams. Notify the public of potential health risks and provide a summary of water quality monitoring results and highlight from the prior water year. Issue steam advisories and post stream bacteria warning signs as necessary, per Health District policy. Complete shoreline survey work in accordance with the Shoreline Monitoring Plan.	% of planned events completed. Publish Annual Water Quality Monitoring Report. # of streams sampled # of streams that meet standard Number of stream advisories posted Shoreline surveys completed	100% 12/31/2026 66 NA NA Miller Bay, Indianola, Suquamish (wet and dry season) and Yukon Harbor (dry season) NA 100%
Conduct Shoreline Monitoring in accordance with the Shoreline Monitoring Plan and Health District protocols.	Identify bacterial hotspots for shoreline discharges Close all identified shoreline "hot spots" in accordance with Health District protocols.	Number of new hotspots confirmed this year # of hotspots closed within 12 months	NA 100%
Conduct monitoring of Kitsap County lake public access areas and swimming beaches for water quality according to the program plan and technical memo. Conduct monitoring of Kitsap County lakes for cyanobacteria, trophic status and other water quality concerns.	Review and update Lake Trophic Assessment Plan. Conduct lake trophic assessments in Kitsap County lakes.	Provide updated Lake Trophic Assessment Plan % of planned assessments completed Provide technical memo reporting on lake trophic assessment work in Kitsap County lakes Number of advisories	3/1/2028 100% 12/31/2026 NA
Provide oversight, environmental monitoring, public information, and emergency investigative response for public areas known to be frequented by recreational shellfish harvesters.	Issue advisories for cyanobacteria, algae blooms, bacteria or other water quality concerns in Kitsap lakes, as needed. Monitor shellfish for marine biotoxin at sentinel sites throughout Kitsap County. Issue shellfish harvest safety advisories. Post signs, update web page, and update information hotline (1-800-28E-WELL).	% of planned events completed Number of shellfish biotoxin health advisories.	100% NA
Conduct ongoing monitoring of Kitsap County lake public access areas and swimming beaches for water quality according to the program plan.	Issue advisories for elevated bacteria or other water quality concerns	Number of advisories	NA
Inform and educate the public about health and safety issues at lake public access areas and swimming beaches.	Engage with the public by posting at least two social media posts related to lake swimming health and safety.	Number of events	2
Respond to requests for water quality data from the public.	Provide stream, lake, and shoreline monitoring data to the public and other agencies upon request.	Number of data requests	NA
Goal 3: Partner and Coordinate with other Federal, State and Local Agencies Assist Kitsap County with compliance with Federal Clean Water Act Section 303(d) and associated Total Maximum Daily Load Studies. Assist Kitsap County with response to Washington State Department of Health commercial shellfish harvest classification changes. Coordinate with Washington State Department of Health on shellfish growing area reclassification.	Provide data and comment to the State Department of Ecology to evaluate classification of Kitsap County water bodies for the state's ongoing water quality assessments. Provide data and comment to the WA State Department of Health for use in shellfish area classification. Find and correct sources of bacteria pollution affecting shellfish growing areas.	Submit WQ data to Ecology Number of data requests Number of shellfish growing areas in a threatened status or reclassification downgrades responded to.	12/31/2026 NA NA
Support financial options for Kitsap County residents to promote voluntary correction of failing on-site sewage systems.	Participate in Ecology's Regional Loan Program.	Number of responses to DOH parcel closure inquiries Percent of owners of septic failures informed that Craft3 loans are available	NA 100%

PROFESSIONAL SERVICES AGREEMENT FOR

Nurse Family Partnership Kitsap Public Health District, Kitsap County

THIS PROFESSIONAL SERVICES AGREEMENT ("this Agreement") is entered into between the County of Jefferson, a municipal corporation ("the County"), and Kitsap Public Health District (KPHD) ("the Contractor"), in consideration of the mutual benefits, terms, and conditions specified below.

1. Project Designation. The Contractor is retained by the County to perform the following Project: Share Nurse Family Partnership (NFP) staff, training, and supervision through the Department of Children, Youth, and Families funding made available in Agreement N-25-065 DCYF 26-1141.
2. Scope of Services. Contractor agrees to perform the services identified on Exhibit "A" attached hereto including the provision of all labor.
3. Time for Performance. This Agreement shall commence on July 1, 2025 and continue through June 30, 2026. Work performed consistent with this Agreement during its term, put prior to the adoption of this Agreement, is hereby ratified. Time is of the essence in the performance of this Agreement.
4. Payment. The Contractor shall be paid by the County through the DCYF funding made available in Agreement N-25-065 DCYF 26-1141 for completed work and for services rendered under this Agreement as follows:
 - a. Payment for the work provided by Contractor shall be made as provided for performance of services provided that the total amount of payment to Contractor shall not exceed \$196,862.00 without express written modification of the Agreement signed by the County.
 - b. Performance pay may be awarded for meeting milestones set by DCYF. Contractor may receive performance payments upon completion of milestones and authorization from DCYF.
 - c. Invoices must be submitted by the 10th of the month for the previous month's expenses. Such invoices will be checked by the County, and upon approval thereof, payment will be made to the Contractor in the amount approved. Failure to submit timely invoices and reports may result in a denial of reimbursement. Invoices not submitted within 60 days may be denied.
 - d. Final payment of any balance due the Contractor of the total contract price earned will be made promptly upon its ascertainment and verification by the County after the completion of the work and submittal of reports under this Agreement and its acceptance by the County.
 - e. Contractor shall provide invoices and necessary backup documentation for all services including timesheets and statements (specifying the services provided).

Any indirect charges require the submittal of an indirect cost methodology and rate using 2 C.F.R. Part 255 and 2 C.F.R. Part 230.

- f. The Contractor's records and accounts pertaining to this Agreement are to be kept available for inspection by representatives of the County and state for a period of six (6) years after final payments. Copies shall be made available upon request.
5. Ownership and Use of Documents. All non-confidential or de-identified documents, drawings, specifications, and other materials produced by the Contractor in connection with the services rendered under this Agreement shall be the property of the County whether the project for which they are made is executed or not. The Contractor shall be permitted to retain copies, including reproducible copies, of drawings and specifications for information, reference and use in connection with Contractor's endeavors. Contractor shall not be held liable for reuse of documents or modifications thereof, including electronic data, by County or its representatives for any purpose other than the intent of this Agreement.
6. Compliance with Laws. Contractor shall, in performing the services contemplated by this Agreement, faithfully observe and comply with all federal, state, and local laws, ordinances and regulations, applicable to the services to be rendered under this Agreement.
7. Audit. An audit will be submitted to the County upon request. Upon request, Contractor will submit the most recent financial audit within 30 days.
 - a. Upon request the County shall have the option of performing an onsite review of all records, statements, and documentation.
 - b. If the County finds indications of potential non-compliance during the monitoring process, the County shall notify Contractor within ten (10) days. County and Contractor shall meet to discuss areas of contention in an attempt to resolve issues.
 - c. Audit will provide statements consistent with the guidelines of Reporting for Other Non-Profit Organizations AICPA SOP 78-10, and is performed in accordance with generally accepted auditing standards and with Federal Standards for Audit of Governmental Organizations, Programs, Activities and Functions, and meeting all requirements of 2 C.F.R. Part 200, as applicable.
8. Indemnification. The Contractor shall defend, indemnify and hold the County, its officers, officials, employees, agents and volunteers (and their marital communities) harmless from any claims, injuries, damages, losses or suits, including attorney's fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the County. Should a court of competent jurisdiction determine this Agreement is subject to RCW [4.24.115](#) if liability for damages occurs arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of the Contractor and the County, its officers, officials,

employees, agents and volunteers (and their marital communities) the Contractor's liability, including the duty and cost to defend, shall be only for the Contractor's negligence. It is further specifically understood that the indemnification provided constitutes the Contractor's waiver of immunity under Industrial Insurance, Title [51](#) RCW, solely for the purposes of this indemnification. This waiver has been mutually negotiated by the parties. This section shall survive the expiration or termination of this Agreement.

9. Insurance. Prior to commencing work, the Contractor shall obtain at its own cost and expense the following insurance coverage specified below and shall keep such coverage in force during the terms of the Agreement.
 - a. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non-owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than \$500,000 each occurrence with the County named as an additional insured in connection with the Contractor's performance of this Agreement. This insurance shall indicate on the certificate of insurance the following coverage: (a) Owned automobiles; (b) Hired automobiles; and, (c) Non-owned automobiles.
 - b. Commercial General Liability Insurance in an amount not less than a single limit of one million dollars (\$1,000,000) per occurrence and an aggregate of not less than two (2) times the occurrence amount (\$2,000,000.00 minimum) for bodily injury, including death and property damage, unless a greater amount is specified in the contract specifications. The insurance coverage shall contain no limitations on the scope of the protection provided and include the following minimum coverage:
 - i. Broad Form Property Damage, with no employee exclusion;
 - ii. Personal Injury Liability, including extended bodily injury;
 - iii. Broad Form Contractual/Commercial Liability – including coverage for products and completed operations;
 - iv. Premises – Operations Liability (M&C);
 - v. Independent Contractors and subcontractors;
 - vi. Blanket Contractual Liability.
 - c. Professional Liability Insurance. The Contractor shall maintain professional liability insurance against legal liability arising out of activity related to the performance of this Agreement, on a form acceptable to Jefferson County Risk Management in the amounts of not less than \$1,000,000 Each Claim and \$2,000,000 Aggregate. The professional liability insurance policy should be on an "occurrence" form. If the professional liability policy is "claims made," then an extended reporting periods coverage (tail coverage) shall be purchased for

three (3) years after the end of this Agreement, at the Contractor's sole expense. The Contractor agrees the Contractor's insurance obligation to provide professional liability insurance shall survive the completion or termination of this Agreement for a minimum period of three (3) years.

- d. The County shall be named as an "additional named insured" under all insurance policies required by this Agreement, except Professional Liability Insurance when not allowed by the insurer.
- e. Such insurance coverage shall be evidenced by one of the following methods:
 - (a) Certificate of Insurance; or, (b) Self-insurance through an irrevocable Letter of Credit from a qualified financial institution.
- f. The Contractor shall furnish the County with properly executed certificates of insurance that, at a minimum, shall include: (a) The limits of coverage; (b) The project name to which it applies; (c) The certificate holder as Jefferson County, Washington and its elected officials, officers, and employees with the address of Jefferson County Public Health 615 Sheridan Street, Port Townsend, WA 98368, and, (d) A statement that the insurance policy shall not be canceled or allowed to expire except on thirty (30) days prior written notice to the County. If the proof of insurance or certificate indicating the County is an "additional insured" to a policy obtained by the Contractor refers to an endorsement (by number or name) but does not provide the full text of that endorsement, then it shall be the obligation of the Contractor to obtain the full text of that endorsement and forward that full text to the County. Certificates of coverage as required by this section shall be delivered to the County within fifteen (15) days of execution of this Agreement.
- g. Failure of the Contractor to take out or maintain any required insurance shall not relieve the Contractor from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the obligations concerning indemnification of the County.
- h. The Contractor's insurers shall have no right of recovery or subrogation against the County (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies, with the exception of Professional Liability Insurance, so affected shall protect both parties and be primary coverage for all losses covered by the above described insurance.
- i. Insurance companies issuing the policy or policies shall have no recourse against the County (including its employees and other agents and agencies) for payment of any premiums or for assessments under any form of policy.
- j. All deductibles in the above described insurance policies shall be assumed by and be at the sole risk of the Contractor.
- k. Any deductibles or self-insured retention shall be declared to and approved by the County prior to the approval of this Agreement by the County. At the option of

the County, the insurer shall reduce or eliminate deductibles or self-insured retention, or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

- l. Any judgments for which the County may be liable, in excess of insured amounts required by this Agreement, or any portion thereof, may be withheld from payment due, or to become due, to the Contractor until the Contractor shall furnish additional security covering such judgment as may be determined by the County.
- m. Any coverage for third party liability claims provided to the County by a "Risk Pool" created pursuant to Ch. 48.62 RCW shall be non-contributory with respect to any policy of insurance the Contractor must provide in order to comply with this Agreement.
- n. The County may, upon the Contractor's failure to comply with all provisions of this Agreement relating to insurance, withhold payment or compensation that would otherwise be due to the Contractor.
- o. The Contractor's liability insurance provisions shall be primary and noncontributory with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees, and agents.
- p. Any failure to comply with reporting provisions of the insurance policies shall not affect coverage provided to the County, its officers, officials, employees, or agents.
- q. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
- r. The Contractor shall include all subcontractors as insured under its insurance policies or shall furnish separate certificates and endorsements for each subcontractor. All insurance provisions for subcontractors shall be subject to all the requirements stated herein.
- s. The insurance limits mandated for any insurance coverage required by this Agreement are not intended to be an indication of exposure nor are they limitations on indemnification.
- t. The Contractor shall maintain all required insurance policies in force from the time services commence until services are completed. Certificates, insurance policies, and endorsements expiring before completion of services shall be promptly replaced. All the insurance policies required by this Agreement shall provide that thirty (30) days prior to cancellation, suspension, reduction or material change in the policy, notice of same shall be given to the Jefferson

County Public Health Contracts Manager by registered mail, return receipt requested.

- u. The Contractor shall place insurance with insurers licensed to do business in the State of Washington and having A.M. Best Company ratings of no less than A-, with the exception that excess and umbrella coverage used to meet the requirements for limits of liability or gaps in coverage need not be placed with insurers or re-insurers licensed in the State of Washington.
- v. The County reserves the right to request additional insurance on an individual basis for extra hazardous contracts and specific service agreements.

10. Worker's Compensation (Industrial Insurance).

- a. If and only if the Contractor employs any person(s) in the status of employee or employees separate from or in addition to any equity owners, sole proprietor, partners, owners or shareholders of the Contractor, the Contractor shall maintain workers' compensation insurance at its own expense, as required by Title 51 RCW, for the term of this Agreement and shall provide evidence of coverage to Jefferson County Public Health, upon request.
- b. Worker's compensation insurance covering all employees with limits meeting all applicable state and federal laws. This coverage shall include Employer's Liability with limits meeting all applicable state and federal laws.
- c. This coverage shall extend to any subcontractor that does not have their own worker's compensation and employer's liability insurance.
- d. The Contractor expressly waives by mutual negotiation all immunity and limitations on liability, with respect to the County, under any industrial insurance act, disability benefit act, or other employee benefit act of any jurisdiction which would otherwise be applicable in the case of such claim.
- e. If the County incurs any costs to enforce the provisions of this subsection, all cost and fees shall be recoverable from the Contractor.

11. Independent Contractor. The Contractor and the County agree that the Contractor is an independent contractor with respect to the services provided pursuant to this Agreement. The Contractor specifically has the right to direct and control Contractor's own activities, and the activities of its subcontractors, employees, agents, and representatives, in providing the agreed services in accordance with the specifications set out in this Agreement. Nothing in this Agreement shall be considered to create the relationship of employer and employee between the parties. Neither Contractor nor any employee of Contractor shall be entitled to any benefits accorded County employees by virtue of the services provided under this Agreement, including, but not limited to: retirement, vacation pay; holiday pay; sick leave pay; medical, dental, or other insurance benefits; fringe benefits; or any other rights or privileges afforded to Jefferson County employees. The County shall not be

responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the state industrial insurance program, otherwise assuming the duties of an employer with respect to Contractor, or any employee of Contractor.

12. Subcontracting Requirements.

- a. The Contractor is responsible for meeting all terms and conditions of this Agreement including standards of service, quality of materials and workmanship, costs, and schedules. Failure of a subcontractor to perform is no defense to a breach of this Agreement. The Contractor assumes responsibility for and all liability for the actions and quality of services performed by any subcontractor.
- b. Every subcontractor must agree in writing to follow every term of this Agreement. The Contractor must provide every subcontractor's written agreement to follow every term of this Agreement before the subcontractor can perform any services under this Agreement. The Public Health Director or their designee must approve any proposed subcontractors in writing.
- c. Any dispute arising between the Contractor and any subcontractors or between subcontractors must be resolved without involvement of any kind on the part of the County and without detrimental impact on the Contractor's performance required by this Agreement.

13. Covenant Against Contingent Fees. The Contractor warrants that he has not employed or retained any company or person, other than a bona fide employee working solely for the Contractor, to solicit or secure this Agreement, and that he has not paid or agreed to pay any company or person, other than a bona fide employee working solely for the Contractor, any fee, commission, percentage, brokerage fee, gifts, or any other consideration contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, the County shall have the right to annul this Agreement without liability or, in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such fee, commission, percentage, brokerage fee, gift, or contingent fee.

14. Discrimination Prohibited. The Contractor, with regard to the work performed by it under this Agreement, will not discriminate on the grounds of race, color, national origin, religion, creed, age, gender, sexual orientation, marital status, sex, or the presence of any physical or sensory handicap in the selection and retention of employees or procurement of materials or supplies.

15. No Assignment. The Contractor shall not sublet or assign any of the services covered by this Agreement without the express written consent of the County. Assignment does not include printing or other customary reimbursable expenses that may be provided in an agreement.

16. Non-Waiver. Waiver by the County of any provision of this Agreement or any time limitation provided for in this Agreement shall not constitute a waiver of any other provision.
17. Termination.
- a. The County reserves the right to terminate this Agreement at any time by giving ten (10) days written notice to the Contractor.
 - b. In the event of the death of a member, partner, or officer of the Contractor, or any of its supervisory personnel assigned to the project, the surviving members of the Contractor hereby agree to complete the work under the terms of this Agreement, if requested to do so by the County. This section shall not be a bar to renegotiations of this Agreement between surviving members of the Contractor and the County, if the County so chooses.
 - c. The County reserves the right to terminate this contract in whole or in part, with 10 days' notice, in the event that expected or actual funding from any funding source is withdrawn, reduced, or limited in any way after the effective date of this agreement. In the event of termination under this clause, the County shall be liable for only payment for services rendered prior to the effective date of termination.
18. Notices. All notices or other communications which any party desires or is required to give shall be given in writing and shall be deemed to have been given if hand-delivered, sent by facsimile, email, or mailed by depositing in the United States mail, prepaid to the party at the address listed below or such other address as a party may designate in writing from time to time. Notices to the County shall be sent to the following address:
- Jefferson County Public Health Department
615 Sheridan Street
Port Townsend, WA 98368
- Notices to Contractor shall be sent to the following address:
- Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337
19. Integrated Agreement. This Agreement together with attachments or addenda represents the entire and integrated Agreement between the County and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral. No representation or promise not expressly contained in this Agreement has been made. This Agreement supersedes all prior or simultaneous representations, discussions, negotiations, and agreements, whether written or oral, by the County within the scope of this Agreement. The Contractor ratifies and adopts all statements, representations, warranties, covenants, and agreements contained in its

proposal, and the supporting material submitted by the Contractor, accepts this Agreement and agrees to all of the terms and conditions of this Agreement.

20. Modification of this Agreement. This Agreement may be amended only by written instrument signed by both County and Contractor.
21. Disputes. The parties agree to use their best efforts to prevent and resolve disputes before they escalate into claims or legal actions. Any disputed issue not resolved pursuant to the terms of this Agreement shall be submitted in writing within 10 days to the County Risk Manager, whose decision in the matter shall be final, but shall be subject to judicial review. If either party deem it necessary to institute legal action or proceeding to enforce any right or obligation under this Agreement, each party in such action shall bear the cost of its own attorney's fees and court costs. Any legal action shall be initiated in the Superior Court of the State of Washington for Jefferson County. The parties agree that all questions shall be resolved by application of Washington law and that the parties have the right of appeal from such decisions of the Superior Court in accordance with the laws of the State of Washington. The Contractor hereby consents to the personal jurisdiction of the Superior Court of the State of Washington for Jefferson County.
22. Section Headings. The headings of the sections of this Agreement are for convenience of reference only and are not intended to restrict, affect, or be of any weight in the interpretation or construction of the provisions of the sections or this Agreement.
23. Limits of Any Waiver of Default. No consent by either party to, or waiver of, a breach by either party, whether express or implied, shall constitute a consent to, waiver of, or excuse of any other, different, or subsequent breach by either party.
24. No Oral Waiver. No term or provision of this Agreement will be considered waived by either party, and no breach excused by either party, unless such waiver or consent is in writing signed on behalf of the party against whom the waiver is asserted. Failure of a party to declare any breach or default immediately upon the occurrence thereof, or delay in taking any action in connection with, shall not waive such breach or default.
25. Severability. Provided it does not result in a material change in the terms of this Agreement, if any provision of this Agreement or the application of this Agreement to any person or circumstance shall be invalid, illegal, or unenforceable to any extent, the remainder of this Agreement and the application this Agreement shall not be affected and shall be enforceable to the fullest extent permitted by law.
26. Binding on Successors, Heirs and Assigns. This Agreement shall be binding upon and inure to the benefit of the parties' successors in interest, heirs, and assigns.
27. No Assignment. The Contractor shall not sell, assign, or transfer any of rights obtained by this Agreement without the express written consent of the County.

28. No Third-party Beneficiaries. The parties do not intend, and nothing in this Agreement shall be construed to mean, that any provision in this Agreement is for the benefit of any person or entity who is not a party.
29. Signature in Counterparts. The parties agree that separate copies of this Agreement may be signed by each of the parties and this Agreement shall have the same force and effect as if all the parties had signed the original.
30. Facsimile and Electronic Signatures. The parties agree that facsimile and electronic signatures shall have the same force and effect as original signatures.
31. Arms-Length Negotiations. The parties agree that this Agreement has been negotiated at arms-length, with the assistance and advice of competent, independent legal counsel.
32. Public Records Act. Notwithstanding the provisions of this Agreement to the contrary, to the extent any record, including any electronic, audio, paper or other media, is required to be kept or indexed as a public record in accordance with the Washington Public Records Act, Chapter 42.56 RCW, as may hereafter be amended, the Contractor agrees to maintain all records constituting public records and to produce or assist the County in producing such records, within the time frames and parameters set forth in state law. The Contractor further agrees that upon receipt of any written public record request, Contractor shall, within two business days, notify the County by providing a copy of the request per the notice provisions of this Agreement.
33. Confidentiality. With respect to all information relating to County that is confidential and clearly so designated, as required by the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable privacy laws, the Contractor agrees to keep such information confidential. The Contractor shall not disclose, transfer, or sell any such information to any party, except as provided by law or, in the case of personal information, with the prior written consent of the person to whom the personal information pertains. The Contractor shall maintain the confidentiality of all personal information and other information gained by reason of this Agreement, and shall return or certify the destruction of such information if requested in writing by Jefferson County. This Agreement, once executed, will be a "public record" subject to production to a third party if same is requested pursuant to the Washington Public Records Act, Chapter 42.56 RCW, as may hereafter be amended.
34. Criminal History/Background Check. Each of the Contractor's employees, the employees of any of the Contractor's approved subcontractor, or volunteers used by the Contractor shall submit to a Washington State Patrol fingerprint identity and criminal history check before they are authorized to perform services for the Project. The County agrees to bear all reasonable costs incurred in the performance of this fingerprint identity and criminal history check. Contractors who may or will have regular access or limited access to any juveniles shall also:

- a. Require that each of the Contractor's employees, the employees of any of the Contractor's approved subcontractor, or volunteers used by the Contractor undergo not less often than once every three (3) years another Jefferson County approved criminal history and background check;
- b. Ensure all employees, subcontractors, or volunteers are knowledgeable about the requirements of RCW 13.40.570 and of the new crimes included in RCW 9A.44, Sexual Offense;
- c. Sign the Contractor Requirements for Responding to Situation of Sexual Misconduct Form, and shall submit to Jefferson County with signed Agreement.

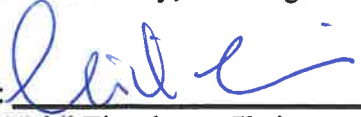
APPROVED AND ADOPTED this 6th day of October, 2025.

(SIGNATURES FOLLOW ON THE NEXT PAGE)

SIGNATURE PAGE

JEFFERSON COUNTY WASHINGTON

Board of County Commissioners
Jefferson County, Washington

By: 
Heidi Eisenhour, Chair

By: Excused Absence
Greg Brotherton, Commissioner

By: 
Heather Dudley-Nollette, Commissioner

SEAL:



ATTEST:


Carolyn Gallaway,
Clerk of the Board

Approved as to form only:

 for 09/29/2025
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

KITSAP PUBLIC HEALTH DISTRICT

By: _____
Yolanda Fong, KPHD Director

Date: _____

Scope of Work – Exhibit A

COUNTY will provide CONTRACTOR with a copy of the contract from DCYF. This Exhibit is to be used in conjunction with the contract between JCPH and DCYF.

1. Contractor will ensure adherence to NFP program model standards and adhere to home visiting model throughout the contract period.
2. Contractor will maintain approved, qualified staffing, and ensure home visitor staff adhere to training requirements established by NFP program and Home Visiting Service Account (HVSA). Personnel documentation including required training and background checks will also be maintained.
3. Contractor agrees to maintain an active caseload in accordance with NFP model requirements.
4. Contractor agrees to provide the number of home visits to families based on NFP program model requirements. If there are no model requirements, County will provide definition developed from Thrive Washington.
5. Perform individual assessments, screenings, and referrals and ensure compliance with the NFP model requirements and HVSA aligned measures.
6. Participate in local and regional early learning coalitions and other initiatives to support and build connections with local early childhood partners, early intervention, Early Supports for Infants and Toddlers, child welfare, economic support services, and the Community Wellness and Prevention Initiative.
7. Collect data for all families, adults and children enrolled in home visiting services, following model requirements. Data will be entered in NFP data system accurately and timely. Data will be secured and available only to those with a business need for the data. Contractor will comply with HIPAA laws and regulations.
8. Agree to provide data and to obtain consent pursuant to the Jefferson County Public Health data sharing agreement with DOH to share identifiable demographic information, enrollment, service utilization, program performance and staffing data, a copy of which is attached hereto.
9. Efforts to obtain parental consent from enrolled families for voluntary services and data sharing.
10. Participate with HVSA, DCYF and DCYF-specified evaluations.

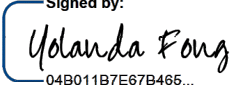
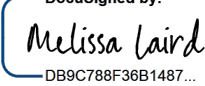
New or Renewed Contracts for the Period of 09/01/2025 through 09/30/2025

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (6 contracts)									
DOH, Washington State									
ID: 2479	Administration, Yolanda Fong	Amendment	Closed	09/02/25	\$1,299,621.00	09/03/25	01/01/25	12/31/27	CLH32054
Description: Amendment 6 Adds statement of work for Infectious Disease HIV Community Services-Ryan White Part B, Office of Drinking Water Group B Program, and Recreational Shellfish Activities and adds \$1,299,621 for a revised maximum of \$7,089,539.									
ID: 2484	Administration, Yolanda Fong	Amendment	Closed	09/02/25	\$3,895,617.00	09/03/25	01/01/25	12/31/27	CLH32054
Description: Amendmednt 7 Adds statements of work for Foundational Public Health Services, Office of Immunization-Perinatal Hepatitis B, Office of Immunization-Regional Representatives and Office of Resiliency & Health Security-PHEP. Amends Statements of work for Maternal & Child Health Block Grant and OSS LMP Implementation and includes an increase of \$3,895,617 for a revised maximum consideration of \$10,985,156.									
ID: 2488	Assessment and Epidemiology, Kari Hunter	Data Sharing Agreement	Closed			09/09/25	09/09/25	12/31/28	CLH29155-1
Description: Quarterly County Opioid Analytic Dataset - Data Sharing Agreement									
ID: 2487	Community Health, Elizabeth Davis	Data Sharing Agreement	Closed			09/05/25	09/05/25	06/30/28	CLH29632-1
Description: DOH to provide KPHD access to data through the Collective Medical Technologies portal to assist in timely investigations of Multi-Drug Resistant Organism cases.									
.....									
Jefferson County									
ID: 2483	Chronic Disease Prevention, Dana Bierman	Contract for Services	Closed	09/02/25	\$77,000.00	09/15/25	07/01/25	06/30/26	N-25-064
Description: Subcontractor to develop and implement coordinated tobacco, vapor product, and marijuana intervention strategies to prevent and reduce commercial tobacco, vapor, and marijuana use by youth in Jefferson County.									
.....									
University of Washington									
ID: 2481	Administration, Yolanda Fong	Contract for Services	Closed	09/26/25	\$135,000.00	09/29/25	08/11/25	06/30/26	
Description: The Contractor will provide a qualified individual, Dr. Herbie Duber, to provide services as the Interim Health Officer of the Kitsap Public Health District.									
.....									

Kitsap Public Health Board Meeting
Date: November 4, 2025

CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers

Approvals:

	Signature	Date
Administrator	Signed by:  04B011B7E67B465...	10/29/2025
Finance Manager	DocuSigned by:  DB9C788F36B1487...	10/23/2025

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	9/4/2025	\$ 20,912.50
Accounts Payable	9/11/2025	151,857.73
Accounts Payable	9/18/2025	73,774.19
Accounts Payable	9/25/2025	103,648.48
NDGC Mortgage	9/2/2025	25,179.00
Miscellaneous	9/4/2025	6,530.83
Vital Records Transfer	9/19/2025	28,409.00
Accounts Payable Total		\$ 410,311.73
Payroll	9/30/2025	590,077.46
Payroll Benefits (PERS)	9/15/2025	121,773.49
Payroll Taxes	9/30/2025	221,916.66
Payroll Total		\$ 933,767.61
	Grand Total	\$ 1,344,079.34

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information	
Settlement Run	STL-00005116
Name	Kitsap Public Health District HH
Number	STL-00005116
Status	Complete
Date	09/04/2025
Include Payments On Behalf Of	No
Exclude Negative Payments	Yes
Express Settlement	No

Additional Information	
Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information	
Display Currency	USD
Outbound Total	20,912.50
Inbound Total	0.00
Expense Report Count	12
Miscellaneous Payment Request Count	1
Supplier Invoice Count	13

Payment Groups									
Payment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	09/04/2025	2	203.42	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/04/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	09/04/2025	10	1,465.89	USD	Payment Message: ID 3973 for Kitsap Public Health District on 09/04/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	09/04/2025	1	350.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/04/2025	Successfully Completed



View Settlement Run

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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	09/04/2025	7	3,117.95	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/04/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/04/2025	4	15,775.24	USD	Payment Message: ID 3972 for Kitsap Public Health District on 09/04/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013500	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0013500	09/04/2025		69.30	USD
Expense Report: EXP-0013504	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0013504	09/04/2025		160.30	USD
Expense Report: EXP-0013507	Kitsap Public Health District	Jessica Howell (435293)	Employee	EXP-0013507	09/04/2025		230.79	USD
Expense Report: EXP-0013511	Kitsap Public Health District	Morgan Shuman (435505)	Employee	EXP-0013511	09/04/2025		172.42	USD
Expense Report: EXP-0013503	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0013503	09/04/2025		74.20	USD
Expense Report: EXP-0013505	Kitsap Public Health District	Anne Howard (434057)	Employee	EXP-0013505	09/04/2025		27.30	USD
Expense Report: EXP-0013508	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0013508	09/04/2025		339.43	USD
Expense Report: EXP-0013509	Kitsap Public Health District	Ian Rork (404613)	Employee	EXP-0013509	09/04/2025		255.29	USD
Expense Report: EXP-0013516	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0013516	09/04/2025		107.24	USD
Expense Report: EXP-0013517	Kitsap Public Health District	Katharine Alexander (435070)	Employee	EXP-0013517	09/04/2025		145.82	USD
Expense Report: EXP-0013514	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0013514	09/04/2025		43.12	USD
Expense Report: EXP-0013515	Kitsap Public Health District	Aldrin Villahermosa II (435216)	Employee	EXP-0013515	09/04/2025		44.10	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-24049	Kitsap Public Health District	Brian Weisgerber (Inactive)	MPR-24049	Check	One-Time Payment	09/04/2025	350.00	USD

Supplier Invoices



View Settlement Run

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-28122	Kitsap Public Health District	Comcast	ACCT 4737 8.26 STMT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-28122	09/04/2025		10/04/2025	0.00	0.00	308.47	USD
Supplier Invoice: SINV-2025-28127	Kitsap Public Health District	Center for Internet Security, Inc.	#INV-250826-0072258	Center for Internet Security, Inc.	Net 30	SINV-2025-28127	09/04/2025		10/04/2025	0.00	0.00	995.00	USD
Supplier Invoice: SINV-2025-28130	Kitsap Public Health District	FedEx	#INV-250826-0072258	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2025-28130	09/04/2025		10/04/2025	0.00	0.00	56.53	USD
Supplier Invoice: SINV-2025-28135	Kitsap Public Health District	ODP Business Solutions, LLC	#435824269001	ODP Business Solutions, LLC	Net 30	SINV-2025-28135	09/04/2025		10/04/2025	0.00	0.00	552.75	USD
Supplier Invoice: SINV-2025-28137	Kitsap Public Health District	Ozark Underground Laboratory	#20250828WA61	Ozark Underground Laboratory	Net 30	SINV-2025-28137	09/04/2025		10/04/2025	0.00	0.00	270.00	USD
Supplier Invoice: SINV-2025-28138	Kitsap Public Health District	Ozark Underground Laboratory	#20250828WA60	Ozark Underground Laboratory	Net 30	SINV-2025-28138	09/04/2025		10/04/2025	0.00	0.00	180.00	USD
Supplier Invoice: SINV-2025-28132	Kitsap Public Health District	ACAR Leasing LTD	8.15.25 STMNT	ACAR Leasing LTD - Remit-To: GM Financial	Net 30	SINV-2025-28132	09/04/2025		10/04/2025	0.00	0.00	568.73	USD
Supplier Invoice: SINV-2025-28134	Kitsap Public Health District	Mckesson Medical Surgical	#24190363	Mckesson Medical Surgical	Net 30	SINV-2025-28134	09/04/2025		10/04/2025	0.00	0.00	369.13	USD
Supplier Invoice: SINV-2025-28139	Kitsap Public Health District	People's Exchange LCA	#7	People's Exchange LCA	Net 30	SINV-2025-28139	09/04/2025		10/04/2025	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2025-28142	Kitsap Public Health District	Staples	#6040318704	Staples - Remit-To: Staples	Net 30	SINV-2025-28142	09/04/2025		10/04/2025	0.00	0.00	287.41	USD
Supplier Invoice: SINV-2025-28140	Kitsap Public Health District	Staples	#6040236528	Staples - Remit-To: Staples	Net 30	SINV-2025-28140	09/04/2025		10/04/2025	0.00	0.00	467.21	USD



View Settlement Run

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09/04/2025

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-28165	Kitsap Public Health District	Regents of the University of Colorado	#AR-US310-20250827	Regents of the University of Colorado	Net 30	SINV-2025-28165	09/04/2025		10/04/2025	0.00	0.00	72.00	USD
Supplier Invoice: SINV-2025-28166	Kitsap Public Health District	US Bank National Association	08.25.25 STATEMENT	US Bank National Association	Net 30	SINV-2025-28166	09/04/2025		10/04/2025	0.00	0.00	14,715.96	USD

Remittance

Remittance

Process	Date	Remittance Events	Remittance Details
Payment Message: ID 3972 for Kitsap Public Health District on 09/04/2025	09/04/2025		4

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	09/04/2025 09:22:52 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3973 for Kitsap Public Health District on 09/04/2025	Successfully Completed
Payment Message: ID 3972 for Kitsap Public Health District on 09/04/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/04/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/04/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/04/2025	Successfully Completed
Remittance File: For US Bank National Association on 09/04/2025	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 09/04/2025	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 09/04/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 09/04/2025	Successfully Completed

Background Processes



View Settlement Run

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Parent Status	Total Processing Time	Submitted by	Errors & Warnings
09/04/2025 09:22 AM	09/04/2025 09:22 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00005116	Completed		00:00:16	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run	STL-00005136
Name	Kitsap Public Health District JS
Number	STL-00005136
Status	Complete
Date	09/11/2025
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	151,857.73
Inbound Total	0.00
Expense Report Count	15
Supplier Invoice Count	12

Payment Groups
Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	09/11/2025	2	172.48	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/11/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	09/11/2025	13	2,407.74	USD	Payment Message: ID 3992 for Kitsap Public Health District on 09/11/2025	Successfully Completed



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09/11/2025
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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	09/11/2025	5	147,190.94	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/11/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/11/2025	3	2,086.57	USD	Payment Message: ID 3993 for Kitsap Public Health District on 09/11/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013565	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0013565	09/11/2025		58.10	USD
Expense Report: EXP-0013566	Kitsap Public Health District	Hillary Eichler (435374)	Employee	EXP-0013566	09/11/2025		86.66	USD
Expense Report: EXP-0013570	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0013570	09/11/2025		165.20	USD
Expense Report: EXP-0013573	Kitsap Public Health District	Niels Nicolaisen (208456)	Employee	EXP-0013573	09/11/2025		201.90	USD
Expense Report: EXP-0013563	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0013563	09/11/2025		124.60	USD
Expense Report: EXP-0013564	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0013564	09/11/2025		78.61	USD
Expense Report: EXP-0013567	Kitsap Public Health District	Joaquin Hubert (435172)	Employee	EXP-0013567	09/11/2025		766.92	USD
Expense Report: EXP-0013568	Kitsap Public Health District	John Kiess (250913)	Employee	EXP-0013568	09/11/2025		128.00	USD
Expense Report: EXP-0013569	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0013569	09/11/2025		33.60	USD
Expense Report: EXP-0013572	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0013572	09/11/2025		98.00	USD
Expense Report: EXP-0013574	Kitsap Public Health District	Edwin North (22459)	Employee	EXP-0013574	09/11/2025		47.49	USD
Expense Report: EXP-0013576	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0013576	09/11/2025		138.88	USD
Expense Report: EXP-0013575	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0013575	09/11/2025		209.79	USD
Expense Report: EXP-0013577	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0013577	09/11/2025		397.60	USD
Expense Report: EXP-0013578	Kitsap Public Health District	Kayla Tierney (434695)	Employee	EXP-0013578	09/11/2025		44.87	USD



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Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-28671	Kitsap Public Health District	Collins Computing Inc	#072189	Collins Computing Inc	Net 30	SINV-2025-28671	09/11/2025		10/11/2025	0.00	0.00	61.25	USD
Supplier Invoice: SINV-2025-28675	Kitsap Public Health District	Dell Marketing L.P.	#10832864684	Dell Marketing L.P.	Net 30	SINV-2025-28675	09/11/2025		10/11/2025	0.00	0.00	11,110.97	USD
Supplier Invoice: SINV-2025-28678	Kitsap Public Health District	Government Finance Officers Assoc	#300197563-2025	Government Finance Officers Assoc	Net 30	SINV-2025-28678	09/11/2025		10/11/2025	0.00	0.00	500.00	USD
Supplier Invoice: SINV-2025-28679	Kitsap Public Health District	Drayton Jackson	Q2 BOH STIPEND	Drayton Jackson	Net 30	SINV-2025-28679	09/11/2025		10/11/2025	0.00	0.00	263.40	USD
Supplier Invoice: SINV-2025-28681	Kitsap Public Health District	Drayton Jackson	Q3 BOH STIPEND	Drayton Jackson	Net 30	SINV-2025-28681	09/11/2025		10/11/2025	0.00	0.00	170.00	USD
Supplier Invoice: SINV-2025-28686	Kitsap Public Health District	Kitsap Law Group	#26491	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-28686	09/11/2025		10/11/2025	0.00	0.00	192.50	USD
Supplier Invoice: SINV-2025-28688	Kitsap Public Health District	Kitsap Law Group	#24690	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-28688	09/11/2025		10/11/2025	0.00	0.00	82.50	USD
Supplier Invoice: SINV-2025-28689	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#25-06340	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-28689	09/11/2025		10/11/2025	0.00	0.00	1,543.60	USD
Supplier Invoice: SINV-2025-28683	Kitsap Public Health District	Kitsap Law Group	#26492	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-28683	09/11/2025		10/11/2025	0.00	0.00	412.50	USD
Supplier Invoice: SINV-2025-28687	Kitsap Public Health District	Kitsap Law Group	#24689	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-28687	09/11/2025		10/11/2025	0.00	0.00	385.00	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-28690	Kitsap Public Health District	Waxie Sanitary Supply	#83460047	Waxie Sanitary Supply	Net 30	SINV-2025-28690	09/11/2025		10/11/2025	0.00	0.00	42.97	USD
Supplier Invoice: SINV-2025-28694	Kitsap Public Health District	Wa Health Care Authority - Uniform	SEPT 2025 BENEFITS	Wa Health Care Authority - Uniform	Net 30	SINV-2025-28694	09/11/2025		10/11/2025	0.00	0.00	134,512.82	USD

Remittance
Remittance

Process	Date	Remittance Events	Remittance Details
Payment Message: ID 3993 for Kitsap Public Health District on 09/11/2025	09/11/2025		3

Process History
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	09/11/2025 10:33:58 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3993 for Kitsap Public Health District on 09/11/2025	Successfully Completed
Payment Message: ID 3992 for Kitsap Public Health District on 09/11/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/11/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/11/2025	Successfully Completed
Remittance File: For Government Finance Officers Assoc on 09/11/2025	Successfully Completed
Remittance File: For Waxie Sanitary Supply on 09/11/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 09/11/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Parent Status	Total Processing Time	Submitted by	Errors & Warnings
09/11/2025 10:33 AM	09/11/2025 10:33 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00005136	Completed		00:00:11	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run STL-00005162
Name Kitsap Public Health District HH
Number STL-00005162
Status Complete
Date 09/18/2025
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 73,774.19
Inbound Total 0.00
Expense Report Count 17
Supplier Invoice Count 27

Payment Groups
Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	09/18/2025	1	45.50	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/18/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	09/18/2025	16	2,087.19	USD	Payment Message: ID 4009 for Kitsap Public Health District on 09/18/2025	Successfully Completed



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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	09/18/2025	18	51,716.30	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/18/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/18/2025	9	19,925.20	USD	Payment Message: ID 4008 for Kitsap Public Health District on 09/18/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013601	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0013601	09/18/2025		88.90	USD
Expense Report: EXP-0013602	Kitsap Public Health District	Rebecca Chandler (435269)	Employee	EXP-0013602	09/18/2025		48.16	USD
Expense Report: EXP-0013604	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0013604	09/18/2025		45.50	USD
Expense Report: EXP-0013605	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0013605	09/18/2025		66.50	USD
Expense Report: EXP-0013600	Kitsap Public Health District	Karen Boysen-Knapp (2058)	Employee	EXP-0013600	09/18/2025		66.92	USD
Expense Report: EXP-0013603	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0013603	09/18/2025		3.36	USD
Expense Report: EXP-0013606	Kitsap Public Health District	Jessica Howell (435293)	Employee	EXP-0013606	09/18/2025		319.34	USD
Expense Report: EXP-0013607	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0013607	09/18/2025		30.10	USD
Expense Report: EXP-0013612	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0013612	09/18/2025		344.54	USD
Expense Report: EXP-0013613	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0013613	09/18/2025		210.00	USD
Expense Report: EXP-0013614	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0013614	09/18/2025		249.90	USD
Expense Report: EXP-0013615	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0013615	09/18/2025		95.76	USD
Expense Report: EXP-0013608	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0013608	09/18/2025		65.80	USD
Expense Report: EXP-0013609	Kitsap Public Health District	Kaela Moontree-Stewart (406607)	Employee	EXP-0013609	09/18/2025		41.72	USD
Expense Report: EXP-0013610	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0013610	09/18/2025		347.90	USD



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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013611	Kitsap Public Health District	Morgan Sim (435339)	Employee	EXP-0013611	09/18/2025		79.10	USD
Expense Report: EXP-0013616	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0013616	09/18/2025		29.19	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-29398	Kitsap Public Health District	Bothell Edge LLC	OCT RENT 2025	Bothell Edge LLC	Net 30	SINV-2025-29398	09/18/2025		10/18/2025	0.00	0.00	967.00	USD
Supplier Invoice: SINV-2025-29402	Kitsap Public Health District	Griffin Glen Apartments LLC	OCT RENT 2025	Griffin Glen Apartments LLC	Net 30	SINV-2025-29402	09/18/2025		10/18/2025	0.00	0.00	1,491.00	USD
Supplier Invoice: SINV-2025-29404	Kitsap Public Health District	Daniel R. Niblock	OCT RENT 2025	Daniel R. Niblock	Net 30	SINV-2025-29404	09/18/2025		10/18/2025	0.00	0.00	1,071.00	USD
Supplier Invoice: SINV-2025-29405	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	OCT RENT 2025	NSE Kitsap Fee Owner, LLC	Net 30	SINV-2025-29405	09/18/2025		10/18/2025	0.00	0.00	598.00	USD
Supplier Invoice: SINV-2025-29400	Kitsap Public Health District	Eagles Wings Coordinated Care	OCT RENT 2025	Eagles Wings Coordinated Care	Net 30	SINV-2025-29400	09/18/2025		10/18/2025	0.00	0.00	1,400.00	USD
Supplier Invoice: SINV-2025-29403	Kitsap Public Health District	Kania, Sharon Faye	OCT RENT 2025	Kania, Sharon Faye	Net 30	SINV-2025-29403	09/18/2025		10/18/2025	0.00	0.00	613.00	USD
Supplier Invoice: SINV-2025-29408	Kitsap Public Health District	City Of Port Angeles	OCT 2025	City Of Port Angeles	Net 30	SINV-2025-29408	09/18/2025		10/18/2025	0.00	0.00	74.00	USD
Supplier Invoice: SINV-2025-29413	Kitsap Public Health District	Paul Simmons	OCT RENT 2025	Paul Simmons	Net 30	SINV-2025-29413	09/18/2025		10/18/2025	0.00	0.00	950.00	USD
Supplier Invoice: SINV-2025-29431	Kitsap Public Health District	Comcast	#1975 9.9.25 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-29431	09/18/2025		10/18/2025	0.00	0.00	469.77	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-29412	Kitsap Public Health District	Post Cottage Bay, LP	OCT RENT 2025	Post Cottage Bay, LP	Net 30	SINV-2025-29412	09/18/2025		10/18/2025	0.00	0.00	1,751.00	USD
Supplier Invoice: SINV-2025-29415	Kitsap Public Health District	Washington Home Solutions	OCT RENT 2025	Washington Home Solutions	Net 30	SINV-2025-29415	09/18/2025		10/18/2025	0.00	0.00	714.00	USD
Supplier Invoice: SINV-2025-29424	Kitsap Public Health District	Acranet Cbs Branch	#29313	Acranet Cbs Branch	Net 30	SINV-2025-29424	09/18/2025		10/18/2025	0.00	0.00	225.00	USD
Supplier Invoice: SINV-2025-29429	Kitsap Public Health District	Bremerton Government Center Association	#1347	Bremerton Government Center Association	Net 30	SINV-2025-29429	09/18/2025		10/18/2025	0.00	0.00	37,469.13	USD
Supplier Invoice: SINV-2025-29433	Kitsap Public Health District	Comcast	#960286277	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2025-29433	09/18/2025		10/18/2025	0.00	0.00	658.29	USD
Supplier Invoice: SINV-2025-29437	Kitsap Public Health District	Dell Marketing L.P.	#10835446475	Dell Marketing L.P.	Net 30	SINV-2025-29437	09/18/2025		10/18/2025	0.00	0.00	3,031.40	USD
Supplier Invoice: SINV-2025-29449	Kitsap Public Health District	Iron Mountain	#203024124	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2025-29449	09/18/2025		10/18/2025	0.00	0.00	194.40	USD
Supplier Invoice: SINV-2025-29478	Kitsap Public Health District	Karcher North America	#5335605051	Karcher North America	Net 30	SINV-2025-29478	09/18/2025		10/18/2025	0.00	0.00	187.81	USD
Supplier Invoice: SINV-2025-29518	Kitsap Public Health District	LaVonne Dorsey & Associates	#0128	LaVonne Dorsey & Associates	Net 30	SINV-2025-29518	09/18/2025		10/18/2025	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2025-29537	Kitsap Public Health District	Taylor Water Technologies, LLC	#558429	Taylor Water Technologies, LLC	Net 30	SINV-2025-29537	09/18/2025		10/18/2025	0.00	0.00	142.73	USD
Supplier Invoice: SINV-2025-29523	Kitsap Public Health District	Loomis	#13797245	Loomis - Remit-To: Palatine, IL	Net 30	SINV-2025-29523	09/18/2025		10/18/2025	0.00	0.00	866.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-29525	Kitsap Public Health District	Propio LS, LLC	#0310070825	Propio LS, LLC	Net 30	SINV-2025-29525	09/18/2025		10/18/2025	0.00	0.00	159.66	USD
Supplier Invoice: SINV-2025-29528	Kitsap Public Health District	Quest Diagnostics	#9216859645	Quest Diagnostics	Net 30	SINV-2025-29528	09/18/2025		10/18/2025	0.00	0.00	395.56	USD
Supplier Invoice: SINV-2025-29529	Kitsap Public Health District	Reverb	#0925031	Reverb	Net 30	SINV-2025-29529	09/18/2025		10/18/2025	0.00	0.00	15,781.23	USD
Supplier Invoice: SINV-2025-29532	Kitsap Public Health District	Stericycle Inc	#8011856359	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-29532	09/18/2025		10/18/2025	0.00	0.00	418.43	USD
Supplier Invoice: SINV-2025-29541	Kitsap Public Health District	United Business Machines of WA	#INV544293	United Business Machines of WA	Net 30	SINV-2025-29541	09/18/2025		10/18/2025	0.00	0.00	166.48	USD
Supplier Invoice: SINV-2025-29546	Kitsap Public Health District	Nicole Waite	#1003	Nicole Waite	Net 30	SINV-2025-29546	09/18/2025		10/18/2025	0.00	0.00	70.00	USD
Supplier Invoice: SINV-2025-29550	Kitsap Public Health District	Wex Bank	#107283817	Wex Bank	Net 30	SINV-2025-29550	09/18/2025		10/18/2025	0.00	0.00	1,076.61	USD

Remittance

Remittance

Process	Date	Remittance Events	Remittance Details
Payment Message: ID 4008 for Kitsap Public Health District on 09/18/2025	09/18/2025		9

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	09/18/2025 09:30:29 AM		Heather Hunsaker (434069)	1	



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Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 4009 for Kitsap Public Health District on 09/18/2025	Successfully Completed
Payment Message: ID 4008 for Kitsap Public Health District on 09/18/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/18/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/18/2025	Successfully Completed
Remittance File: For Bothell Edge LLC on 09/18/2025	Successfully Completed
Remittance File: For Kania, Sharon Faye on 09/18/2025	Successfully Completed
Remittance File: For Acranet Cbs Branch on 09/18/2025	Successfully Completed
Remittance File: For Eagles Wings Coordinated Care on 09/18/2025	Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 09/18/2025	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 09/18/2025	Successfully Completed
Remittance File: For Reverb on 09/18/2025	Successfully Completed
Remittance File: For Propio LS, LLC on 09/18/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 09/18/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Parent Status	Total Processing Time	Submitted by	Errors & Warnings
09/18/2025 09:30 AM	09/18/2025 09:30 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00005162	Completed		00:00:15	Heather Hunsaker	



View Settlement Run

Settlement Run Information		
Settlement Run	STL-00005185	
Name	Kitsap Public Health District JS	
Number	STL-00005185	
Status	Complete	
Date	09/25/2025	
Include Payments On Behalf Of	No	
Exclude Negative Payments	No	
Express Settlement	No	

Additional Information		
Organization	Kitsap Public Health District	
Currency	USD	
Filters Used		

Payment Information		
Display Currency	USD	
Outbound Total	103,648.48	
Inbound Total	0.00	
Expense Report Count	11	
Miscellaneous Payment Request Count	1	
Supplier Invoice Count	23	

Payment Groups									
Payment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	09/25/2025	11	1,388.23	USD	Payment Message: ID 4033 for Kitsap Public Health District on 09/25/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	09/25/2025	1	350.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/25/2025	Successfully Completed



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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	09/25/2025	17	68,474.52	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/25/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/25/2025	6	33,435.73	USD	Payment Message: ID 4034 for Kitsap Public Health District on 09/25/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013641	Kitsap Public Health District	Jessica Guidry (355732)	Employee	EXP-0013641	09/25/2025		199.43	USD
Expense Report: EXP-0013642	Kitsap Public Health District	Cristian Inga Dominguez (434769)	Employee	EXP-0013642	09/25/2025		22.40	USD
Expense Report: EXP-0013645	Kitsap Public Health District	Alexandra Kimes (433908)	Employee	EXP-0013645	09/25/2025		171.18	USD
Expense Report: EXP-0013646	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0013646	09/25/2025		30.10	USD
Expense Report: EXP-0013639	Kitsap Public Health District	Kelly Dowless (340919)	Employee	EXP-0013639	09/25/2025		350.49	USD
Expense Report: EXP-0013640	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0013640	09/25/2025		50.26	USD
Expense Report: EXP-0013643	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0013643	09/25/2025		32.20	USD
Expense Report: EXP-0013647	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0013647	09/25/2025		110.60	USD
Expense Report: EXP-0013649	Kitsap Public Health District	Jessica Smith (435504)	Employee	EXP-0013649	09/25/2025		141.45	USD
Expense Report: EXP-0013648	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0013648	09/25/2025		121.31	USD
Expense Report: EXP-0013650	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0013650	09/25/2025		158.81	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	External Reference	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-24533	Kitsap Public Health District	Alex Nelson (Inactive)		MPR-24533	Check	One-Time Payment	09/25/2025	350.00	USD

Supplier Invoices



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-30357	Kitsap Public Health District	Albertsons Safeway LLC	#322318	Albertsons Safeway LLC	Net 30	SINV-2025-30357	09/25/2025		10/25/2025	0.00	0.00	1,900.00	USD
Supplier Invoice: SINV-2025-30359	Kitsap Public Health District	KnowBe4, Inc	#INV400226	KnowBe4, Inc	Net 30	SINV-2025-30359	09/25/2025		10/25/2025	0.00	0.00	250.20	USD
Supplier Invoice: SINV-2025-30358	Kitsap Public Health District	City of Bremerton	#BKAT000963	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2025-30358	09/25/2025		10/25/2025	0.00	0.00	433.33	USD
Supplier Invoice: SINV-2025-30362	Kitsap Public Health District	Lingo	#34584880	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2025-30362	09/25/2025		10/25/2025	0.00	0.00	12.98	USD
Supplier Invoice: SINV-2025-30363	Kitsap Public Health District	People's Exchange LCA	#00008	People's Exchange LCA	Net 30	SINV-2025-30363	09/25/2025		10/25/2025	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2025-30364	Kitsap Public Health District	Rayus Radiology	AUGUST 2025	Rayus Radiology	Net 30	SINV-2025-30364	09/25/2025		10/25/2025	0.00	0.00	450.00	USD
Supplier Invoice: SINV-2025-30366	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	AUGUST 2025 - PIC	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-30366	09/25/2025		10/25/2025	0.00	0.00	8,909.20	USD
Supplier Invoice: SINV-2025-30368	Kitsap Public Health District	Stericycle Inc	#8011864707	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-30368	09/25/2025		10/25/2025	0.00	0.00	458.48	USD
Supplier Invoice: SINV-2025-30379	Kitsap Public Health District	Health Equity	SEP 2025 BENEFITS	Health Equity	Net 30	SINV-2025-30379	09/25/2025		10/25/2025	0.00	0.00	2,748.32	USD
Supplier Invoice: SINV-2025-30381	Kitsap Public Health District	Prof & Technical Eng XPH	SEP 2025 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2025-30381	09/25/2025		10/25/2025	0.00	0.00	3,630.50	USD
Supplier Invoice: SINV-2025-30382	Kitsap Public Health District	Prof & Technical Eng XPH	SEP 2025 BENEFITS PAC	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2025-30382	09/25/2025		10/25/2025	0.00	0.00	28.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-30383	Kitsap Public Health District	Hra Veba Trust	SEP 2025 BENEFITS	Hra Veba Trust	Net 30	SINV-2025-30383	09/25/2025		10/25/2025	0.00	0.00	7,343.07	USD
Supplier Invoice: SINV-2025-30385	Kitsap Public Health District	Voya Institutional Trust Company	SEP 2025 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2025-30385	09/25/2025		10/25/2025	0.00	0.00	325.00	USD
Supplier Invoice: SINV-2025-30387	Kitsap Public Health District	Vimly Benefit Solutions Inc	SEP 2025 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2025-30387	09/25/2025		10/25/2025	0.00	0.00	11,817.15	USD
Supplier Invoice: SINV-2025-30370	Kitsap Public Health District	United Business Machines of WA	#INV544407	United Business Machines of WA	Net 30	SINV-2025-30370	09/25/2025		10/25/2025	0.00	0.00	988.15	USD
Supplier Invoice: SINV-2025-30372	Kitsap Public Health District	VectorUSA	#105072	VectorUSA	Net 30	SINV-2025-30372	09/25/2025		10/25/2025	0.00	0.00	7,212.54	USD
Supplier Invoice: SINV-2025-30377	Kitsap Public Health District	Verizon Wireless	#6123268365	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2025-30377	09/25/2025		10/25/2025	0.00	0.00	12,214.26	USD
Supplier Invoice: SINV-2025-30378	Kitsap Public Health District	Washington State Auditor's Office	#L170485	Washington State Auditor's Office	Net 30	SINV-2025-30378	09/25/2025		10/25/2025	0.00	0.00	15,443.55	USD
Supplier Invoice: SINV-2025-30380	Kitsap Public Health District	A.W. Rehn & Associates, Inc	SEP 2025 BENEFITS	A.W. Rehn & Associates, Inc	Net 30	SINV-2025-30380	09/25/2025		10/25/2025	0.00	0.00	2,233.17	USD
Supplier Invoice: SINV-2025-30384	Kitsap Public Health District	Nationwide Retirement Solutions	SEP 2025 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2025-30384	09/25/2025		10/25/2025	0.00	0.00	5,191.50	USD
Supplier Invoice: SINV-2025-30386	Kitsap Public Health District	Wash State Dept of Retirement	SEP 2025 BENEFITS	Wash State Dept of Retirement	Net 30	SINV-2025-30386	09/25/2025		10/25/2025	0.00	0.00	13,542.73	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-30395	Kitsap Public Health District	WA Counties Insurance Fund	#130590	WA Counties Insurance Fund - Remit-To: WCIF	Net 30	SINV-2025-30395	09/25/2025		10/25/2025	0.00	0.00	5,403.18	USD
Supplier Invoice: SINV-2025-30438	Kitsap Public Health District	American Family Life Assurance Company	#332150	American Family Life Assurance Company	Net 30	SINV-2025-30438	09/25/2025		10/25/2025	0.00	0.00	1,324.94	USD

Remittance

Remittance

Process	Date	Remittance Events	Remittance Details
Payment Message: ID 4034 for Kitsap Public Health District on 09/25/2025 09/25/2025		6	

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	09/25/2025 10:02:36 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 4033 for Kitsap Public Health District on 09/25/2025	Successfully Completed
Payment Message: ID 4034 for Kitsap Public Health District on 09/25/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/25/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/25/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 09/25/2025	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 09/25/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 09/25/2025	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 09/25/2025	Successfully Completed
Remittance File: For Washington State Auditor's Office on 09/25/2025	Successfully Completed
Remittance File: For WA Counties Insurance Fund - Remit-To: WCIF on 09/25/2025	Successfully Completed

Background Processes



View Settlement Run

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Parent Status	Total Processing Time	Submitted by	Errors & Warnings
09/25/2025 10:02 AM	09/25/2025 10:02 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00005185	Completed		00:00:08	Junille Schmeling	

[illegible]

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2025 - September

Ledger Account Cash	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 09/02/2025	9/2/2025	-	62.25	(62.25)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 09/04/2025	9/4/2025	-	5,100.79	(5,100.79)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 09/05/2025	9/5/2025	-	1,367.79	(1,367.79)
				-		(6,530.83)

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
3800:Other Increases in Fund Resources	3890.40 - Custodial Type Deposits	JE-00086726 - Kitsap Public Health District - 09/19/2025 - Public Health monthly vital stats transfer	9/19/2025	-	28,409.00	(28,409.00)
				-		(28,409.00)

KPHD Payroll - September 2025

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Ader, Sam	173.33	7,620.00			5,217.47
Alexander, Katharine	173.33	7,257.00			4,848.11
Anderson, Amy	173.33	7,620.00			5,039.98
Anderson-Hobbs, Nathan	173.33	5,686.00			4,325.08
Armstrong, Jami	173.33	7,257.00			5,063.05
Atisme-Bevins, Kandice	173.33	9,832.00			6,099.36
Baker, Katie	173.33	6,222.00			4,640.99
Baum, Rudy	173.33	6,935.00			5,045.96
Bazzell, Richard	173.33	8,501.00			5,975.43
Bell, Gus	47.68	2,328.69			1,926.14
Berger, Angeline	173.33	7,024.00			4,914.48
Bierman, Dana	173.33	10,620.00			7,627.52
Borja, Windie	173.33	7,610.00			5,348.97
Boysen-Knapp, Karen	173.33	8,671.00			6,187.42
Breitmayer, Jennifer	173.33	8,465.00			6,526.59
Bronder, Christine	173.33	6,399.00			4,868.18
Brown, Steven	173.33	10,620.00			6,234.67
Burchett, Brian	173.33	7,055.00			5,022.31
Burke, Lenore	173.33	5,186.00			3,669.98
Burton, Callie	173.33	5,375.00			4,006.41
Cadorna, Jessi	165.33	4,241.72			3,103.03
Camarena, Daniel	157.83	6,118.22			4,273.04
Chandler, Rebecca	173.33	8,465.00			5,611.11
Chang, Margo	173.33	6,290.00			4,535.78
Clark, Cheryl	173.33	7,462.00			5,322.62
Collins, Lori	173.33	8,229.00			5,672.44
Currie, Krista	173.33	5,334.00			4,024.62
Davis, Elizabeth	173.33	10,314.00			7,285.47
Degracia, Allison	173.33	6,533.00			4,795.51
Dowless, Kelly	173.33	9,105.00			6,080.25
Duren, Ashley	173.33	7,309.00			5,414.46
Eichler, Hillary	173.33	6,222.00			4,596.16
Evans, David	173.33	6,582.00			4,948.22
Evans, Eric	173.33	11,930.00			7,940.34
Fergus, Maria	40.00	1,330.00			1,251.88
Fine, George	86.67	2,593.00			2,004.07
Fisk, April	173.33	9,105.00			5,144.64
Fong, Yolanda	173.33	14,490.00			9,395.99
Fuchs, Molly	173.33	5,186.00			3,856.34
Galarza, Yolanda	173.33	5,761.00			4,303.15
Giuntoli, Paul	173.33	8,001.00			4,824.58
Gress, Nicole	173.33	5,881.00			4,287.25
Griego, Yaneisy	173.33	6,839.00			5,142.59
Guidry, Jessica	173.33	11,362.00			8,178.12
Hagan, Brandy	173.33	5,186.00			3,858.19
Hammond, Gabriel	173.33	7,257.00			4,883.14
Hampton, Adrienne	173.33	9,105.00			6,420.39
Hansen, Isabella	17.94	529.77			482.69
Howard, Anne	138.67	4,891.00			3,216.00
Howell, Jessica	173.33	4,064.00			3,171.58
Hubert, Joaquin	173.33	6,049.00			5,056.82
Hughes, Jakob	173.33	7,055.00			5,142.79
Hunter, Kari	173.33	10,114.00			6,547.63
Inga Dominguez, Cristian	173.33	5,495.00			4,146.81
Inouye, Wendy	173.33	9,332.00			6,522.08
Jenkins, Andrea	173.33	5,186.00			3,945.73
Jones, Kimberly	173.33	10,620.00			7,232.37
Katula, Dayna	173.33	10,114.00			6,209.50
Kench, Donald	173.33	4,802.00			2,625.66
Kiess, John	173.33	12,527.00			8,875.77
Kimes, Alexandra	173.33	9,292.00			6,487.03
Kindschy, Brandon	173.33	7,408.00			5,093.02

KPHD Payroll - September 2025

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kinnear, Sarah	173.33	6,911.00			5,191.24
Knoop, Melina	173.33	8,001.00			5,314.34
Kushner, Siri	173.33	13,027.00			8,013.54
Laird, Melissa	173.33	11,150.00			6,907.44
Lawver, Albert	173.33	6,860.00			5,117.00
Levine, Naomi	173.33	6,582.00			4,988.15
Lytle, Ross	173.33	8,001.00			5,482.21
Madden, Shannon	173.33	5,186.00			3,834.50
May, Martha	177.33	5,234.14			3,626.60
Mazur, Karina	156.00	8,678.00			5,650.99
McClung, Carol	173.33	9,105.00			6,044.80
McMillan, Michelle	173.33	7,284.00			5,130.12
Miller, Christopher	173.33	8,888.00			5,919.79
Moen, Anne	173.33	8,737.00			5,843.44
Moontree-Stewart, Kaela	80.00	3,166.40			2,264.05
Moore, Alexandra	173.33	6,719.00			4,881.34
Morris, Amanda	173.33	5,186.00			3,873.11
Morris, Dawn	173.33	8,321.00			5,799.50
Morris, Molly	173.33	4,608.00			3,558.55
Morrow, Nathan	173.33	17,903.00			10,924.98
Navarro, Alee	173.33	4,567.00			3,512.18
Neff Warner, Leah	141.33	5,917.16			3,174.65
Newland, Daisy	173.33	5,644.00			4,425.69
Nguyen, Loan	173.33	6,851.00			4,847.26
Nicolaisen, Niels	173.33	8,001.00			5,769.96
North, Edwin	173.33	11,750.00			1,051.67
O'Brien, Melissa	173.33	6,399.00			4,852.24
Onarheim, Carin	108.00	4,014.00			3,144.24
Outlaw-Spencer, Gabreiel	173.33	6,533.00			5,125.48
Pandino, Linda	173.33	5,445.00			4,148.69
Perry, Rachel	173.33	5,186.00			3,839.36
Pittsinger, Lynn	173.33	12,527.00			8,374.89
Ramsey, Taylor	173.33	7,312.00			4,700.82
Renteria, Anna	173.33	5,239.00			3,932.32
Rork, Ian	173.33	8,001.00			5,808.19
Sample, Brittany	173.33	6,269.00			4,675.02
Shelby, Emmy	156.00	7,364.00			5,081.68
Sherman, Linnea	173.33	5,445.00			3,795.81
Shuhler, Yana	173.33	5,239.00			3,521.60
Shuman, Morgan	173.33	5,644.00			4,274.59
Sidell, Nathan	173.33	5,686.00			3,526.19
Sim, Morgan	173.33	5,644.00			4,519.71
Smith, Jessica	173.33	8,737.00			6,161.19
Snow, Kelly	173.33	5,926.00			4,450.76
Sooter, Thaddeus	173.33	10,620.00			7,477.88
Stedman, Kelsey	173.33	10,620.00			6,931.94
Taveras, Orpa	173.33	5,495.00			4,175.68
Tierney, Kayla	173.33	5,528.00			4,197.22
Van Ort, Susan	173.33	8,001.00			5,559.33
Villahermosa II, Aldrin	173.33	5,970.00			4,326.08
Wagner, Mary	121.34	3,556.00			2,568.23
Wellborn, Brian	173.33	4,802.00			3,231.91
Wendt, Jan	173.33	8,465.00			6,299.64
Whares, Erica	13.33	605.80			319.06
Wimpenny, Jacob	173.33	7,408.00			5,378.96
Winchester, Layken	173.33	6,399.00			4,674.86
Wyatt, Janet	173.33	8,465.00			5,359.83
	19,633.77	854,815.90			590,077.46

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Certificate Of Completion

Envelope Id: 362FA110-5F7B-41AD-8ECE-8E323C83AE95

Status: Completed

Subject: Complete with Docusign: 11.04.2025 BOH Agenda Warrants EFTs.pdf

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Document Pages: 28

Signatures: 2

Envelope Originator:

Certificate Pages: 2

Initials: 0

Carol McClung

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Envelopeld Stamping: Enabled

Bremerton, WA 98337

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Carol.mcclung@kitsappublichealth.org

IP Address: 71.231.221.129

Record Tracking

Status: Original

Holder: Carol McClung

Location: DocuSign

10/20/2025 9:29:36 AM

Carol.mcclung@kitsappublichealth.org

Signer Events

Melissa Laird

melissa.laird@kitsappublichealth.org

Finance Manager

Kitsap Public Health District

Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

Melissa Laird

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Timestamp

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Yolanda Fong

yolanda.fong@kitsappublichealth.org

Administrator

kitsap Public health District

Security Level: Email, Account Authentication (None)

Signed by:

Yolanda Fong

04B011B7E67B465...

Sent: 10/23/2025 8:01:43 AM

Resent: 10/29/2025 9:16:04 AM

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In Person Signer Events

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Editor Delivery Events

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Security Checked

10/29/2025 9:16:40 AM

Signing Complete

Security Checked

10/29/2025 9:16:47 AM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	10/29/2025 9:16:47 AM
Payment Events	Status	Timestamps