

# Kitsap Public Health District Consent Agenda September 2, 2025

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
<b>2441 Amendment 6 (2479)</b>	<b>CLH 32054-6</b>	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/202- 12/31/2025	<b>\$1,299,621</b>	<b>\$0</b>
<b>Description:</b> Adds statements of work for Infectious Disease HIV Community Services–Ryan White Part B, Office of Drinking Water Group B Program, and Recreational Shellfish Activities. Amends Statements of Work for HIV Client Services–HOPWA Formula, Injury & Violence Prevention–Traumatic Brain Injury Prevention, Office of Drinking Water Group A, and Youth Cannabis & Commercial Tobacco Prevention Program, and includes an increase of \$1,299,621 for a revised maximum consideration of \$7,089,539.						
<b>2441 Amendment 7 (2484)</b>	<b>CLH 32054-7</b>	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/2025- 12/31/2025	<b>\$3,895,617</b>	<b>\$0</b>
<b>Description:</b> 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.						
<b>2483</b>	<b>NA</b>	<b>Jefferson County Public Health</b> <i>Youth Cannabis &amp; Commercial Tobacco Prevention Program (YCCTPP)</i>	Contract for Services	07/01/2025- 06/30/2026	<b>\$0</b>	<b>\$77,000</b>
<b>Description:</b> 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.						

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

**CONTRACT NUMBER: CLH32054****AMENDMENT NUMBER: 6**

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:  
 Infectious Disease HIV Community Services-Ryan White Part B - Effective July 1, 2025  
 Office of Drinking Water Group B Program - Effective July 1, 2025  
 Recreational Shellfish Activities - Effective July 1, 2025
  - ☒ Amends Statements of Work for the following programs:  
 HIV Client Services-HOPWA Formula - Effective January 1, 2025  
 Injury & Violence Prevention-Traumatic Brain Injury Prevention - Effective March 1, 2025  
 Office of Drinking Water Group A Program - Effective January 1, 2025  
 Youth Cannabis & Commercial Tobacco Prevention Program - Effective January 1, 2025
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:
  - ☒ Increase of **\$1,299,621** for a revised maximum consideration of **\$7,089,539**.
  - ☐ 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 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 SNAP Ed Prog Mgnt Admin IAR	202525Q390347	Amd 3	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$16,538	\$79,882	\$79,882
FFY25 SNAP Ed Prog Mgnt Admin IAR	202525Q390347	Amd 1	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$63,344		
<b>FFY23 Hsng-PPL w/AIDS Formula HUD</b>	<b>WAH23-F999</b>	<b>Amd 6</b>	<b>14.241</b>	<b>333.14.24</b>	<b>01/01/25</b>	<b>09/30/25</b>	<b>08/10/23</b>	<b>08/09/26</b>	<b>\$420</b>	<b>\$110,720</b>	<b>\$110,720</b>
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
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	\$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
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
FFY22 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	\$200,000	\$200,000
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		
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
<b>SFY1 GFS - Group B Proviso</b>		<b>Amd 6</b>	<b>N/A</b>	<b>334.04.90</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$20,259</b>	<b>\$20,259</b>	<b>\$20,259</b>
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		
<b>SFY26 Dedicated Cannabis Account</b>		<b>Amd 6</b>	<b>N/A</b>	<b>334.04.93</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$247,510</b>	<b>\$247,510</b>	<b>\$401,345</b>
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		

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		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Start Date	LHJ Funding End Date	Chart of Accounts Funding Start Date	Chart of Accounts Funding End Date			
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 5	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$17,920	\$51,253	\$51,253
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		
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	\$10,000	\$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		
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	
SFY25 FPHS-LHJ 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	\$3,649,000
SFY25 FPHS-LHJ-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



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		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
						LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
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										\$7,089,539	\$7,089,539	
Total consideration:		\$5,789,918									GRAND TOTAL	\$7,089,539
		\$1,299,621										
GRAND TOTAL		\$7,089,539									Total Fed	\$1,084,420
											Total State	\$6,005,119

\*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:** 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)** 2

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**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 add \$420 in Admin. 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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 HSNG-PPL W/AIDS FORMULA HUD	12660231	14.241	333.14.24	01/01/25	09/30/25	110,300	420	110,720
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>110,300</b>	<b>420</b>	<b>110,720</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>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.</p> <p>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).</p>	<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-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.</p> <p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p><b>Administrative:</b> <del>\$6,470</del> <del>\$6,050</del></p> <p><b>Support Services:</b> \$750</p> <p><b>STRMU:</b> \$13,500</p> <p><b>Tenant Based Rental Assistance:</b> \$84,000</p>

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.		<b>Permanent Housing Placement:</b> \$6,000  <b>TOTAL: <del>\$110,300</del> \$110,720</b>

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

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

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

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

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

**Program Specific Requirements**

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 25<sup>th</sup> 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](mailto: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:** Infectious Disease HIV Community Services-  
Ryan White Part B - 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

<b>Funding Source</b> <input type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide HIV Care services to people living with HIV (PLWH). Awarded through OID's 2024 Ryan White Part B RFA. Identified service area (This does not preclude clients from receiving supportive services outside of their case management agency.): Clallam, Jefferson, Kitsap, and North Mason Counties.

**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
FFY25 RW GRANT YR REBATE	12618550	N/A	334.04.98	07/01/25	03/31/26	0	646,500	646,500
FFY26 RW GRANT YR REBATE	12618560	N/A	334.04.98	04/01/26	06/30/26	0	215,500	215,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>862,000</b>	<b>862,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Core Services</b>				
<b>Medical Case Management</b>  Anticipated number of clients to be served.	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of the client (face-to-face, phone contact, any other forms of communication).  Activities may include: 1) initial assessment of need. 2) development of individualized care plans.	Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the DOH HIV Community Services Program Manager.  Agency must track and report data within the Provide database all Performance Measures related to this	Client level data and any interaction must be entered into Provide within 5 business days as a progress log.  <ul style="list-style-type: none"> <li>Agency must complete eligibility assessment annually.</li> <li>Comprehensive assessment must be completed within the first 30 days of completing case management intake and updated every five years</li> </ul>	<b>Total reimbursement does not exceed \$590,449.</b>  <b>See split out below by code.</b>  <b>\$442,837 – MI 12618550 – FFY25 RW Grant Year Rebate for</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>3) coordinated access to health and support services.  4) client monitoring to assess the care plan.  5) re-evaluation of the care plan.  6) ongoing assessment of client's needs.  7) treatment adherence counseling.  8) client specific advocacy or review of utilization of services.  9) benefits counseling.</p> <p><b>ROIs must be obtained for DOH, HCA, and HIV medical provider.</b></p> <p><b>Must bill Title XIX monthly and report to DOH on the expense summary form. Any exceptions require prior approval from DOH HIV Community Services Program Manager.</b></p> <p><b>Any staff vacancies/new hires/role changes must be reported to DOH within 30 days.</b>  <a href="#">Employee Change Form</a></p>	<p>Service Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Clients must have current Ryan White Eligibility.</b></p>	<p>unless significant changes have occurred with the client.</p> <ul style="list-style-type: none"> <li>• ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months. Medical appointments must be reported annually at minimum.</li> </ul>	<p><b>7/1/25-3/31/26</b></p> <p><b>\$147,612 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>
<b>Supportive Services</b>				
<p><b>Outreach Services – Peer Navigation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>75 Clients</b></p>	<p>Outreach Services provide the following Peer Navigation activities:  1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care,  2) referral to appropriate supportive services.  3) Peer Navigators must be added to the client's Care Team in the Provide database.  4) Peer Navigators will conduct Quality of Life survey with their peer clients every six months, aligning with an ISP review.  5) Peer Navigators will participate in ISP development and review based on Quality-of-Life survey.</p> <p><b>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously as some information is needed to facilitate any necessary follow-up and care.</b></p>	<p>Agency must track and report client level data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Anticipated number of clients to be served.</b>  One-on-one Caseload:  Peer group participants:  Community facing peer support:  Short-term peer navigation:</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log.</p> <p>ISP and ISP goal developments must be completed before outreach services are delivered and reviewed a minimum of every six months.</p>	<p><b>Total reimbursement does not exceed \$186,672.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$140,004 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b></p> <p><b>\$46,668 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Funds cannot be used to pay for event materials such as promotional and/or personal items.</p> <p>Any staff vacancies/new hires/role changes must be reported to DOH within 30 days.  <a href="#">Employee Change Form</a></p> <p>*** Please see the Terms and Conditions Section 2F regarding Peer Navigation Program Expectations. ***</p>			
<p><b>Food Bank</b></p> <p>Anticipated number of clients to be served.</p> <p><b>50 Clients</b></p>	<p>Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).</p> <p><b>HRSA RWHAP funds cannot be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup> vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</b></p> <p><sup>1</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Client meals/refreshments for activities such as focus groups, support groups, etc. must follow per diem and food guidelines identified in the terms and condition section below. ***See terms and conditions section 14, bullet A, sub-section xvi***</p> <p><b>Clients must have current Ryan White Eligibility.</b></p> <p>Agency must ensure that a policy for managing gift cards with strong internal controls is in place like a small and attractive items policy.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement does not exceed \$18,500.</b></p> <p>See split out below by code.</p> <p><b>\$13,875 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b></p> <p><b>\$4,625 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</b>			
<b>Housing</b>  Anticipated number of clients to be served.  <b>12 Clients</b>	<p>Housing is limited to short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services.</p> <p>Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to clients gaining or maintaining compliance with HIV-related health services and treatment.</p> <p>Housing funds cannot be in the form of direct cash payments to clients, used for mortgage payments, *rental deposits, last month's rent, or other fees associated with move in costs.</p> <p><b>Ryan White Housing Funds must be the payor of last resort.</b></p> <p>To meet the two-payment threshold, all rental and/or utility payments must be two consecutive payments where the second payment is made a minimum of 14 days after the initial payment.</p> <p><b>One-time payments for rent or utilities are unallowable and must be reported under emergency financial assistance.</b></p> <p>Allowable Costs:</p> <ul style="list-style-type: none"> <li>• Rent</li> <li>• Past due rent (to include late fees)</li> <li>• Lot rent</li> </ul>	<p>Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access housing services. Any exceptions require prior approval from the DOH Housing Supervisor</p> <p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Agency must:</p> <ul style="list-style-type: none"> <li>• <b>Ensure clients meet all Ryan White eligibility requirements prior to providing any assistance.</b></li> <li>• Complete a housing assessment and develop an individualized housing plan<sup>1</sup> for each client receiving housing services. (Housing plans are not required for background checks/housing applications)</li> <li>• Reassess clients for housing assistance if they have been closed for more than 90 days and complete a new individualized housing plan.</li> <li>• Have mechanisms in place to ensure newly identified clients have access to housing services.</li> <li>• Not duplicate the Housing services or benefits provided by HOPWA.</li> <li>• Have housing need(s) documented in ISP.</li> <li>• Ensure client file includes evidence of tenancy and/or appropriate documentation to support payment.</li> </ul>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and service provided.<sup>1</sup></p> <p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p> <p>Housing staff must assess clients within 3 business days of staff identifying a client's housing need.</p> <p>Active housing clients must have at least one documented contact every 30 days.</p> <p>All rental and/or utility assistance payments require a housing assessment and plan completed and/or scanned in to Provide prior to service being delivered.</p> <p>Document closure of housing clients from services within 30 business days.</p> <p>Housing plans must be completed annually and updated quarterly at minimum</p>	<p><b>Total reimbursement does not exceed \$17,500.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$13,125 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b></p> <p><b>\$4,375 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>• Essential utilities (gas, electricity, water, and/or propane)</li> <li>• Past due essential utilities (to include late fees)</li> <li>• Background check/housing application</li> <li>• Hotel/Motels</li> </ul> <p><b>Any payment greater than \$3,000 must be pre-approved by DOH.</b></p> <p><b>*Refundable deposits are allowed if your agency has approved policies and procedures on file with DOH.</b></p> <p><b>Any staff vacancies/new hires/role changes must be reported to DOH within 30 days.</b>  <a href="#">Employee Change Form</a></p>	<ul style="list-style-type: none"> <li>• Document client closure from housing services with clear rationale. Documentation must include: <ul style="list-style-type: none"> <li>○ Services needed/actions taken, if applicable</li> <li>○ Date of discharge</li> <li>○ Reason(s) for discharge</li> <li>○ Referrals made at time of discharge, if applicable</li> </ul> </li> <li>• CONTRACTOR shall submit documentation of separate legal entity which provides housing services if HIV/AIDS is listed in agency name within 30 days of the start of the contract. The cost of creating this entity can and should be funded by Ryan White Housing dollars.</li> </ul> <p><b><sup>1</sup> Individualized Housing Plan should document short- and long- term measurable goals and objectives for housing and healthcare, timeframes to achieve goals, client attainment of goals, solutions to address barriers, and resources and services that are needed to help maintain housing stability and gain/maintain healthcare, the assistance to be provided by the Housing Case Manager.</b></p>		
<b>Linguistic Services</b> <b>(Required Activity)</b>	<p>Provision of interpretation (oral) and translation (written) services to eligible clients. Services are provided as a part of HIV service delivery between the healthcare provider and the client when necessary to:</p> <ul style="list-style-type: none"> <li>• Facilitate communication between the provider and client.</li> <li>• Support delivery of HIV Community Services.</li> </ul>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Agency must be able to provide interpretation services to any client who requests them.</p>	Client-level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.	<p><b>Total reimbursement does not exceed \$0.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$0 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Translation and interpretation services are only allowable in the Linguistic Services task.</p> <p>Services must be provided by a qualified linguistic service professional.</p> <p>See terms and conditions Section 10 for CLAS standards.</p>			<p><b>\$0 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>
<p><b>Medical Transportation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>15 Clients</b></p>	<p><b>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by:</b></p> <ol style="list-style-type: none"> <li>1) providers of transportation services.</li> <li>2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs.</li> <li>3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed.</li> <li>4) voucher or token systems.</li> </ol> <p>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup> vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p><sup>1</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p><b>Clients must have current Ryan White Eligibility.</b></p> <p>Agency must ensure that a policy for managing gift cards with strong internal controls is in place like a small and attractive items policy.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><sup>1</sup>Services provided must include the dollar amount of the service provided.</p>	<p><b>Total reimbursement does not exceed \$7,411.</b></p> <p>See split out below by code.</p> <p><b>\$5,558 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b></p> <p><b>\$1,853 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are co-branded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</b>			
<b>Psychosocial Support Services</b>  Anticipated number of clients to be served.  <b>75 Clients</b>	Provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include bereavement counseling, child abuse and neglect counseling, HIV support groups, nutrition counseling by a non-registered dietitian, pastoral care/counseling services.	Agency must track and report client level data within the Provide database all activity related to this Service Category.  <b>Any food provided for support groups must be billed under the food bank/ hot meals task.</b>	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.	<b>Total reimbursement does not exceed \$2,000.</b>  <b>See split out below by code.</b>  <b>\$1,500 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b>  <b>\$500 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b>
<b>Ryan White Part B HIV Clinical Quality Management (CQM)/ Improvement</b>  Required Activity	CQM activities should be continuous, fit within and support the framework of improving client care, health outcomes, and client satisfaction.  Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.	Agency must track and report within the Provide database all Performance Measures related to this service category as directed by DOH Quality Management Coordinator.  Agency must submit an Annual CQM Plan by April 1st to the DOH Quality Management Coordinator. <b>CQM plan must include Ryan White Part B specific activities.</b>  <b>HRSA/HAB Clinical Performance Measures – Core</b>	Agency must submit quarterly reports to <a href="mailto:HIV.QualityImprovement@doh.wa.gov">HIV.QualityImprovement@doh.wa.gov</a>  <b>1<sup>st</sup> Quarter</b> 1/1 -3/31 Due 4/30 Annual CQM Plan (Apr 1)  <b>2<sup>nd</sup> Quarter</b> 4/1 – 6/30 Due 7/30	<b>Total reimbursement does not exceed \$24,468.</b>  <b>See split out below by code.</b>  <b>\$18,351 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p> <p><b>Any food provided to clients for CQM activities must be billed under the food bank/hot meals task.</b></p>	<p>1. <a href="#">HIV Viral Load Suppression</a> 95%</p> <p>2. <a href="#">Prescription of HIV antiretroviral therapy</a> 90%</p> <p>3. <a href="#">Medical visit frequency</a> 90%</p> <p>4. <a href="#">Gap visits</a> 20% or less *Reverse measure</p> <p>5. <a href="#">Annual retention care</a> 80%</p> <p><b><a href="#">HRSA/HAB Case Management Performance Measure</a></b></p> <p>1. Care plan 90%</p> <p>2. Gap in HIV medical visits 20% or less * Reverse measure</p> <p>3. HIV medical visit frequency 90%</p> <p>Deliverables for this reporting period have been identified and can be referenced in the <a href="#">Ryan White Part B Statewide Quality Management Plan</a>.</p> <p>Agency must promote community engagement for Ryan White Part B eligible clients/patients to provide feedback by establishing and implementing both:</p> <p>A.) Annual Client Satisfaction Survey's that are disseminated and reviewed in the same calendar year.</p> <p>B.) Quarterly Client/Community Advisory Board Meetings.</p> <p><b>*** Please see the Terms and Conditions Section 2G regarding Community Engagement expectations.***</b></p>	<p><b>3<sup>rd</sup> Quarter</b> 7/1 – 9/30 Due 10/30</p> <p><b>4<sup>th</sup> Quarter</b> 10/1 – 12/31 Due 1/30</p>	<p><b>\$6,117 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>
<p><b>Emergency Financial Assistance</b></p> <p>Anticipated number of</p>	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing<sup>1</sup>, food (including groceries and food</p>	<p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p>	<p><b>Total reimbursement does not exceed \$15,000.</b></p> <p><b>See split out below by code.</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>clients to be served.</p> <p><b>15 Clients</b></p>	<p>vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p> <p><b>EFA is the payer of last resort. Any service(s) costing greater than \$1,000 must be pre-approved by DOH.</b></p> <p><b>Housing assistance is limited to one month of rental/utility assistance in a calendar year.</b></p> <p><b>Refundable and non-refundable deposits are unallowable costs.</b></p> <p><b><sup>1</sup> Emergency Housing assistance is limited to financial assistance to support a one-time payment to enable the individual or family, currently in housing, to gain and/or maintain medical care. Use of Ryan White Program funds for emergency housing must be linked to medical and/or healthcare or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.</b></p> <p><b>Allowable housing costs:</b>  <b>Rent</b>  <b>Utilities</b></p>	<p><b>Clients must have current Ryan White Eligibility.</b></p>	<p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>\$11,250 – MI 12618550 – FFY25 RW Grant Year Rebate for 7/1/25-3/31/26</b></p> <p><b>\$3,750 – MI 12618560 – FFY26 RW Grant Year Rebate for 4/1/26-6/30/26</b></p>

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

### **Program Specific Requirements**

#### **SPECIAL PROGRAM REQUIREMENTS**

1. Reminder: DOH cannot reimburse indirect costs without a current/approved rate or De Minimus rate certification on file. Please ensure the new and approved rate is submitted to the DOH Fiscal Monitoring Unit ([FiscalMonitoring@doh.wa.gov](mailto:FiscalMonitoring@doh.wa.gov)) when the rate expires.
2. CONTRACTOR acknowledges responsibility for required tasks regardless of funding allocation and has mechanisms in place for providing service and/or completing task deliverables.

**GENERAL PROGRAM REQUIREMENTS/NARRATIVE****1. Definitions**

- a. **CONTRACTOR** – For the purposes of this Statement of Work Only, the Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as the CONTRACTOR.
- b. **Medical Case Manager** – Individual who provides direct services to clients living with HIV. These services help clients gain and maintain access to primary medical care and treatment.
  - i. **Program Supervisor** – Individual who provides supervision to case management and other HCS staff.
  - ii. **Program Lead** – Individual who oversees specialized or enhanced programming to clients living with HIV.
  - iii. **Case Manager Assistant/Intake Specialist** – Individual who assists case management staff to enroll clients into case management and/or supportive services.
- c. **Non-Medical Case Manager** – Individual who provides direct services to clients living with HIV. These services provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment/vocational, and/or other needed services to improve or retain access to core medical and supportive services.
- d. **Housing Coordinator** – Individual who provides housing and/or housing related services to people living with HIV.
- e. **Peer Navigator** – Individual who has either direct lived or shared lived experience with HIV and navigating the healthcare system and/or barriers related to HIV stigma.
  - i. **Stewards** – Individual who provides supervision to Peer Navigators.
  - ii. **One-on-One Caseload** – Caseload of 15-20 Peer Clients referred by their care team to receive Peer Navigation support for 6-24 months or longer depending on client needs. Case managers and clients work in partnership to determine the length of time.
  - iii. **Peer Group Participants** – Clients who may or may not be utilizing Peer Navigation services but can access peer support in a peer group setting.
  - iv. **Community Facing Peer Support** – Broader activity-based client engagement such as community event programming, home visits, food access/delivery, or part of office culture when new or established clients come in for services.
  - v. **Short-Term Peer Navigation** – Support for clients with a temporary need due to unexpected life challenges or crises. Examples include but are not limited to a new HIV diagnosis, loss of housing or partner, mental/behavioral health/medical emergency, or reengagement for clients who have been justice involved and returning to the community.
- f. **Administrative Support** – Individual who provides support by greeting clients, directing phone calls, scheduling appointments, etc.

**2. Program Organization –**

- a. The CONTRACTOR must provide a fully updated organizational chart, including the Board of Directors with contact information, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
  - i. Any position funded through Ryan White Part B must have prior DOH approval.
- c. The CONTRACTOR must have a Memorandum of Understanding (MOU) with other DOH contracted agencies providing Ryan White Part B and/or HOPWA services within a shared identified service area to facilitate access to and coordination of client services.
  - i. Signed MOU(s) must be submitted to DOH within 30 days of execution.
- d. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies, new hires, position changes, or staff on extended leave related to contracted positions by completing the [Employee Change Form](#). An updated budget may be required.
  - i. Any funded Ryan White Care or Housing staff new to the agency must attend New Case Management training.
  - ii. Any new fiscal staff responsible for Ryan White Care invoicing will need to meet with the OID Ryan White Contract Manager within 60 days for DOH Ryan White invoice overview and training.
- e. The CONTRACTOR must have an updated Continuity of Operations Plan (COOP) to ensure continued access to essential services and care for all clients, including their Ryan White-funded clients, in case normal operations cannot continue. DOH must be notified prior to implementation.
  - Supervision, staffing shortages, and/or retention issues
  - Client access to services - Client Ryan White Eligibility
  - Natural disasters or other emergencies.
  - Waitlists for access to Ryan White Part B Services



- f. **HIV Peer Navigation Program Structure and Expectations** – To support the success and continuity of the HIV Peer Navigation Program, the CONTRACTOR will work in partnership with the DOH HIV Peer Navigation Program staff to discuss, develop, implement, and maintain a peer program that supports their agency and clients’.

DOH will provide the CONTRACTOR with the Washington State HIV Peer Navigation Program framework.

1. HIV Community Services Manual – HIV Peer Navigation Section
2. HIV Peer Navigation procedure for referrals and Provide documentation.
3. Monthly Co-Reflection Meetings for one -on-one HIV Peer Navigators, one-on-one HIV Peer Stewards, and the HIV Peer Navigator Group.
4. Provide technical assistance for how a HIV Peer Navigator interfaces with the Provide Data System, Quality of Life Survey, and specific HIV Peer Navigation goals for the ISP.
5. Provide Mandatory Training
  1. New Case Manager and HIV Peer Navigator Training
  2. Annual Intentional Peer Support training for both HIV Peer Navigators and HIV Peer Stewards

DOH and the CONTRACTOR will work collaboratively on capacity building through the development of

1. HIV Peer Navigator job description and job announcement
2. DOH will support the interview process by
  - a. Assisting with the development of interview questions
  - b. Application review and/or participation in interview panels
3. Identifying what position will fill the role of HIV Peer Steward

- g. **Ryan White Part B Clinical Quality Management CQM/Improvement Client Engagement Structure and Expectations** – To support the framework of improving client care and satisfaction, the CONTRACTOR will work in partnership with the DOH HIV Quality Management Coordinator to engage Ryan White Part B clients and program staff in clinical quality management activities.

DOH will provide the CONTRACTOR with the Washington State Ryan White Part B Clinical Quality Management Program framework.

1. Washington State Ryan White Part B Clinical Quality Management Plan
2. Ryan White Part B Agency Dashboard
3. HIV Community Services Manual – Program Monitoring: Data Entry Standards
4. CQM Committee quarterly meetings
5. Provide CONTRACTOR with guidance to develop Quality Improvement/Quality Assurance resources and tracking tools.
6. Provide technical assistance for CQM infrastructure, data quality, and HRSA/HAB performance measure benchmarks.

The CONTRACTOR is expected to;

1. Submit Annual CQM plan by April 1
  - a. New contractors are exempt in their first year while establishing their programs.
2. Attend quarterly CQM Committee meetings.
3. Provide quarterly CQM reports by the identified in accordance with the due dates and deliverables listed in the CQM Task and referenced in the [Ryan White Part B Statewide Quality Management Plan](#).
  - a. Ensure agency Ryan White Part B Dashboard and HRSA/HAB reports are up to date when submitted.
4. Implement opportunities for clients to provide feedback specific to Ryan White Part B services by
  - a. Developing and conducting an annual satisfaction survey and
  - b. Creating/maintaining a client/community advisory board that meets quarterly at a minimum.
5. Establish an internal process and procedure to ensure continuous Quality Improvement/Quality Assurance activities are completed monthly.
  - a. Ensure client profiles are properly closed out within 30 days in the event of;
    - i. Client relocation out of state

- ii. Client no longer meets eligibility requirements
  - iii. Client declines or disengages with services
  - iv. Client is deceased
- 3. **Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information
  - a. Clients must apply for Ryan White eligibility within 30 days of intake.
  - b. Client eligibility must be recertified annually.
- 4. **Participation in Program Monitoring Activities** –
  - a. DOH will conduct annual programmatic monitoring on-site in the following areas:
    - i. Ryan White Part B case management and supportive services
    - ii. Title XIX case management
    - iii. Housing
    - iv. Clinical quality management
    - v. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
  - b. **Corrective Action Plans** –
    - [§ 200.339 Remedies for noncompliance.](#)
    - If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in [§ 200.208](#). If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:
      - (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
      - (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
      - (c) Wholly or partly suspend or terminate the Federal award.
      - (d) Initiate suspension or debarment proceedings as authorized under [2 CFR part 180](#) and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
      - (e) Withhold further Federal awards for the project or program.
      - (f) Take other remedies that may be legally available
- 5. **Participation in Data-to-Care/Lost-to-Care activities** – WA residents that are reported to have an HIV infection and be living with HIV  $\geq$  12 months and meet one of the following lab result criteria:
  - a. **Not-In-Care (NIC):** This person has no CD4 count, or viral load (VL) result reported in past 15 months, but who had a VL or CD4 in Washington State, in the last 5 years.
  - b. **Not-Virally-Suppressed (NVS):** This person has had a VL conducted in the previous 15 months, but a VL  $>200$  copies/mL, at the time of last report.
    - i. DOH will provide the CONTRACTOR with a list of Provide Client ID's who meet the above criteria, at least quarterly, to assist in outreach and engagement.
- 6. **Minority AIDS Initiative (MAI) Program Structure and Expectations** – To support the success and continuity of the Minority AIDS Initiative Program, the CONTRACTOR will work in partnership with the DOH MAI Coordinator to discuss, develop, implement, and maintain an MAI program that supports their agency and clients.

DOH will provide the CONTRACTOR with the DOH Minority AIDS Initiative framework.

- 1. HIV Community Services Manual – Minority AIDS Initiative
- 2. MAI Program procedure for referrals and Provide documentation
- 3. Provide outreach and educational services that connect MAI clients to health insurance and other medication assistance programs

4. Provide technical assistance during Open Enrollment, including one-on-one support with case managers
5. Provide Mandatory Training – New Case Manager and HIV Peer Navigator Training
7. **Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities. Ryan White is a payer of Last Resort and Title XIX must be billed monthly unless prior approval for a different frequency of billing is granted by DOH – Reference the [HCS Manual](#)
8. **HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data **entered into the Provide™** Database System. See tasks descriptions for timeframe requirements.
9. **Data Sharing Agreement (DSA)** – The CONTRACTOR must enter into written data sharing agreements when sharing category 3 or category 4 data outside the agency unless otherwise prescribed by law. The CONTRACTOR must identify and evaluate the risks of sharing their data and must enter into a data sharing agreement that documents the relationship and includes appropriate terms to mitigate identified risks.
  - a. **Category 3 Data – Confidential Information** is information that is specifically protected from either release or disclosure by law. This includes but is not limited to:
    - i. Personal information as defined in [RCW 42.56.590](#) and [RCW 19.255.010](#).
    - ii. Information about public employees as defined in [RCW 42.56.250](#).
    - iii. Lists of individuals for commercial purposes as defined in [RCW 42.56.070\(8\)](#)
    - iv. Information about the infrastructure and security of computer and telecommunication networks as defined in [RCW 42.56.420](#).
  - b. **Category 4 Data – Confidential Information Requiring Special Handling** is information that is specifically protected from disclosure by law and for which:
    - i. Especially strict handling requirements are dictated, such as by statutes, regulations, agreements, or other external compliance mandates.
    - ii. Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.
10. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](#)
11. **Participation in Capacity Building and Technical Assistance Activities designed to increase the efficiency of HIV Community Services**
  - a. Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for contractors will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
12. **Contract Management** – Reference the [HCS Manual](#) for more information
  - a. **Fiscal Guidance** – Reference the OID Fiscal Manual for more detailed information.
    - i. **Ryan White Rebate Funding** – For the purposes of this contract, all Ryan White Rebate funds received by the contractor shall be treated in the same fashion as federal funds and must follow the requirements of [2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits](#).
    - ii. **Funding** – The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2026. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
    - iii. **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and OID Expense Summary form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
      1. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or identified by DOH program staff to determine allowability of Ryan White related expenses. Risk assessments are completed at the beginning of a new contract. Contact your contract manager if you are unaware of your assigned risk level.
      2. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
    - iv. **Allocating Costs and Indirect** –

1. **Cost Allocation Plan** - If allocating costs, the CONTRACTOR must have a documented allocation methodology that is reviewed and approved by DOH Staff. DOH is not able to reimburse allocated costs without an approved plan on file.
2. **Federally Negotiated Indirect Rate** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or
3. **10% De Minimus Certification** of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- v. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- vi. **Payer of Last Resort** – The CONTRACTOR must make every reasonable effort to bill all available healthcare coverage options, including Medicaid, Medicare, Private insurance, and Early Intervention Program before billing the Ryan White Part B Contract. Ryan White Part B Funds is considered the payor of last resort, and as such, funds may not be used for any item or service “to the extent that payment has been made, or can reasonably be expected to be made under...any State compensation program, under an insurance policy, or under any Federal or State health benefits program..., or by an entity that provides health services on a pre-paid basis.”
- vii. **Cost of Services – Costs** must be necessary and reasonable to carry out approved contract activities.
- viii. **Allowable Costs** – All expenditures incurred, and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars: 2 CFR 200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

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

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

- ix. **Duplication of EIP Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP, Medicaid, or other Insurance Provider.
- x. **Ryan White Part B** may not be used for prevention activities.
- xi. **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- xii. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer store gift cards or voucher programs to assure that recipients cannot readily convert vouchers into cash.
  1. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
  2. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
  3. The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

- xiii. **Travel** – Out of state travel requires prior approval from DOH and must follow [GSA guidelines](#). Reference the OID Fiscal Manual for more information.
- xiv. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.
  - 1. It is the understanding of DOH that Supervision funded under the direct program portion of this contract includes at minimum the provision of at least two of the three functions detailed here: administrative, educational, or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.
- xv. **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. “Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices <https://watech.wa.gov/policies>.”

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

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

- 1. Laptops and notebook computers
- 2. Tablets and smart phones

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

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

- xvi. **Food and Refreshments** - Food and refreshments are not allowable direct costs unless provided in conjunction with allowed activities. **Pre-approval is required** when food and refreshments are purchased for meetings or activities outside of Psychosocial Support or CQM tasks.
  - 1. **Food/meals/lite refreshments purchased for the Psychosocial Support or CQM tasks must be billed under the Food Bank/Hot Meals task to be considered an allowable cost.** Required back-up documentation must be included with the monthly invoice to receive reimbursement.
    - a. Sign-in sheet with the clients’ ID number from the DOH approved data system.
    - b. Vendor receipt
    - c. Meeting agenda
  - 2. The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved activities.
  - 3. Food for staff meetings/trainings is unallowable. **PLEASE NOTE:** If meals/refreshments are purchased for allowable activities, food can only be reimbursed for **clients** at the per diem rate. Any expenses over per diem will be denied. [U.S. General Services Administration Per Diem Look Up](#)



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

**b. Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff within 45 days if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH. Any exceptions require pre-approval from DOH.
  1. **Local Health Jurisdiction (LHJ) Contractors** – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
  2. **Non-LHJ Contractors** – Request for contract amendments must be received no later than 60 days prior to the end of the period of performance.
    - a. Amendments must be signed prior to the end of the period of performance end date.

EX. FFY end date is 6/30, contract amendment requests due to contract manager by 4/31

- c. **Subcontracting** – This statement of work does not allow a CONTRACTOR to subcontract for services.

**d. Written Agreements**

- i. The CONTRACTOR should execute written agreements with partners to document how services and activities will be coordinated with funded Medical HIV Case Management services and activities:
  1. HIV service providers who provide case management, outreach services, or other support services.
  2. Medical Providers providing services to agency’s medical case management clients
  3. Local Health Jurisdictions in the counties regularly served by the CONTRACTOR

13. **Youth and Peer Outreach Workers** – For purposes of this agreement, the term “youth” applies to persons under the age of 18. All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

14. **Confidentiality Requirements** – Reference the [HCS Manual](#) for more information

**15. Whistleblower**

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Injury & Violence Prevention-Traumatic Brain Injury Prevention - Effective March 1, 2025

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH32054

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

**Period of Performance:** March 1, 2025 through June 30, 2026

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to plan, organize and implement community education and awareness events in local communities addressing child injury topics that includes a focus on head injury including traumatic brain injury (TBI). The purpose is to build awareness of TBI and other unintentional injuries and provide communities with health education on prevention and provide safety equipment to community members for injury prevention. This contributes to deliverables under the interagency agreement between DSHS and DOH contract #GVS28420.

**Revision Purpose:** Adding tasks 5 and 6, additional funding and extend period of performance from June 30, 2025 to June 30, 2026 for ongoing work on all tasks, and add new language in task activities.

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 TBI SAFE KIDS IAR	77510950	N/A	334.04.96	03/01/25	06/30/25	8,000	0	8,000
SFY26 OHSC TBI SAFE KIDS DSHS IAR	77510960	N/A	334.04.96	07/01/25	06/30/26	0	10,000	10,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>8,000</b>	<b>10,000</b>	<b>18,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop <i>and distribute</i> educational messaging around safe firearm storage and 988 resources to reduce traumatic brain injury from suicide attempts using firearms.	<p>Provide completed messaging developed in all formats to DOH Contract Manager.</p> <p>Completed Safe Kids Activity Report on partnerships, community reach, resources distributed. Report is available at:  <a href="https://forms.office.com/g/UjjpQhRmGN">https://forms.office.com/g/UjjpQhRmGN</a></p>	<p>Reports due 10 business days after event. Reports must be submitted to the online reporting form:  <a href="https://forms.office.com/g/UjjpQhRmGN">https://forms.office.com/g/UjjpQhRmGN</a></p> <p>All activities and purchases completed by June 30, <del>2025</del>2026.</p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration. Funding can be moved between tasks as needed to complete deliverables.</p> <p>All purchases for goods and services</p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				must be completed by June 30, <del>2025</del> 2026.
2	Build <i>and maintain</i> partnership with local law enforcement and Sheriff's office to aid in distribution of safe firearm storage devices.  <i>Monthly check-in through email to understand the distribution of firearms and needs in the community.</i>	Completed event report for Safe Kids Activities at end of contract period reporting number of safety devices distributed and locations reached within the county. Reports must be submitted to the online reporting form: <a href="https://forms.office.com/g/UjppQhRmGN">https://forms.office.com/g/UjppQhRmGN</a>	Reports must be submitted to the online reporting form and should be submitted monthly or at least at the end of the contract period: <a href="https://forms.office.com/g/UjppQhRmGN">https://forms.office.com/g/UjppQhRmGN</a>  All activities and purchases completed by June 30, <del>2025</del> 2026.	Reimbursement for actual expenditures, not to exceed total funding consideration. Funding can be moved between tasks as needed to complete deliverables.  All purchases for goods and services must be completed by June 30, <del>2025</del> 2026.
3	Conduct increasing community outreach and education by collaborating with youth-serving organizations.	Host at least 3 public events.  Provide DOH Contract Manager with any promotional materials for events at least 2 weeks prior to event at: <a href="mailto:safekidswashington@doh.wa.gov">safekidswashington@doh.wa.gov</a>  Completed event report for Safe Kids Activities. Reports must be submitted to the online reporting form: <a href="https://forms.office.com/g/UjppQhRmGN">https://forms.office.com/g/UjppQhRmGN</a>  Post the Safe Kids Event evaluation at each event. Flyer templates will be provided by DOH. Attendee participation is voluntary. Link for the event evaluation is found at: <a href="https://forms.office.com/g/gawFLY89C0">https://forms.office.com/g/gawFLY89C0</a>	Reports due 10 business days after event. Reports must be submitted to the online reporting form: <a href="https://forms.office.com/g/UjppQhRmGN">https://forms.office.com/g/UjppQhRmGN</a>  All activities and purchases completed by June 30, <del>2025</del> 2026.	Reimbursement for actual expenditures, not to exceed total funding consideration. Funding can be moved between tasks as needed to complete deliverables.  All purchases for goods and services must be completed by June 30, <del>2025</del> 2026.
4	Partner with Saint Michaels Medical Center to distribute car seats to families that do not have resources to obtain a car seat prior to birth. Provide education and resources for proper installation and safety with each distribution.  <i>Expand partnerships to the Kitsap Nurse Family Partnership program and purchase additional car seats for the program partner to</i>	Completed event report for Safe Kids Activities. Reports must be submitted to the online reporting form: <a href="https://forms.office.com/g/UjppQhRmGN">https://forms.office.com/g/UjppQhRmGN</a> .	Reports for this activity can be submitted monthly or at the end of the funding period by July 15, <del>2025</del> 2026. Reports must be submitted to the online reporting form: <a href="https://forms.office.com/g/UjppQhRmGN">https://forms.office.com/g/UjppQhRmGN</a>  All activities must be completed by June 30, <del>2025</del> 2026.	Reimbursement for actual expenditures, not to exceed total funding consideration. Funding can be moved between tasks as needed to complete deliverables.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>have for families that are in crisis and need to transport youth.</i>			All purchases for goods and services must be completed by June 30, <del>2025</del> 2026.
5	<i>Increase awareness and education about TBI by developing a blog post that can be shared publicly and posted on Kitsap Public Health District's (KPHD) website. This blog post would provide education and information about TBI for families and caregivers.</i>	<i>Link to blog post submitted to contract manager at: <a href="mailto:safekidswashington@doh.wa.gov">safekidswashington@doh.wa.gov</a></i>	<i>June 30, 2026</i>	<i>Reimbursement for actual expenditures, not to exceed total funding consideration. Funding can be moved between tasks as needed to complete deliverables.</i>  <i>All purchases for goods and services must be completed by June 30, 2026.</i>
6	<i>In quarter 4 of 2025, KPHD will have developed a committee that meets regularly to implement strategies based on recommendations of the Kitsap Child Fatality Review. A KPHD staff will provide TBI focused areas of work for this group.</i>	<i>Report partnerships, topics addressed and outcomes in Safe Kids Event report at end of reporting period if activities or action items are not already represented in separate event activities associated with other tasks.</i>	<i>Reports submitted to the online reporting form: <a href="https://forms.office.com/g/UjjpQhRmGN">https://forms.office.com/g/UjjpQhRmGN</a> by July 15, 2026</i>	<i>Reimbursement for actual expenditures, not to exceed total funding consideration. Funding can be moved between tasks as needed to complete deliverables.</i>  <i>All purchases for goods and services must be completed by June 30, 2026.</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](mailto:finance@doh.wa.gov).

### **Program Specific Requirements**

#### **Special Requirements:**

Event evaluations should be posted at each event for the public to provide feedback the evaluation form is translated into 14 languages and is located at: <https://forms.office.com/g/gawFLY89C0>

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

All activities are to be reported using the online reporting tool: <https://forms.office.com/g/UjjpQhRmGN>;

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

All supplies, sub-contracts and other expenditures must be for goods, services, or staffing that relate to the awareness or prevention of traumatic brain injury (TBI), including concussion, as a component of the activity or event. Other health and prevention topics can be included along with the TBI education. This includes all injury and violence prevention topics that are associated with TBI including but not necessarily limited to: Transportation safety of any kind, bike and pedestrian safety, scooter and skate safety, ATV and farm safety, sports concussion, window falls, playground safety, firearm safety, drowning prevention, and any other recreational or home safety topic related to falls or being struck.

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

Monthly contract management calls will be scheduled with the DOH contract manager and program staff. These will typically be held over MS TEAMS.

**Billing Requirements:**

Submit A19's monthly where there are expenditures. Follow agency protocol for Consolidated Contracts billing with DOH.

**Special Instructions:**

Task can be carried out concurrently as part of a single large event or be done individually as their own unique activity. If multiple activities are carried out as a single event you will only complete an activity report for the one event and just include each task that was done as part of that event. Do not report each activity as a single report for the same event.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Office of Drinking Water Group A Program - 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 December 31, 2027

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Contractor	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

**Revision Purpose:** To add 11 surveys of 3 or more connections (\$500 each) and move funding from YR 28 SRF - LOCAL ASST (15%) to YR1 STIMULUS - LOCAL ASST (10% OF 15%) for SS and TA.

<b>DOH Chart of Accounts Master Index Title</b>	<b>Master Index Code</b>	<b>Assistance Listing Number</b>	<b>BARS Revenue Code</b>	<b>LHJ Funding Period</b>		<b>Current Allocation</b>	<b>Allocation Change Increase (+)</b>	<b>Total Allocation</b>
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	0	0
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	0	0
YR 28 SRF - LOCAL ASST (15%) SS	24119228	N/A	346.26.64	01/01/25	12/31/27	7,000	-7,000	0
YR1 STIMULUS - LOCAL ASST(10% OF 15%) SS	24144240	N/A	346.26.64	01/01/25	12/31/27	0	12,500	12,500
YR 28 SRF - LOCAL ASST (15%) TA	24119228	N/A	346.26.66	01/01/25	12/31/27	2,000	-2,000	0
YR1 STIMULUS - LOCAL ASST(10% OF 15%) TA	24144240	N/A	346.26.66	01/01/25	12/31/27	0	2,000	2,000
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>9,000</b>	<b>5,500</b>	<b>14,500</b>

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> <li>Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.</li> <li>Completed Small Water System checklist.</li> </ol>	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$250</b> for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$500</b> for each sanitary survey of a non-community system with four or more connections and each community system.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	community and non-community Group A water systems.	3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents.  *Final Reports reviewed and accepted by the ODW Regional Office.		Payment is inclusive of all associated costs such as travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.  Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within <b>2 working days</b> of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> for each SPI.  Payment is inclusive of all associated costs such as travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline.  Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within <b>30 calendar days</b> of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul> Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.  Late or incomplete reports may not be accepted for payment.

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

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

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

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

**Program Specific Requirements**

**Data Sharing**

The Office of Drinking Water will share water system information and files with the local health jurisdiction to support the work identified in this statement of work. To request water system data please contact the regional office with the name of the water system, water system ID#, specific information being requested and any timeline requirements. If allowable, please give administrative staff 3 to 5 business days to provide records.

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

**Special References:**

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

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

**Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$7,000~~ **\$12,500** for **Task 1**, and **\$2,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date for which you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

**Special Instructions**

**Task 1**

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than **14** surveys of non-community systems with three or fewer connections be completed between January 1, 2025 and December 31, 2025.
- No more than **7 18** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2025 and December 31, 2025.

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

#### **Task 2**

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

#### **Task 3**

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

#### **Task 4**

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

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



**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Office of Drinking Water Group B Program – Effective July 1, 2025

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH32054

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

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide financial support to LHJs implementing local Group B water systems programs.

**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
SFY1 GFS – GROUP B PROVISIO	24110863	N/A	334.04.90	07/01/25 06/30/26	0	20,259	20,259
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>0</b>	<b>20,259</b>	<b>20,259</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Implement a MEMORANDUM of AGREEMENT Group B water system program that is at least as stringent as the Group B Rule.</p> <p>LHJ shall carry out its responsibility to administer and enforce its Local Ordinance, or its successor.</p> <p>Within 30 days of approving the design submittal for a new or expanding Group B water system, LHJ shall transmit the following data to DOH:</p> <ul style="list-style-type: none"> <li>a. Completed water facility inventory (WFI) form.</li> <li>b. Satisfactory coliform bacteria analysis lab report(s), satisfactory inorganic chemical</li> </ul>	<p>An executed Memorandum of Agreement (MOA) with DOH identifying responsibilities of a full Group B program through a Local Ordinance.</p> <p>The LHJ will provide a performance certification on a form provided by the department that states that the LHJ has implemented a Group B water system program as described in the Program Specific Requirements.</p>	July 1, 2025, through June 30, 2026	Lump sum payment (See Special Billing Requirements)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>analysis lab, and any other water quality information as may have been required for approval of the source(s).</p> <p>LHJ shall inform DOH at least 30 days prior to taking action to amend or repeal the Local Ordinance, or its successor.</p>			

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#### **Program Specific Requirements**

DOH acknowledges that LHJ has adopted ("Local Ordinance"), an ordinance regulating Group B public water systems as defined in Chapter 246-291 WAC ("Group B Rule").

These program specific requirements supersede and replace all prior agreements between DOH and LHJ regarding the regulation of Group B public water systems.

#### **Special References:**

##### **DOH Support**

DOH shall not administer or enforce the Group B rule within LHJ's jurisdiction while the Local Ordinance, or its successor, remains effective. However, nothing limits DOH's authority under RCW 43.70.130 to enforce public health law if LHJ has failed to act or is unable for reasons beyond its control to act.

DOH shall inform LHJ at least 30 days prior to taking action to amend or repeal the Group B Rule.

##### **Additional Data Sharing**

Both parties shall transmit to the other copies of any written policies and correspondence relevant to the regulation of Group B public water systems. DOH and the LHJ will work together to ensure that there is effective communication when dealing with drinking water emergencies, security incidents, and health risk situations related to water systems in the LHJ's jurisdiction.

##### **Survivability**

The program specific requirements are intended to survive the expiration of the Contract.

##### **Special Billing Requirements:**

For July 1, 2025 through June 30, 2026, LHJ shall submit one invoice no later than June 30, 2026 and payment cannot exceed a maximum cumulative fee of \$20,259. Invoice must have performance certification attached.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Recreational Shellfish Activities - 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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	07/01/25	06/30/26	0	15,000	15,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>15,000</b>	<b>15,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Biotoxin Monitoring</b> <ul style="list-style-type: none"> <li>Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected.</li> <li>Conduct emergency biotoxin sampling when needed.</li> <li>Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed.</li> <li>Issue biotoxin news releases during biotoxin closures in Kitsap County.</li> <li>This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.</li> </ul>	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 15, 2026  (See Special Instructions below.)	\$14,700

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<b>Outreach</b> <ul style="list-style-type: none"> <li>• Staff educational booths at local events.</li> <li>• Distribute safe shellfish harvesting information.</li> </ul>	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 15, 2026  (See Special Instructions below.)	\$300

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### **Program Specific Requirements**

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

Department of Health's Biotxin Monitoring Plan

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

Chapter 246-280 WAC

<https://doh.wa.gov/community-and-environment/shellfish/recreational-shellfish>

<https://doh.wa.gov/about-us/programs-and-services/environmental-public-health/environmental-health-and-safety/about-shellfish-program/about-biotoxins-and-illness-prevention-program>

#### **Special Instructions:**

Report for work performed in 2025 must be submitted via email to Liz Maier ([liz.maier@doh.wa.gov](mailto:liz.maier@doh.wa.gov)) by February 15, 2026.

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2025-2027**

**DOH Program Name or Title:** Youth Cannabis & Commercial Tobacco Prevention Program - 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 June 30, 2026

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commercial Tobacco Prevention Program through four sources of funding: Dedicated Cannabis Account, Tobacco Prevention, Youth Tobacco Vapor Products, and Tobacco-Vap Prevention Component 1.

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

**Revision Purpose:** The purpose of this revision is to add Chart of Accounts Master Index Titles and funding for next FY, extend the period of performance end date from June 30, 2025 to June 30, 2026, change/add dates for deliverables/requirements for the upcoming year, and update program specific requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC)	77410240	93.387	333.94.38	01/01/25	04/28/25	5,281	0	5,281
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	77410650	N/A	334.04.93	01/01/25	06/30/25	27,642	0	27,642
SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410850	N/A	334.04.93	01/01/25	06/30/25	61,755	0	61,755
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	77420650	N/A	334.04.93	01/01/25	06/30/25	153,835	0	153,835
YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	77410650	N/A	334.04.93	07/01/25	06/30/26	0	38,402	38,402
SFY26 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410162	N/A	334.04.93	07/01/25	06/30/26	0	100,530	100,530
SFY26 DEDICATED CANNABIS ACCOUNT (DCA)	77420660	N/A	334.04.93	07/01/25	06/30/26	0	247,510	247,510
						0	0	0
<b>TOTALS</b>						<b>248,513</b>	<b>386,442</b>	<b>634,955</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Implement Annual Work Plan and Report Progress</b>	Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b>  Contractor will share network progress on a six-month basis through electronic survey that focuses	<del>20<sup>th</sup> of each month.</del> <i>Monthly reports due 20 days after the month in which work is performed.</i>	Funding utilized: CDC1, YTVP, NAPE, DCA  Reimbursement for actual expenditures, not to exceed total funding consideration.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		on successes and challenges of their network and the YCCTPP program.	<i>Six-Month reports due 20 days following the six-month period in which work was performed.</i>	A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
2	<b>Assess Program Implementation</b>	<p><del>Contractor will create annual report based on monthly and six-month reporting for their regional network due <u>30 days after the period of performance</u>. Report guidelines and expectations will be provided by DOH for more information.</del></p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p><del>Annual Report – 30 days after the period of performance</del></p> <p>Needs assessment - every 2 years.</p>	<p>Funding utilized: CDC1, YTVF, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>
3	<b>Policies, Systems &amp; Environmental Work</b>	<p>Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).</p> <p>Contractor will educate private and public organizations of current policies in place.</p> <p>Contractor will work to establish new policy, systems or environmental change that is equitable.</p> <p>Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.</p>	Length of funding allotted	<p>Funding utilized: CDC1, YTVF, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>
4	<b>Education &amp; Technical Assistance</b>	Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.	Length of funding allotted	Funding utilized: CDC1, YTVF, NAPE, DCA

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Contractor will host or speak at trainings or community events to educate others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally &amp; linguistically appropriate, trauma-informed &amp; equity-based.</p>		<p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>
5	<b>Collaboration &amp; Engagement</b>	<p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>	Length of funding allotted	<p>Funding utilized: CDC1, YTVF, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>

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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**

**For MI Codes 77410850, 77410650, 77420650: To be in compliance with grant requirements, contractor will:**

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Maintain a regional network of prevention partners.
  - i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
  - ii. **Minimum Requirements for A Network** (See Implementation Guide for further guidance):
    - 1) A Network Coordinator (minimum of 1.0 FTE)
    - 2) Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
    - 3) A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
    - 4) A Network Administrative Plan
3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
  - i. YCCTPP quarterly meetings, tentatively scheduled: ~~March 11, 2025, and May 20-22, 2025~~ *July (TBD office hours), October 8-9, 2025, March 17, 2026, and May 20-21, 2026.*
  - ii. Monthly check-ins with contract manager
  - iii. Contractor will participate in a DOH site visit once per biennium.
  - iv. Optional: Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
  - v. Optional: Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.
4. Contractor will serve as YCCTPP Representative of their region/population for Washington State.
5. *Submit an Annual Budget according to the deadlines provided.*
6. *Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines provided.*
7. *Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines provided.*
8. Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
9. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.



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

**~~For MI Code: 77410240: To be in compliance with grant requirements, the contractor will:~~**

- ~~1. Participate in required conference calls (including kick off training, monthly check-ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.~~
- ~~2. Submit an Annual Budget according to the deadlines in Section E below.~~
- ~~3. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines *provided* in Section E below.~~
- ~~4. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.~~
- ~~5. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.~~
- ~~6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.~~
- ~~7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.~~

**DOH will support Contractor by providing:**

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

**Subcontractor Requirements:**

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the YCCTPP Contractor is required to include language in these contracts that reflects the following:
  - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the YCCTPP Contractor. **Monthly progress reports for subcontractors should be due by the 15<sup>th</sup> of each month.**
2. When subcontracting with an organization to work directly with youth (ages 0-17), the YCCTPP Contractor is required to include language in these contracts that reflects the following:
  - Provide verification that background checks have been completed for any staff and volunteers who will work with youth(ages 0-17) and are on file.

**BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE**

<b>Deliverable</b>	<b>Due Date</b>	<b>Funding Source</b>
Monthly Progress Reporting	<del>Due the 20<sup>th</sup> of each month</del> Due 20 days after the month in which work was performed	YTVP DCA NAPE
<i>Six Month Progress Reporting</i>	<i>Due 20 days following the six-month period in which work was performed</i> <i>Projected: July 20, 2025, January 20, 2026, and July 20, 2026</i>	<i>YTVP</i> <i>DCA</i> <i>NAPE</i>
<i>Monthly Invoicing</i>	<i>Due 45 days after the month in which costs are incurred</i>	<i>YTVP</i> <i>DCA</i> <i>NAPE</i>
<i>Annual Workplan and Budget</i>	<i>Final draft due within 15 days of contract execution</i> <i>July 16, 2025</i>	<i>YTVP</i> <i>DCA</i> <i>NAPE</i>
<del>Annual Report</del>	<del>Due within 30 days after the period of performance.</del> <del>July 31, 2025 (based on 24-25 Contract Funding)</del>	<del>YTVP</del> <del>DCA</del> <del>NAPE</del>

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

**EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -**

A19s and updated budget workbook due the 30<sup>th</sup> of the month following the month in which costs are incurred. Reimbursement for actual expenditures, not to exceed total funding consideration.

**Consolidated Contracts (LHJs):****Consolidated Contracts (LHJs):**

- A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
- Year-end projections and Final Expenditures are due as follows:
  - ~~For CDC1 funding: Year-end projections are due April 15, 2025. Final Expenditure Reports and invoices are due no later than May 14, 2025, and must be marked FINAL INVOICE~~
  - For YTVP, NAPE, DCA Funding: Year-end projections are due June ~~14, 2025~~ 30, 2026. Final Expenditure Reports and invoices are due no later than ~~July August 15, 2025~~ 2026, and must be marked FINAL INVOICE.

**Payment**

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: ~~January 1, 2025 – April 28, 2025~~ & January 1, 2025 – June 30, 2025 & ~~July 1, 2025 – June 30, 2026~~, Billings for services on a monthly fraction of the budget will not be accepted or approved.

- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.
- Final expenditure projections must be submitted by the ~~15<sup>th</sup>~~ 30<sup>th</sup> of June for state funds ~~and the 15<sup>th</sup> of April for federal funds~~ to allow DOH to appropriately accrue funds to make final payments.
- **The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year to assure reimbursement of approved costs.**
- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
- Please cc a copy of the submitted invoice to: DOH YCCTPP Invoices [ycctppinvoices@doh.wa.gov](mailto:ycctppinvoices@doh.wa.gov).

#### **Evaluation of YCCTPP Contractor's Performance**

The YCCTPP Contractor performance will be evaluated through submission of project deliverables, annual budget tracking, network partnership and collaboration efforts. More information on evaluation can be found in the Implementation Guide.

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

##### **Federal Funding Restrictions and Limitations:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

##### **Dedicated Cannabis Account Restrictions:**

- A. Recipients may not use funds for clinical care.
- B. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.

- C. Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- D. Recipients may not use funding for construction or other capital expenditures.
- E. The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.
- F. Reimbursement of pre-award costs is not allowed.

Please see YCCTPP Implementation Guide for further ~~restriets~~ *restrictions* on each funding stream.

#### Special Requirements:

As a provision of Dedicated Cannabis Account ([RCW 69.50.540](#)) DOH shall fund a grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth.

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

In ESSB 5187, Section 222 (67) - \$2,500,000 of the general fund—state appropriation for fiscal year 2024 and \$2,500,000 of the general fund—state appropriation for fiscal year 2025 are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment, and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.

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

**CONTRACT NUMBER: CLH32054****AMENDMENT NUMBER: 7**

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:  
 Foundational Public Health Services - Effective July 1, 2025  
 Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2025  
 Office of Immunization-Regional Representatives - Effective July 1, 2025  
 Office of Resiliency & Health Security-PHEP - Effective July 1, 2025
  - ☒ Amends Statements of Work for the following programs:  
 Maternal & Child Health Block Grant – Effective January 1, 2025  
 OSS LMP Implementation - Effective January 1, 2025
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:
  - ☒ Increase of **\$3,895,617** for a revised maximum consideration of **\$10,985,156**.
  - ☐ 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		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY25 SNAP Ed Prog Mgnt Admin IAR	202525Q390347	Amd 3	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$16,538	\$79,882	\$79,882
FFY25 SNAP Ed Prog Mgnt Admin IAR	202525Q390347	Amd 1	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$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
<b>FFY25 PHEP BP2-CDC-LHJ Partners</b>	<b>NU90TU000055</b>	<b>Amd 7</b>	<b>93.069</b>	<b>333.93.06</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$166,970</b>	<b>\$166,970</b>	<b>\$360,722</b>
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
<b>FFY26 Immunizations Discre CDC YR1</b>	<b>NGA Not Received</b>	<b>Amd 7</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>FFY26 Immunizations IQIP CDC YR1</b>	<b>NGA Not Received</b>	<b>Amd 7</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>07/01/25</b>	<b>06/30/26</b>	<b>\$10,293</b>	<b>\$10,293</b>	<b>\$10,293</b>
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
FFY22 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	\$200,000	\$200,000
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		
<b>FFY26 MCHBG LHJ Contracts HRSA YR1</b>	<b>NGA Not Received</b>	<b>Amd 7</b>	<b>93.994</b>	<b>333.93.99</b>	<b>10/01/25</b>	<b>09/30/26</b>	<b>10/01/25</b>	<b>09/30/26</b>	<b>\$159,854</b>	<b>\$159,854</b>	<b>\$159,854</b>
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

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		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Funding Period				
					Start Date	End Date	Start Date	End Date			
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 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	(\$10,000)	\$41,253	\$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		
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	\$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		
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-LHJ 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-LHJ 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-LHJ-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



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		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
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									\$10,985,156	\$10,985,156	
Total consideration:		\$7,089,539								GRAND TOTAL	
		\$3,895,617									
GRAND TOTAL		\$10,985,156								Total Fed	\$1,422,037
										Total State	\$9,563,119

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

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> 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:** 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
SFY26 FPHS - LHJ FUNDS - GFS	99210860	N/A	336.04.25	07/01/25	06/30/26	0	3,558,000	3,558,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>3,558,000</b>	<b>3,558,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – 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	<b>Assessment Reinforcing Capacity</b> – 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	<b>Assessment – CHA/CHIP</b> – 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	<b>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</b> – 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	<b>CD - NEW SFY 24 Immunization Outreach, Education &amp; Response</b> – 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	<b>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy &amp; Leadership Capacity</b> – 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	<b>FC - NEW SFY 24 Strengthening Local Finance Capacity</b> – 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	<b>FC - NEW SFY 24 Public Health Communications</b> – 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	<b>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response</b> – 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	<b>EPR - NEW SFY 24 Emergency Preparedness &amp; Response – Capacity and Capability</b> – 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	<b>CD – Hepatitis C</b> – 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	<b>CD – Case Investigation Capacity</b> – 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	<b>CD – Tuberculosis Program</b> – 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	<b>MCH – Child Death Review</b> – 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	<b>EPH Core Team – Climate Change Response</b> – 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](mailto: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](mailto:cgoodwin@wsac.org), 564-200-3166

- Brianna Steere, FPHS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto: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](http://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 30<sup>th</sup> 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](http://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 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:** 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)** 2

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

**Revision Purpose:** The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2025 to September 30, 2026, for continuation of MCHBG related activities, and update 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
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	0	159,854	159,854
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>121,707</b>	<b>159,854</b>	<b>281,561</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration</b>				
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
<i>1d</i>	<i>Report actual expenditures for October 1, 2024 through September 30, 2025.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>December 5, 2025</i>	See Program Specific Requirements and Special Billing Requirements.
<i>1e</i>	<i>Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>May 15, 2026</i>	
<i>1f</i>	<i>Report annual FTE billed to MCHBG.</i>	<i>Submit FTE information on DOH-provided template.</i>	<i>July 1, 2026</i>	
<i>1g</i>	<i>Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH Community Consultant.</i>	<i>September 4, 2026</i>	
<i>1h</i>	<i>Participate in DOH-sponsored MCHBG fall regional meeting.</i>	<i>LHJ Contract Lead or designee will attend regional meeting.</i>	<i>September 30, 2026</i>	
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.
<i>2c</i>	<i>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.</i>	<i>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.</i>	<i>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</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	<i>Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH Community Consultant.</i>	<i>Draft – August 14, 2026 Final – September 11, 2026</i>	
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
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 <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> 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.  See Program Specific Requirements and Special Billing Requirements.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds 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. <i>Through September 30, 2025</i>	
3c	Review your program's entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> 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	<i>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 <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026</i>	
3f	<i>Review your program's entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated</i>	<i>September 30, 2026</i>	

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Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<i>information on your local CYSHCN program with WithinReach/Help Me Grow.</i>		
<i>3g</i>	<i>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.</i>	<i>Submit updates as part of monthly reporting document.</i>	<i>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</i>	
<b>MCHBG Assessment and Evaluation</b>				
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	<i>Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>November 21, 2025</i>	
4c	<i>As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>September 30, 2026</i>	

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

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

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

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://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\(wa.gov\)](#)~~  
~~[Health Services Authorization \(HSA\) Form](#)~~

~~[Children and Youth with Special Health Care Needs Website\(wa.gov\)](#)~~

**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 ~~B~~udget ~~W~~orkbook.

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding.

**Revision Purpose:** N/A

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	0	500	500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>500</b>	<b>500</b>

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: <ul style="list-style-type: none"> <li>Identification of hepatitis B surface antigen (HBsAG)-positive pregnant women and pregnant women with unknown HBsAg status.</li> </ul>	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
	<ul style="list-style-type: none"> <li>Reporting of HBsAg-positive women and their infants.</li> <li>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.</li> </ul> <p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Washington Disease Reporting System.</p>			
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.

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

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

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

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://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:** Original      **Revision # (for this SOW)**

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**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:** 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
FFY26 IMMUNIZATIONS IQIP CDC YR1	74610263	93.268	333.93.26	07/01/25	06/30/26	0	10,293	10,293
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>10,293</b>	<b>10,293</b>

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
		<ol style="list-style-type: none"> <li>1. Provider did not previously submit the provider agreement to DOH.</li> <li>2. Changes are made to the provider agreement during the enrollment visit.</li> </ol> <p>b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures</p>		
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.	<p>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.</p> <p>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.</p>	<ol style="list-style-type: none"> <li>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.</li> <li>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</li> <li>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>b) Within five (5) business days of the site visit.</li> <li>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</li> </ol>	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.	<ol style="list-style-type: none"> <li>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.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> </ol>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>If site is due for a compliance visit within the current project period, conduct a compliance visit instead of an ASH visit.</p> <p>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.</p>	<p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</p>	<p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p>	
6.	<p>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.</p> <p>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.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p> <p>Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.</p>	<p>a) Submit completed CVP Compliance Visit Project Schedule to DOH</p> <p>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.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p> <p>e) Respond to requests from DOH to schedule observation visit.</p>	<p>a) By July 31, 2025</p> <p>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.</p> <p>c) Within five (5) business days of the site visit.</p> <p>d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p> <p>e) Within five (5) business days of DOH request.</p>	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
7.	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Combined Site Visit Project Schedule</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>a) Copy of combined site visit project schedule (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up.</p>	<p>By July 31, 2025</p> <p>a) Within five (5) business days of visit</p> <p>b) Within five (5) business days of contact</p> <p>By Dec 31, 2025</p>	Reimbursement for actual costs incurred, not to exceed 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	

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**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.

**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 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 Resiliency & Health Security-PHEP - 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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**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:** NA

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

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	<b>Jurisdictional Risk Assessment</b> 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: <ul style="list-style-type: none"><li>• Documented risk profiles, capability gaps, and recommendations to inform planning and resource allocation.</li><li>• Preparedness strategies in alignment with local, state, and federal emergency management frameworks.</li><li>• A list of identified risks within the jurisdiction.</li><li>• A prioritized ranking of the top five risks.</li><li>• A summary of how these risks impact the most affected populations.</li></ul>	Risk Assessment	December 31, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<b>Training</b> 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	<b>Exercising</b> 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 <a href="#">Exercise Notification Form</a> 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	<b>Public Health Emergency Response Planning</b> 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	<b>Integrated Preparedness Planning</b> 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	<b>Emergency Information Sharing</b> 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 <b>360-888-0838</b> or via email at <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> 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	<p>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.</p> <p>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.</p> <p>Submit Situation Reports to DOH Duty Office (hanalert@doh.wa.gov) during LHJ response as soon as they are available.</p>	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	<p>Maintain the Washington Secure Electronic Communications, Urgent Response, and Exchange System (WASECURES) as the primary platform for emergency notifications.</p> <p>Participate in DOH-led notification drills.</p> <p>Notes:</p> <ul style="list-style-type: none"><li>Registered users must log in (or respond to an alert) quarterly at a minimum.</li><li>DOH will provide technical assistance to LHJs on using WASECURES.</li><li>LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.</li></ul>	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	<b>Medical Materiel and Volunteer Management</b> <p>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.</p>			
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	<p>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.).</p> <p>This plan must identify a point of contact to collaborate with state volunteer registries and support volunteer vetting, credentialing, and response readiness.</p> <p>If a Medical Reserve Corps (MRC) is housed within the Local Health Jurisdiction (LHJ), confirm a Point of Contact (POC).</p> <p>For LHJs without an MRC, identify a POC to liaise with external volunteer management organizations, including the State Emergency Medical Reserve Corps.</p>	<p>Mid- and end-of-year reports on template provided by DOH, including identified volunteer management point of contact.</p> <p>Volunteer management process, procedure, or plan, including the point of contact.</p> <p>Updated volunteer management point of contact, as needed.</p>	<p>December 31, 2025</p> <p>June 30, 2026</p> <p>June 30, 2026</p> <p>As changes occur.</p>	
11	<p><b>Public Health Information and Warning</b></p> <p>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.</p>			
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	<p><b>Healthcare Coalition Partnerships</b></p> <p>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.</p>			
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): <ul style="list-style-type: none"><li>• Communications</li><li>• Planning</li><li>• Training, and/or exercises.</li></ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2025 June 30, 2026	
13	<b>Coordination with Tribes</b> 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	<b>Administrative Preparedness Plans/Procedures</b> 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: <ul style="list-style-type: none"><li>• Conditions under which expedited processes can be activated.</li><li>• Identification of those authorized to implement emergency administrative processes and procedures.</li><li>• Streamlined processes for securing emergency funding from federal, state, or both levels of government (recognizing that state and federal funding is contingent on availability).</li><li>• Accelerated procedures for procuring resources, including additional staff (temporary or permanent).</li><li>• Criteria for deactivating emergency processes and transitioning back to normal operations.</li></ul>	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	<b>Build Highly Qualified PHEP Workforce</b> 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	<b>Medical Countermeasures</b> 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: <ul style="list-style-type: none"><li>The process for receiving, staging, storing, and distributing MCM.</li></ul>	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	<b>LHJ Request Activities</b> 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](mailto:finance@doh.wa.gov).

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

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

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

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

**Program Specific Requirements**

**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 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 June 30, 2025

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**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 what remains of the 2023-2025 biennium and of SFY25 funding allocations.

**Revision Purpose:** Remove \$10,000 from ALEA and add \$10,000 to GFS.

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	01/01/25	06/30/25	51,253	-10,000	41,253
SFY25 WASTEWATER MANAGEMENT-GFS	26701150	N/A	334.04.93	01/01/25	06/30/25	10,000	10,000	20,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>61,253</b>	<b>0</b>	<b>61,253</b>

**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	2,600	3,000
OSS compliant with inspections countywide	Number of OSS	28,000	30,000
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	<b>Bi-monthly Invoicing and Progress Reports</b> DOH Consolidated Contracts (ConCon) requires billing within	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period	Reimbursement up to <b>\$0</b> based on actual costs.

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.			
1.2	<b>Semi-Annual Progress Reports</b> 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: <ul style="list-style-type: none"> <li>Qualitative: <ul style="list-style-type: none"> <li>Summary of work</li> <li>Barriers to LMP Implementation</li> </ul> </li> <li>Quantitative: <ul style="list-style-type: none"> <li>OSS inventory metrics</li> <li>Enforcement actions</li> <li>Outreach and Education efforts</li> </ul> </li> </ul>	Due July 15 for the duration of the contract period	
2.1	<b>Operations and Maintenance (O&amp;M) Program Administration</b> <ul style="list-style-type: none"> <li>Mail inspection reminders to homeowners as needed.</li> <li>Inspection compliance tracking/mapping</li> <li>Failure and repair tracking/mapping</li> <li>Compliance enforcement</li> <li>Complaint response</li> <li>O&amp;M data reports about inventory and deficiencies</li> </ul>	a. Enforcement Protocol  b. Data on the following: <ul style="list-style-type: none"> <li>Number of OSS with current inspections</li> <li>Number of OSS failures and calculated risk using DOH-provided risk assessment.</li> <li>Number of repairs</li> </ul>	a. At contract execution  b. Report in semi-annual progress report in Subtask 1.2.	Reimbursement up to \$61,253 based on actual costs.
3.1	Indirect rate on <b>TMDC</b> at a rate of <b>30.08%</b> . 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 \$0 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](mailto:finance@doh.wa.gov).



**PROFESSIONAL SERVICES AGREEMENT**  
**Between**  
**KITSAP PUBLIC HEALTH DISTRICT**  
**And**  
**JEFFERSON COUNTY PUBLIC HEALTH**

This Professional Services Agreement ("Agreement") is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as "District," and Jefferson County Public Health, hereinafter referred to as "Subcontractor." The parties mutually agree as follows:

1. **Period of Performance:** The period of performance of this Agreement shall begin July 1, 2025 and be completed no later than June 30, 2026, unless terminated sooner or extended as provided for herein.
2. **Purpose:** The District requires the expertise of this 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.
3. **Qualifications/Eligibility:** Subcontractor shall have the qualifications necessary to successfully complete the objectives of this Agreement. The Subcontractor hereby affirms that he/she is eligible to work in the United States as set forth in the Immigration Reform and Control Act (IRCA).
4. **Statement of Work and Budget:** Subcontractor shall furnish the necessary personnel, equipment material, and / or services and otherwise do all things necessary for or incidental to the performance of the work set forth in **ATTACHMENT A**, attached hereto and incorporated herein. **ATTACHMENT A** contains the Scope of Work and Budget.
5. **Compensation:** This Agreement is funded by state funds. The District agrees to pay Subcontractor a total sum of \$77,000 in state funds during this Agreement. The District shall reimburse Subcontractor for travel as applicable at the federally approved rate. Compensation will be based on invoices submitted by Subcontractor itemizing a detailed description of services performed per the agreed upon Scopes of Work and Budgets set forth respectively in **ATTACHMENTS A**.  
  
Subcontractor shall submit a Monthly Expenditure Report and Request for Reimbursement (Form A-19) invoice voucher, hereto attached and herein incorporated as **ATTACHMENT B**, to the District for payment.
6. **Performance Requirements and Notices:** The assigned District staff shall monitor the performance of this Agreement, approve billings submitted by Subcontractor, and determine the acceptability of any reports provided by Subcontractor. District staff shall provide and facilitate assistance and guidance to Subcontractor as necessary.

The District reserves the right to conduct periodic performance and billing reviews after the execution of this Agreement in order to evaluate unspent/unclaimed funds. The District reserves for itself the authority to reallocate funding pending the outcome of such a review.

Subcontractor shall send programmatic communications, such as reports, via the communication method established by the District. Formal notices pursuant to this Agreement shall be sent to the staff responsible for project coordination as follows:

If to the District:

Kitsap Public Health District  
Attn: Yolanda Fong  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 728-2275  
[Yolanda.Fong@kitsappublichealth.org](mailto:Yolanda.Fong@kitsappublichealth.org)

If to the Subcontractor:

Jefferson County Public Health  
Attn: Denise Banker  
615 Sheridan Street  
Port Townsend, WA 98368  
(360) 385-9400  
[dbanker@co.jefferson.wa.us](mailto:dbanker@co.jefferson.wa.us)

7. **Special Billing Requirements:** Billings to the District shall be submitted no more frequently than every 30 days, and shall be quarterly at a minimum. Billings for services on a monthly fraction of the budget will not be accepted or approved. Billings shall be sent to:

Kitsap Public Health District  
Melissa Laird  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 728-2283

Authorized and allowable program expenditures will be reimbursed upon receipt and approval of the monthly A-19 must be provided to the District by the 20<sup>th</sup> of each month in order to receive reimbursement for the previous month. If the District does not receive the A-19 by the 20<sup>th</sup> of the month with the required deliverables, the District may withhold approval and payment at its discretion.

The District will pay Subcontractor all allowable costs incurred as evidenced by proper invoice of Subcontractor submitted to the District on a timely basis, insofar as those allowable and allocable costs do not exceed the amount appropriated or otherwise available for such purposes as stated herein or in subsequent amendments.

Backup documentation will be provided to the District with invoice. Backup documentation can include, but is not limited to: receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Failure to provide the required information may result in nonpayment of invoices or termination of this Agreement.

This is a subcontractor contract. All expenditures incurred, and reimbursements made for performance under this Agreement will be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this Agreement. Unexpended funds in each fiscal year may not be carried forward into the new budget period unless otherwise approved by the District.

Email submission of invoices, electronic reports, and deliverables is encouraged. However, original hardcopy of the A-19 is required and shall be mailed to the District.

Upon expiration of this Agreement, any claim for payment not already made shall be submitted to the District within 20 days after the expiration date.

8. **Independent Capacity:** Subcontractor and its employees or agents who are engaged in the performance of this Agreement shall continue to be employees or agents of Subcontractor and shall not be considered to be employees or agents of the District for any purpose.
9. **Rights in Data:** Unless otherwise provided, data which originates from this Agreement shall be "works for hire" as defined by the U.S. Copyright act of 1976 and shall be owned by the District. Data shall include, but not limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyright, patent, register, and the ability to transfer these rights. The District maintains all rights to the license to publish, translate, reproduce, modify, deliver, dispose of the data, and to authorize others to do so.
10. **Indemnification:** Subcontractor shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the Subcontractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. However, that in the case of negligence of both the District and the Subcontractor, any damages allowed shall be levied in proportion to the percentage of negligence attributable to each party. Solely for the purposes of this provision, Subcontractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.
11. **Insurance:** Subcontractor shall procure and maintain for the duration of this Agreement, coverage against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Subcontractor, its agents, representatives, or employees.

**No Limitation.** Subcontractor's maintenance of coverage as required by this Agreement shall not be construed to limit the liability of Subcontractor to the coverage provided by such coverage, or otherwise limit the District's recourse to any remedy available at law or in equity.

#### A. Minimum Scope of Coverage

Subcontractor shall obtain coverage of the types described below:

1. **Automobile Liability** coverage covering all owned, non-owned, hired and leased vehicles. If necessary, the policy shall be endorsed to provide contractual liability coverage.
2. **Commercial General Liability** coverage shall cover liability arising from premises, operations, independent contractors and personal injury and advertising injury. The District shall be named as an additional insured under

Subcontractor's Commercial General Liability coverage with respect to the work performed for the District.

3. Workers' Compensation coverage as required by the Industrial Insurance laws of the state of Washington.
4. Professional Liability coverage appropriate to the Subcontractor's profession. Subcontractor shall provide the District with proof of liability coverage or professional errors and omissions coverage as appropriate.

B. Minimum Amounts of coverage

Subcontractor shall maintain the following coverage limits:

1. Automobile Liability coverage with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident
2. Commercial General Liability coverage shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
3. Professional Liability coverage shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Other Coverage Provisions

The coverages are to contain, or be endorsed to contain, the following provisions for Automobile Liability, Professional Liability and Commercial General Liability coverage:

1. Subcontractor's coverage shall be primary coverage as respect the District. Any coverage maintained by the District shall be excess of Subcontractor's coverage and shall not contribute with it.
2. Subcontractor's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the District.

D. Acceptability of Coverage

Subcontractor has a memorandum of liability coverage with the Washington Counties Risk Pool, which the District agrees is acceptable.

E. Verification of Coverage

Subcontractor shall furnish the District with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional coverage endorsement, evidencing the coverage requirements of Subcontractor before commencement of the work.

F. Insurance Compliance:

In the alternative, either party to this agreement may fulfill the insurance obligations contained herein by maintaining membership in a joint self-insurance program authorized by RCW 48.62. In this regard, the parties understand that the party to this agreement who is a member of such a program is not able to name the other party as an "additional insured" under the liability coverage provided by the joint-insurance program.

12. **Safeguarding of Information and Privacy:** The use or disclosure by any party of any

information concerning a client obtained in providing service under this Agreement shall be subject to Chapter 42.56 RCW and Chapter 70.02 RCW, as well as 45 CFR Parts 160 and 164 and any other applicable federal and state statutes and regulations. Personal information collected, used or acquired in connection with this Agreement shall be used solely for the purposes of this Agreement. Subcontractor agrees not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons personal information without the express written consent of the agency or as provided by law.

Subcontractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to personal information. Any unauthorized access or use of confidential information must be reported to the District Privacy Officer at (360) 728-2232. The notification must be made in the most expedient time possible (usually within 24 hours of discovery) and without unreasonable delay, consistent with the legitimate needs of law enforcement, or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the data system.

The District reserves the right to monitor, audit, or investigate the use of personal information collected, used, or acquired by Subcontractor through this Agreement. The monitoring, auditing, or investigating may include but is not limited to "salting" by the District. Salting is the act of placing a record containing unique but false information in a database that can be used later to identify inappropriate disclosure of data contained in the database.

Subcontractor shall certify the return or destruction of all personal information upon expiration of this Agreement.

13. **Records Retention and Inspection:** The parties to this Agreement shall each maintain books, records, documents, and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to the inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving that party a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

14. **Written Policies and Procedure/Documents on File:** Written policies and procedures, consistent with federal and state regulations, as applicable, will be kept on file in the office of the Subcontractor and available for review at the request of District staff. Such policies and procedures will include, but not be limited to, as appropriate:
  - A. Job Descriptions
  - B. Confidentiality Policy
  - C. Community Needs Assessment
  - D. 5-Year Regional Strategic Plan (includes biennial work plan)

Special Instructions:

- a. Subcontractor must conduct criminal background checks for those staff, volunteer, contractor, or subcontractor working directly with youth (ages 0-17).
- b. Subcontractor must prohibit any staff, volunteer, contractor, or subcontractor with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this Agreement. This requirement is consistent with existing RCW 9.96A.020.

In addition, Subcontractor will keep on file and make available for review by District staff documents consistent with federal and state regulations that will include but are not limited to the latest agency audit and Subcontractor agreements. Subcontractor will include these requirements in all approved subcontracts.

15. **Required Reports:** Subcontractor will submit required reports using required forms according to procedures issued by the District.

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

Subcontractor will include all requirements listed above in all approved subcontracts.

Due dates outside the Budget Period are for reporting only. Subcontractor may not bill for work done outside the Budget Period.

16. **Statutory and Regulatory Compliance:** Subcontractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
17. **Compliance with State and Federal Confidentiality Laws:** Subcontractor shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of RCW 70.02, RCW 42.56, the Health Information Portability and Accountability Act, commonly known as HIPAA, or any regulations enacted pursuant to its provisions.
18. **Suspension of Performance and Resumption of Performance:** In the event contract funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to normal completion, the District may give notice to Subcontractor to suspend performance as an alternative to termination. The District may elect to give written notice to Subcontractor to suspend performance when the District determines that there is a reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow performance to be resumed prior to the end date of this Agreement. Notice may occur by facsimile or email to Subcontractor's representative. Subcontractor shall suspend performance on the date stated in the written notice to suspend. During the period of suspension of performance, each party may inform the other party of any conditions that may reasonably affect the potential for resumption of performance.

When the District determines that the funding insufficiency is resolved, the District may give Subcontractor written notice to resume performance and a proposed date to resume performance. Upon receipt of written notice to resume performance, Subcontractor will give written notice to the District as to whether it can resume performance, and if so, the date upon which it agrees to resume performance. If Subcontractor gives notice to the District that it cannot resume performance, the parties agree that this Agreement will be terminated retroactive to the original date of termination. If the date Subcontractor gives notice it can resume performance is not acceptable to the District, the parties agree to discuss an alternative acceptable date. If an alternative date is not acceptable to the District, the parties agree that this Agreement will be terminated retroactive to the original date of termination.

19. **Non-Discrimination:** Subcontractor shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
20. **Waiver:** A failure by either party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under his Agreement unless stated to be such in writing, signed by an authorized representative of the party and attached to the original Agreement.
21. **Assignment:** The work to be provided under this Agreement and any claim arising thereunder, is not assignable or delegable by either party in whole or in part without the express prior written consent of the District, which consent shall not be unreasonably withheld.
22. **Amendments and Changes in Work:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.

In the event of any errors or omissions by Subcontractor in the performance for any work required under this Agreement, Subcontractor will make all necessary corrections without additional compensation. All work submitted by Subcontractor will be certified by Subcontractor and checked by Subcontractor for errors and omissions. Subcontractor will continue to be responsible for the accuracy of work even after the work is accepted by the District.

23. **Termination:** This Agreement may be terminated by either party upon giving at least 30 days advance written notice to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.
24. **Termination for Cause:** If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If the failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved part to the other.

25. **Termination for Funding:** If funding for this Agreement or matter is withdrawn, reduced or limited in any way after this Agreement is signed or becomes effective, the Parties may summarily terminate this Agreement notwithstanding any other termination provision in this Agreement. Termination under this provision will be effective upon the date specified in the written notice of termination. No costs incurred after the effective date of the termination will be paid.
26. **Choice of Law:** This Agreement is entered into pursuant to and under the authority granted by the laws of the State of Washington and applicable federal laws, both as to its interpretation and performance. The provisions of this Agreement shall be construed to conform to those laws. Any action at law, suit in equity, or judicial proceeding arising out of this Agreement shall be instituted and maintained only in any of the courts of competent jurisdiction in Kitsap County, Washington.
27. **Dispute Resolution:** In the event that a dispute or conflict arises under this Agreement that the Parties are unable to resolve with good faith efforts, they shall allow the dispute to be decided by a Dispute Panel in the following manner: A Mediator shall be mutually appointed by both parties, and each party shall appoint an additional member to the Dispute Panel. The Dispute Panel shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Panel shall be final and binding on the Parties hereto. The Parties shall equally share the costs, if any, for the services of the Dispute Panel.
28. **Severability:** If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.
29. **Survival:** Those provisions of this Agreement that by their sense and purpose should survive expiration or termination of this Agreement shall so survive. Those provisions include, but are not necessarily limited to, the following: Indemnification, Termination, Disputes, Confidentiality, Choice of Law, Waiver, Records Inspection and Retention, and Severability.
30. **Subcontracting:** Subcontractor shall not enter into subcontracts for any of the work contemplated under this Agreement without prior written approval of the District. In no event shall the existence of the subcontract operate to release or reduce the liability of Subcontractor to the Department for any breach in the performance of Subcontractor's duties. This clause does not include contracts of employment between Subcontractor and personnel assigned to work under this Agreement.

Subcontractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Agreement are carried forward to any subcontracts. Subcontractor agrees not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons personal information without the express written consent of the District or as provided by law.

If at any time during the progress of the work, the District determines in its sole judgment that any contractor is incompetent, the District shall notify Subcontractor, and Subcontractor shall take immediate steps to terminate its Subcontractor's involvement in the work. The rejection or approval by the District of any Subcontractor or the termination of a Subcontractor shall not relieve Subcontractor of any of its responsibilities under this Agreement, nor be the basis for additional charges to the District.



31. **Entire Agreement:** This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

KITSAP PUBLIC HEALTH DISTRICT

BOARD OF COUNTY COMMISSIONERS  
JEFFERSON COUNTY, WASHINGTON

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Yolanda Fong, Administrator

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Heidi Eisenhour, Chair Date

ATTEST:

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Carolyn Galloway, Clerk of the Board

APPROVED AS TO FORM:

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Philip C. Hunsucker, Date  
Chief Civil Deputy Prosecuting Attorney

Funding Source
Program: CH Contract/Grant: DOH CON CON CLH32054 (KPHD 2441)

**ATTACHMENT A – SCOPE OF WORK AND BUDGET**  
**Jefferson County Public Health**  
**July 1, 2025- June 30, 2026**

As a subrecipient of KPHD under the Washington Department of Health funded *Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)*, Jefferson County Public Health agrees to the following activities funded in full or part by the associated budget.

<b>Activity</b>	
<b>Planning &amp; Coordination of Regional Network</b>	<p>Coordinate and maintain the Olympic Prevention Partnership steering committee and network.</p> <ul style="list-style-type: none"> <li>• Invite new community partners to join the Olympic Prevention Partnership Steering Committee.</li> <li>• Attend regional networking meetings as outlined by the regional lead (June 2025 – June 2026)</li> </ul>
<b>Implementation</b>	<p><i>2025-2026 Strategies for Youth Cannabis &amp; Commercial Tobacco Prevention:</i></p> <ul style="list-style-type: none"> <li>• <b>Social Norms: Media &amp; Health Communications</b></li> <li>• <b>Youth Empowerment &amp; Engagement</b></li> <li>• <b>Decision-maker Engagement</b></li> <li>• <b>Policy, System, Environmental Changes</b></li> </ul> <p>Specific Jefferson County activities are described in the 2025-2026 YCCTPP workplan. Please refer to the workplan for guidance on which activities fall under each funding source. Workplans are subject to change. Any changes will be approved by both parties.</p>
<b>Monitoring and Reporting</b>	<p>Monitor progress for each activity as appropriate; submit monthly narrative and data reports as requested by KPHD on the 5<sup>th</sup> of every month.</p>
<b>Midterm Evaluation</b>	<p>By February 1, 2026, report progress to CTPP Regional Coordinator. If needed, adjust activities to ensure spend down. Conduct a mid-year workplan re-evaluation.</p>
<b>Calls/Meetings</b>	<p>Participate in monthly conference call with KPHD and attend webinars as scheduled; respond to correspondences related to CTPP from the Department of Health; respond to activity assessments/surveys administered by KPHD as appropriate per scope of work.</p>
<b>Invoicing</b>	<p>Submit monthly invoices by the 20<sup>th</sup> of the month following the month in which costs were incurred, except for the Final Expenditure Report and Request for Reimbursement in each federal fiscal year (due July 1, 2025). Invoices must include supporting documentation such as timecards for staff time and copies of invoices paid for goods and services.</p>

**Budget July 1, 2025 – June 30, 2026**

<b>DCA</b>	<b>Cost</b>	<b>Description</b>
Staffing costs	\$22,425	Staff salaries + indirect
WSPHA conference	\$2,700	1 JCPH staff and 3 students attend WSPHA to present
JC Prevention Summit	\$1,500	Rental, AV, and snacks
Seattle Prev Summit	\$200	1 JCPH and 3 students attend Seattle prevention summit
Mini grants	\$8,850	Mini grants for youth serving organizations in rural JC
General travel, etc.	\$2,825	Booth registration fees for County picnic tabling event and general travel for activities
<b>Total Jefferson</b>	<b>\$38,500</b>	

<b>NAPE</b>	<b>Cost</b>	<b>Description</b>
Staffing costs	\$22,424	Staff salaries + indirect
Peer to Peer program	\$16,076	Training 20+ students to teach prevention classes. Includes rental for training, stipends, prizes for classroom, and end of year report activity.
<b>Total Jefferson</b>	<b>\$38,500</b>	

**Funding Source**

<b>Chart of Accounts Program Name or Title</b>	<b>BARS Code</b>	<b>7/1/25 – 6/30/26</b>
SFY26 DEDICATED CANNABIS ACCOUNT (DCA)	334.04.93	\$38,500
SFY26 NICOTINE ADDICT PREV & ED PRO (NAPE)	334.04.93	\$38,500
<b>Total to Jefferson = \$77,000</b>		

[illegible]

New or Renewed Contracts for the Period of 06/01/2025 through 07/31/2025

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (9 contracts)									
DOE, Washington State									
ID: 2470	Solid and Hazardous Waste, Steve Brown	Interlocal/Interagency	Closed	07/01/25	\$271,890.38	07/18/25	07/01/25	06/30/27	C2500177
Description: KPHD to provide technical assistance and education outreach to small quantity generators in an effort to prevent pollution of waters of the state as part of the Pollution Prevention Assistance Partnership.									
DOH, Washington State									
ID: 2474	Administration, Yolanda Fong	Amendment	Closed	07/01/25	\$29,920.00	07/01/25	01/01/25	12/31/27	CLH32054-5
Description: Amendment 5 amends statements of work for the OSS LMP Implementation Program and the Recreational Shellfish Activities and includes an increase of \$29,920 for a revised maximum consideration of \$5,789,918.									
DSHS, Washington State									
ID: 2472	Parent/Child Health, Lynn Pittsinger	Agreement	Closed		\$30,624.00	07/01/25	07/01/25	06/30/27	2563-64396
Description: The District to provide services for the DSHS WorkFirst Children With Special Needs program. The purpose of this Contract is for the District to assist DSHS staff in determining a parent's ability to participate in the WorkFirst program through an evaluation of a child's special needs.									
Franciscan Health Systems									
ID: 2477	Assessment and Epidemiology, Kari Hunter	Contract for Services	Closed		\$39,780.00	07/25/25	07/01/25	04/01/26	
Description: KPHD to perform a Community Health Needs Assessment.									
Grand Canyon University									
ID: 2475	Administration, Angie Berger	Affiliation Agreement	Closed			07/10/25	07/10/25	07/09/30	
Description: Student Internship Program.									
Jefferson County									
ID: 2473	Parent/Child Health, Lynn Pittsinger	Agreement	Closed	07/01/25	\$63,000.00	07/07/25	07/01/25	06/30/26	N-25-032
Description: KPHD will provide Public Health Nurse services for NFP Supervisor.									
OSPI									
ID: 2459	Food and Living Environment, Anne Moen	Interlocal/Interagency	Closed	06/03/25	\$2,310.00	06/04/25	06/04/25	09/30/25	20250733
Description: The District to perform periodic health and sanitation evaluations at feeding sites operating under the USDA Summer Food Service Program. This shall include fourteen (14) health inspections.									
Ozark Underground Laboratories									
ID: 2476	PIC, Dayna Katula	Contract for Services	Closed		\$10,000.00	07/07/25	06/01/25	05/31/27	
Description: Provides quality control analysis and documentation in support of the District's efforts to monitor surface water quality and identify and correct fecal pollution for the purpose of protecting public health from water-borne contaminants.									
Regional Health Officers									

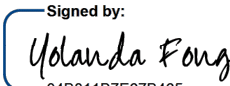

New or Renewed Contracts for the Period of 06/01/2025 through 07/31/2025

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
ID: 2448	Administration, Yolanda Fong	Interlocal/Interagency	Closed	06/03/25		06/03/25	03/11/25	03/10/27	
Description: Pursuant to RCW 39.34.080. Interlocal agreement for acting Health Officer coverage between Clallam, Jefferson and Kitsap Counties.									

Kitsap Public Health Board Meeting  
Date: September 2, 2025

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

Approvals:

	Signature	Date
Administrator	<div>Signed by:  04B011B7E67B465...</div>	8/25/2025
Finance Manager	<div>DocuSigned by:  DB9C788F36B1487</div>	8/22/2025

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	6/5/2025	\$ 42,069.84
Accounts Payable	6/12/2025	234,668.67
Accounts Payable	6/26/2025	75,375.66
NDGC Mortgage	6/2/2025	25,179.00
Miscellaneous	6/3/2025	7,086.14
Vital Records Transfer	6/20/2025	30,883.00
Accounts Payable Total		\$ 415,262.31
Payroll	6/30/2025	610,750.67
Payroll Benefits	6/30/2025	170,986.85
Payroll Taxes	6/30/2025	228,867.08
Payroll Total		\$ 1,010,604.60
	Grand Total	\$ 1,425,866.91

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-00004815
Name	Kitsap Public Health District JS
Number	STL-00004815
Status	Complete
Date	06/05/2025
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	42,069.84
Inbound Total	0.00
Expense Report Count	14
Supplier Invoice Count	10

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	06/05/2025	14	2,279.64	USD	Payment Message: ID 3735 for Kitsap Public Health District on 06/05/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	06/05/2025	8	35,633.51	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/05/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	06/05/2025	2	4,156.69	USD	Payment Message: ID 3734 for Kitsap Public Health District on 06/05/2025	Successfully Completed

Expense Reports





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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0012712	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0012712	06/05/2025		284.51	USD
Expense Report: EXP-0012713	Kitsap Public Health District	Lenore Burke (434463)	Employee	EXP-0012713	06/05/2025		22.51	USD
Expense Report: EXP-0012714	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0012714	06/05/2025		104.30	USD
Expense Report: EXP-0012716	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0012716	06/05/2025		13.44	USD
Expense Report: EXP-0012717	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0012717	06/05/2025		14.80	USD
Expense Report: EXP-0012718	Kitsap Public Health District	Alexandra Kimes (433908)	Employee	EXP-0012718	06/05/2025		125.00	USD
Expense Report: EXP-0012719	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0012719	06/05/2025		515.00	USD
Expense Report: EXP-0012721	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0012721	06/05/2025		131.88	USD
Expense Report: EXP-0012722	Kitsap Public Health District	Morgan Sim (435339)	Employee	EXP-0012722	06/05/2025		513.50	USD
Expense Report: EXP-0012724	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0012724	06/05/2025		41.02	USD
Expense Report: EXP-0012725	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0012725	06/05/2025		120.00	USD
Expense Report: EXP-0012726	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0012726	06/05/2025		240.10	USD
Expense Report: EXP-0012727	Kitsap Public Health District	Erica Whares (434641)	Employee	EXP-0012727	06/05/2025		5.46	USD
Expense Report: EXP-0012728	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0012728	06/05/2025		148.12	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-2025-17471	Kitsap Public Health District	CashStar, Inc.	CBD6E7K5VN	CashStar, Inc.	Net 30	SINV-2025-17471	06/05/2025		07/05/2025	0.00	0.00	2,487.00	USD
Supplier Invoice: SINV-2025-17485	Kitsap Public Health District	Dell Marketing L.P.	10816770766	Dell Marketing L.P.	Net 30	SINV-2025-17485	06/05/2025		07/05/2025	0.00	0.00	1,528.88	USD
Supplier Invoice: SINV-2025-17492	Kitsap Public Health District	ODP Business Solutions, LLC	421776426001	ODP Business Solutions, LLC	Net 30	SINV-2025-17492	06/05/2025		07/05/2025	0.00	0.00	59.69	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-2025-17493	Kitsap Public Health District	Pdq.Com	PDQ-47498	Pdq.Com	Net 30	SINV-2025-17493	06/05/2025		07/05/2025	0.00	0.00	5,847.66	USD
Supplier Invoice: SINV-2025-17494	Kitsap Public Health District	Quadient Leasing USA, Inc	Q1861806	Quadient Leasing USA, Inc	Net 30	SINV-2025-17494	06/05/2025		07/05/2025	0.00	0.00	1,437.42	USD
Supplier Invoice: SINV-2025-17496	Kitsap Public Health District	Sanofi Pasteur, Inc	1136260173	Sanofi Pasteur, Inc	Net 30	SINV-2025-17496	06/05/2025		07/05/2025	0.00	0.00	544.99	USD
Supplier Invoice: SINV-2025-17499	Kitsap Public Health District	Summit Law Group, PLLC	163432	Summit Law Group, PLLC	Net 30	SINV-2025-17499	06/05/2025		07/05/2025	0.00	0.00	4,097.00	USD
Supplier Invoice: SINV-2025-17501	Kitsap Public Health District	US Bank National Association	05.26.2025 STMT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2025-17501	06/05/2025		07/05/2025	0.00	0.00	23,131.81	USD
Supplier Invoice: SINV-2025-17508	Kitsap Public Health District	WA State Dept of Enterprise Services	052325 STMT BAKER, K	WA State Dept of Enterprise Services - Remit-To: Seattle Po Box 84857	Net 30	SINV-2025-17508	06/05/2025		07/05/2025	0.00	0.00	262.00	USD
Supplier Invoice: SINV-2025-17518	Kitsap Public Health District	Collins Computing Inc	071538	Collins Computing Inc	Net 30	SINV-2025-17518	06/05/2025		07/05/2025	0.00	0.00	393.75	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3734 for Kitsap Public Health District on 06/05/2025	06/05/2025		2

Process History

Settlement Run Process History



View Settlement Run

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	06/05/2025 10:05:56 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 3735 for Kitsap Public Health District on 06/05/2025	Successfully Completed
Payment Message: ID 3734 for Kitsap Public Health District on 06/05/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/05/2025	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 06/05/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 06/05/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
06/05/2025 10:05 AM	06/05/2025 10:05 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004815	Completed	00:00:09	Junille Schmeling	



View Settlement Run

Settlement Run Information

<b>Settlement Run</b>	STL-00004833
<b>Name</b>	Kitsap Public Health District HH
<b>Number</b>	STL-00004833
<b>Status</b>	Complete
<b>Date</b>	06/12/2025
<b>Include Payments On Behalf Of</b>	No
<b>Exclude Negative Payments</b>	No
<b>Express Settlement</b>	No

Additional Information

<b>Organization</b>	Kitsap Public Health District
<b>Currency</b>	USD
<b>Filters Used</b>	

Payment Information

<b>Display Currency</b>	USD
<b>Outbound Total</b>	234,668.67
<b>Inbound Total</b>	0.00
<b>Expense Report Count</b>	21
<b>Supplier Invoice Count</b>	35

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	06/12/2025	1	92.40	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/12/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	06/12/2025	20	3,467.01	USD	Payment Message: ID 3751 for Kitsap Public Health District on 06/12/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	06/12/2025	22	199,679.27	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/12/2025	Successfully Completed



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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	06/12/2025	9	31,429.99	USD	Payment Message: ID 3750 for Kitsap Public Health District on 06/12/2025	Successfully Completed

## Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0012791	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0012791	06/12/2025		136.50	USD
Expense Report: EXP-0012792	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0012792	06/12/2025		71.54	USD
Expense Report: EXP-0012794	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0012794	06/12/2025		181.30	USD
Expense Report: EXP-0012795	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0012795	06/12/2025		67.20	USD
Expense Report: EXP-0012796	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0012796	06/12/2025		79.10	USD
Expense Report: EXP-0012797	Kitsap Public Health District	Hillary Eichler (435374)	Employee	EXP-0012797	06/12/2025		153.51	USD
Expense Report: EXP-0012798	Kitsap Public Health District	Joaquin Hubert (435172)	Employee	EXP-0012798	06/12/2025		879.90	USD
Expense Report: EXP-0012800	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0012800	06/12/2025		322.28	USD
Expense Report: EXP-0012801	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0012801	06/12/2025		118.02	USD
Expense Report: EXP-0012802	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0012802	06/12/2025		157.92	USD
Expense Report: EXP-0012803	Kitsap Public Health District	Niels Nicolaisen (208456)	Employee	EXP-0012803	06/12/2025		130.90	USD
Expense Report: EXP-0012806	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0012806	06/12/2025		79.24	USD
Expense Report: EXP-0012807	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0012807	06/12/2025		92.40	USD
Expense Report: EXP-0012809	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0012809	06/12/2025		92.40	USD
Expense Report: EXP-0012810	Kitsap Public Health District	Nathan Sidell (435084)	Employee	EXP-0012810	06/12/2025		70.00	USD
Expense Report: EXP-0012811	Kitsap Public Health District	Kayla Tierney (434695)	Employee	EXP-0012811	06/12/2025		36.96	USD
Expense Report: EXP-0012812	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0012812	06/12/2025		113.89	USD
Expense Report: EXP-0012813	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0012813	06/12/2025		100.17	USD



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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0012814	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0012814	06/12/2025		18.99 USD	
Expense Report: EXP-0012815	Kitsap Public Health District	Dana Bierman (404611)	Employee	EXP-0012815	06/12/2025		67.19 USD	
Expense Report: EXP-0012817	Kitsap Public Health District	Carol McClung (435242)	Employee	EXP-0012817	06/12/2025		590.00 USD	

## Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-18246	Kitsap Public Health District	Acranet Cbs Branch	#28693	Acranet Cbs Branch	Net 30		SINV-2025-18246	06/12/2025		07/12/2025	0.00	0.00	179.00 USD	
Supplier Invoice: SINV-2025-18250	Kitsap Public Health District	American Public Health Association	G MORROW MEMBERSHIP DUE	American Public Health Association	Net 30		SINV-2025-18250	06/12/2025		07/12/2025	0.00	0.00	75.00 USD	
Supplier Invoice: SINV-2025-18251	Kitsap Public Health District	Bremerton Government Center Association	#1318	Bremerton Government Center Association	Net 30		SINV-2025-18251	06/12/2025		07/12/2025	0.00	0.00	37,469.13 USD	
Supplier Invoice: SINV-2025-18252	Kitsap Public Health District	City Cab Taxi Service LLC	#CCTS-KPH-2505	City Cab Taxi Service LLC	Net 30		SINV-2025-18252	06/12/2025		07/12/2025	0.00	0.00	32.00 USD	
Supplier Invoice: SINV-2025-18275	Kitsap Public Health District	Comcast	CCAST 4737 5,26 INV	Comcast - Remit-To: PO Box 60533	Net 30		SINV-2025-18275	06/12/2025		07/12/2025	0.00	0.00	308.16 USD	
Supplier Invoice: SINV-2025-18278	Kitsap Public Health District	Dell Marketing L.P.	#2009691558182	Dell Marketing L.P.	Net 30		SINV-2025-18278	06/12/2025		07/12/2025	0.00	0.00	6,115.64 USD	
Supplier Invoice: SINV-2025-18281	Kitsap Public Health District	Kitsap Law Group	#25297	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30		SINV-2025-18281	06/12/2025		07/12/2025	0.00	0.00	27.50 USD	
Supplier Invoice: SINV-2025-18282	Kitsap Public Health District	Kitsap Law Group	#25295	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30		SINV-2025-18282	06/12/2025		07/12/2025	0.00	0.00	55.00 USD	



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-18284	Kitsap Public Health District	Kitsap Law Group	#25296	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30		SINV-2025-18284	06/12/2025		07/12/2025	0.00	0.00	1,622.50	USD
Supplier Invoice: SINV-2025-18285	Kitsap Public Health District	Iron Mountain	#202995462	Iron Mountain - Remit-To: Po Box 27128	Net 30		SINV-2025-18285	06/12/2025		07/12/2025	0.00	0.00	194.40	USD
Supplier Invoice: SINV-2025-18287	Kitsap Public Health District	Loomis	#13736550	Loomis - Remit-To: Palatine, IL	Net 30		SINV-2025-18287	06/12/2025		07/12/2025	0.00	0.00	868.09	USD
Supplier Invoice: SINV-2025-18289	Kitsap Public Health District	Propio LS, LLC	#0310070525	Propio LS, LLC	Net 30		SINV-2025-18289	06/12/2025		07/12/2025	0.00	0.00	635.70	USD
Supplier Invoice: SINV-2025-18290	Kitsap Public Health District	Propio LS, LLC	#0310070425 PT 2	Propio LS, LLC	Net 30		SINV-2025-18290	06/12/2025		07/12/2025	0.00	0.00	40.50	USD
Supplier Invoice: SINV-2025-18291	Kitsap Public Health District	ProPools LLC	#058925	ProPools LLC	Net 30		SINV-2025-18291	06/12/2025		07/12/2025	0.00	0.00	650.00	USD
Supplier Invoice: SINV-2025-18292	Kitsap Public Health District	Quadient Finance Usa Inc	5,28.25 REFILL	Quadient Finance Usa Inc	Net 30		SINV-2025-18292	06/12/2025		07/12/2025	0.00	0.00	2,801.28	USD
Supplier Invoice: SINV-2025-18293	Kitsap Public Health District	Rayus Radiology	MAY 2025 CLIENT XRAYs	Rayus Radiology	Net 30		SINV-2025-18293	06/12/2025		07/12/2025	0.00	0.00	225.00	USD
Supplier Invoice: SINV-2025-18296	Kitsap Public Health District	Reverb	#0625630	Reverb	Net 30		SINV-2025-18296	06/12/2025		07/12/2025	0.00	0.00	15,892.51	USD
Supplier Invoice: SINV-2025-18297	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	MAY 2025 PIC	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30		SINV-2025-18297	06/12/2025		07/12/2025	0.00	0.00	6,486.90	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-18299	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#25-03924	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30		SINV-2025-18299	06/12/2025		07/12/2025	0.00	0.00	2,088.40	USD
Supplier Invoice: SINV-2025-18310	Kitsap Public Health District	University of Washington	#CI-00233289	University of Washington	Net 30		SINV-2025-18310	06/12/2025		07/12/2025	0.00	0.00	2,541.00	USD
Supplier Invoice: SINV-2025-18312	Kitsap Public Health District	Wa Health Care Authority - Uniform	JUNE 2025 BENEFITS	Wa Health Care Authority - Uniform	Net 30		SINV-2025-18312	06/12/2025		07/12/2025	0.00	0.00	139,868.05	USD
Supplier Invoice: SINV-2025-18315	Kitsap Public Health District	Jefferson County	04.2025 CTRT#2262	Jefferson County - Remit-To: Health/Human Svc	Net 30		SINV-2025-18315	06/12/2025		07/12/2025	0.00	0.00	473.75	USD
Supplier Invoice: SINV-2025-18316	Kitsap Public Health District	Washington State University	#CI00068643	Washington State University	Net 30		SINV-2025-18316	06/12/2025		07/12/2025	0.00	0.00	1,978.75	USD
Supplier Invoice: SINV-2025-18319	Kitsap Public Health District	Eagles Wings Coordinated Care	JUNE 2025 RENT	Eagles Wings Coordinated Care	Net 30		SINV-2025-18319	06/12/2025		07/12/2025	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2025-18328	Kitsap Public Health District	BOTHELL EDGE LLC	JULY 2025 RENT	BOTHELL EDGE LLC	Net 30		SINV-2025-18328	06/12/2025		07/12/2025	0.00	0.00	1,200.00	USD
Supplier Invoice: SINV-2025-18333	Kitsap Public Health District	Bremerton Qualified Opportunity Fund LLC	JUNE 2025 RENT	Bremerton Qualified Opportunity Fund LLC	Net 30		SINV-2025-18333	06/12/2025		07/12/2025	0.00	0.00	800.00	USD
Supplier Invoice: SINV-2025-18334	Kitsap Public Health District	Griffin Glen Apartments LLC	JULY 2025 RENT	Griffin Glen Apartments LLC	Net 30		SINV-2025-18334	06/12/2025		07/12/2025	0.00	0.00	1,471.00	USD
Supplier Invoice: SINV-2025-18336	Kitsap Public Health District	Kania, Sharon Faye	JULY 2025 RENT	Kania, Sharon Faye	Net 30		SINV-2025-18336	06/12/2025		07/12/2025	0.00	0.00	635.00	USD





View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-18337	Kitsap Public Health District	Daniel R. Niblock	JULY 2025 RENT	Daniel R. Niblock	Net 30		SINV-2025-18337	06/12/2025		07/12/2025	0.00	0.00	1,071.00	USD
Supplier Invoice: SINV-2025-18339	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	JULY 2025 RENT	NSE Kitsap Fee Owner, LLC	Net 30		SINV-2025-18339	06/12/2025		07/12/2025	0.00	0.00	598.00	USD
Supplier Invoice: SINV-2025-18340	Kitsap Public Health District	City Of Port Angeles	JULY 2025 UTILITIES	City Of Port Angeles	Net 30		SINV-2025-18340	06/12/2025		07/12/2025	0.00	0.00	74.00	USD
Supplier Invoice: SINV-2025-18342	Kitsap Public Health District	Post Cottage Bay, LP	JULY 2025 RENT	Post Cottage Bay, LP	Net 30		SINV-2025-18342	06/12/2025		07/12/2025	0.00	0.00	1,373.00	USD
Supplier Invoice: SINV-2025-18344	Kitsap Public Health District	Paul Simmons	JULY 2025 RENT	Paul Simmons	Net 30		SINV-2025-18344	06/12/2025		07/12/2025	0.00	0.00	950.00	USD
Supplier Invoice: SINV-2025-18345	Kitsap Public Health District	The Sinclair II, LLC of Washington	JULY 2025 RENT	The Sinclair II, LLC of Washington	Net 30	Check	SINV-2025-18345	06/12/2025		07/12/2025	0.00	0.00	888.00	USD
Supplier Invoice: SINV-2025-18346	Kitsap Public Health District	Washington Home Solutions	JULY 2025 RENT	Washington Home Solutions	Net 30		SINV-2025-18346	06/12/2025		07/12/2025	0.00	0.00	721.00	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3750 for Kitsap Public Health District on 06/12/2025	06/12/2025		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	06/12/2025 09:24:36 AM		Heather Hunsaker (434069)	1	



View Settlement Run

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 3751 for Kitsap Public Health District on 06/12/2025	Successfully Completed
Payment Message: ID 3750 for Kitsap Public Health District on 06/12/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/12/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/12/2025	Successfully Completed
Remittance File: For Quadient Finance Usa Inc on 06/12/2025	Successfully Completed
Remittance File: For Kania, Sharon Faye on 06/12/2025	Successfully Completed
Remittance File: For Acranet Cbs Branch on 06/12/2025	Successfully Completed
Remittance File: For Eagles Wings Coordinated Care on 06/12/2025	Successfully Completed
Remittance File: For Washington State University on 06/12/2025	Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 06/12/2025	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 06/12/2025	Successfully Completed
Remittance File: For Reverb on 06/12/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 06/12/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
06/12/2025 09:24 AM	06/12/2025 09:24 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004833	Completed	00:00:12	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run

STL-00004874

Name

Kitsap Public Health District HH

Number

STL-00004874

Status

Complete

Date

06/26/2025

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

75,375.66

Inbound Total

0.00

Expense Report Count

22

Miscellaneous Payment Request Count

1

Supplier Invoice Count

34

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	06/26/2025	1	95.90	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/26/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	06/26/2025	21	3,380.13	USD	Payment Message: ID 3784 for Kitsap Public Health District on 06/26/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	06/26/2025	1	897.92	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 06/26/2025	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	06/26/2025	21	53,093.29	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/26/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	06/26/2025	6	17,908.42	USD	Payment Message: ID 3785 for Kitsap Public Health District on 06/26/2025	Successfully Completed

## Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0012967	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0012967	06/26/2025		26.17	USD
Expense Report: EXP-0012968	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0012968	06/26/2025		253.82	USD
Expense Report: EXP-0012969	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0012969	06/26/2025		109.90	USD
Expense Report: EXP-0012970	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0012970	06/26/2025		67.87	USD
Expense Report: EXP-0012971	Kitsap Public Health District	Rebecca Chandler (435269)	Employee	EXP-0012971	06/26/2025		51.45	USD
Expense Report: EXP-0012972	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0012972	06/26/2025		78.70	USD
Expense Report: EXP-0012973	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0012973	06/26/2025		48.44	USD
Expense Report: EXP-0012974	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0012974	06/26/2025		95.90	USD
Expense Report: EXP-0012975	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0012975	06/26/2025		42.00	USD
Expense Report: EXP-0012976	Kitsap Public Health District	Adrienne Hampton (434838)	Employee	EXP-0012976	06/26/2025		226.80	USD
Expense Report: EXP-0012977	Kitsap Public Health District	John Kiess (250913)	Employee	EXP-0012977	06/26/2025		292.60	USD
Expense Report: EXP-0012978	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0012978	06/26/2025		68.04	USD
Expense Report: EXP-0012979	Kitsap Public Health District	John Lykins (435485)	Employee	EXP-0012979	06/26/2025		79.38	USD
Expense Report: EXP-0012980	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0012980	06/26/2025		271.60	USD
Expense Report: EXP-0012981	Kitsap Public Health District	Kaela Moontree-Stewart (406607)	Employee	EXP-0012981	06/26/2025		102.48	USD
Expense Report: EXP-0012982	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0012982	06/26/2025		441.00	USD



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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0012983	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0012983	06/26/2025		118.30	USD
Expense Report: EXP-0012984	Kitsap Public Health District	Morgan Shuman (435505)	Employee	EXP-0012984	06/26/2025		500.00	USD
Expense Report: EXP-0012985	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0012985	06/26/2025		202.30	USD
Expense Report: EXP-0012986	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0012986	06/26/2025		221.90	USD
Expense Report: EXP-0012987	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0012987	06/26/2025		60.90	USD
Expense Report: EXP-0012988	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0012988	06/26/2025		116.48	USD

## Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-22591	Kitsap Public Health District	Evergreen Health Insurance Program (Inactive)	MPR-22591	Check	One-Time Payment	06/26/2025	897.92	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-2025-19879	Kitsap Public Health District	Aspen NW Property Management	JULY 2025 CLIENT ID 7913	Aspen NW Property Management	Net 30	SINV-2025-19879	06/26/2025		07/26/2025	0.00	0.00	1,200.00	USD
Supplier Invoice: SINV-2025-19882	Kitsap Public Health District	City of Bremerton	#BKAT000940	City of Bremerton - Remit-To: Utility Billing PO Box 34569	Net 30	SINV-2025-19882	06/26/2025		07/26/2025	0.00	0.00	433.33	USD
Supplier Invoice: SINV-2025-19883	Kitsap Public Health District	Blue Sky Printing	06172025 RACK CARDS	Blue Sky Printing	Net 30	SINV-2025-19883	06/26/2025		07/26/2025	0.00	0.00	518.89	USD
Supplier Invoice: SINV-2025-19884	Kitsap Public Health District	Bremerton Qualified Opportunity Fund LLC	JULY 2025 CLIENT ID 25A100	Bremerton Qualified Opportunity Fund LLC	Net 30	SINV-2025-19884	06/26/2025		07/26/2025	0.00	0.00	800.00	USD
Supplier Invoice: SINV-2025-19886	Kitsap Public Health District	Comcast	COMCAST 1975 5.9 INV	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-19886	06/26/2025		07/26/2025	0.00	0.00	473.64	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-2025-19888	Kitsap Public Health District	Comcast	#242779619	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-19888	06/26/2025		07/26/2025	0.00	0.00	657.58	USD
Supplier Invoice: SINV-2025-19890	Kitsap Public Health District	Culturally Speaking LLC	JUNE VACC PICKUP	Culturally Speaking LLC	Net 30	SINV-2025-19890	06/26/2025		07/26/2025	0.00	0.00	1,043.50	USD
Supplier Invoice: SINV-2025-19893	Kitsap Public Health District	Dell Marketing L.P.	#10820404772	Dell Marketing L.P.	Net 30	SINV-2025-19893	06/26/2025		07/26/2025	0.00	0.00	6,115.64	USD
Supplier Invoice: SINV-2025-19898	Kitsap Public Health District	James & Associates Inc	JUNE SRVS 23005	James & Associates Inc	Net 30	SINV-2025-19898	06/26/2025		07/26/2025	0.00	0.00	1,200.00	USD
Supplier Invoice: SINV-2025-19899	Kitsap Public Health District	King County	#8004641	King County - Remit-To: 201 s Jackson St, Ste 710	Net 30	SINV-2025-19899	06/26/2025		07/26/2025	0.00	0.00	64.00	USD
Supplier Invoice: SINV-2025-19900	Kitsap Public Health District	Lingo	#34476784	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2025-19900	06/26/2025		07/26/2025	0.00	0.00	12.41	USD
Supplier Invoice: SINV-2025-19902	Kitsap Public Health District	National Environmental Health Assoc	HUGHES REHS/RS	National Environmental Health Assoc	Net 30	SINV-2025-19902	06/26/2025		07/26/2025	0.00	0.00	130.00	USD
Supplier Invoice: SINV-2025-19904	Kitsap Public Health District	ODP Business Solutions, LLC	#427992641001	ODP Business Solutions, LLC	Net 30	SINV-2025-19904	06/26/2025		07/26/2025	0.00	0.00	13.37	USD
Supplier Invoice: SINV-2025-19906	Kitsap Public Health District	ODP Business Solutions, LLC	#425333471001	ODP Business Solutions, LLC	Net 30	SINV-2025-19906	06/26/2025		07/26/2025	0.00	0.00	40.83	USD
Supplier Invoice: SINV-2025-19907	Kitsap Public Health District	ODP Business Solutions, LLC	#427993100001	ODP Business Solutions, LLC	Net 30	SINV-2025-19907	06/26/2025		07/26/2025	0.00	0.00	55.34	USD
Supplier Invoice: SINV-2025-19909	Kitsap Public Health District	ODP Business Solutions, LLC	#427116879001	ODP Business Solutions, LLC	Net 30	SINV-2025-19909	06/26/2025		07/26/2025	0.00	0.00	99.66	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-2025-19910	Kitsap Public Health District	Quest Diagnostics	#9215471736	Quest Diagnostics	Net 30	SINV-2025-19910	06/26/2025		07/26/2025	0.00	0.00	94.84	USD
Supplier Invoice: SINV-2025-19911	Kitsap Public Health District	Staples	#6034289084	Staples - Remit-To: Staples	Net 30	SINV-2025-19911	06/26/2025		07/26/2025	0.00	0.00	110.93	USD
Supplier Invoice: SINV-2025-19912	Kitsap Public Health District	Staples	#6034721680	Staples - Remit-To: Staples	Net 30	SINV-2025-19912	06/26/2025		07/26/2025	0.00	0.00	211.30	USD
Supplier Invoice: SINV-2025-19913	Kitsap Public Health District	Stericycle Inc	#8010966255	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-19913	06/26/2025		07/26/2025	0.00	0.00	217.39	USD
Supplier Invoice: SINV-2025-19914	Kitsap Public Health District	United Business Machines of WA	INV539512	United Business Machines of WA	Net 30	SINV-2025-19914	06/26/2025		07/26/2025	0.00	0.00	1,212.68	USD
Supplier Invoice: SINV-2025-19915	Kitsap Public Health District	United Business Machines of WA	INV539340	United Business Machines of WA	Net 30	SINV-2025-19915	06/26/2025		07/26/2025	0.00	0.00	198.93	USD
Supplier Invoice: SINV-2025-19916	Kitsap Public Health District	VectorUSA	INV104225	VectorUSA	Net 30	SINV-2025-19916	06/26/2025		07/26/2025	0.00	0.00	5,958.50	USD
Supplier Invoice: SINV-2025-19918	Kitsap Public Health District	Verizon Wireless	#6115770762	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2025-19918	06/26/2025		07/26/2025	0.00	0.00	8,773.73	USD
Supplier Invoice: SINV-2025-19921	Kitsap Public Health District	WA State Dept of Enterprise Services	#731144636	WA State Dept of Enterprise Services - Remit-To: Seattle Po Box 84857	Net 30	SINV-2025-19921	06/26/2025		07/26/2025	0.00	0.00	882.85	USD
Supplier Invoice: SINV-2025-19924	Kitsap Public Health District	Wex Bank	#105339121	Wex Bank	Net 30	SINV-2025-19924	06/26/2025		07/26/2025	0.00	0.00	933.66	USD
Supplier Invoice: SINV-2025-19933	Kitsap Public Health District	WA State Board of Registered Sanitarians	GIUNTOLI REG	WA State Board of Registered Sanitarians	Net 30	SINV-2025-19933	06/26/2025		07/26/2025	0.00	0.00	50.00	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-2025-19934	Kitsap Public Health District	WA State Board of Registered Sanitarians	KATULA REG	WA State Board of Registered Sanitarians	Net 30	SINV-2025-19934	06/26/2025		07/26/2025	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2025-19935	Kitsap Public Health District	Xiologix, LLC	INV11919	Xiologix, LLC	Net 30	SINV-2025-19935	06/26/2025		07/26/2025	0.00	0.00	17,725.89	USD
Supplier Invoice: SINV-2025-19939	Kitsap Public Health District	A.W. Rehn & Associates, Inc	JUNE 2025 BENEFITS	A.W. Rehn & Associates, Inc	Net 30	SINV-2025-19939	06/26/2025		07/26/2025	0.00	0.00	1,399.84	USD
Supplier Invoice: SINV-2025-19940	Kitsap Public Health District	Health Equity	JUNE 2025 BENEFITS	Health Equity	Net 30	SINV-2025-19940	06/26/2025		07/26/2025	0.00	0.00	2,748.32	USD
Supplier Invoice: SINV-2025-19941	Kitsap Public Health District	Prof & Technical Eng XPH	JUNE 2025 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2025-19941	06/26/2025		07/26/2025	0.00	0.00	3,919.78	USD
Supplier Invoice: SINV-2025-19942	Kitsap Public Health District	Prof & Technical Eng XPH	JUNE 2025 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2025-19942	06/26/2025		07/26/2025	0.00	0.00	28.00	USD
Supplier Invoice: SINV-2025-19943	Kitsap Public Health District	Delta Dental of Washington	JUNE 2025 BENEFITS	Delta Dental of Washington	Net 30	SINV-2025-19943	06/26/2025		07/26/2025	0.00	0.00	13,626.88	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3785 for Kitsap Public Health District on 06/26/2025	06/26/2025		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	06/26/2025 09:21:46 AM		Heather Hunsaker (434069)	1	





View Settlement Run

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 3784 for Kitsap Public Health District on 06/26/2025	Successfully Completed
Payment Message: ID 3785 for Kitsap Public Health District on 06/26/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 06/26/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 06/26/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 06/26/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 06/26/2025	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 06/26/2025	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 06/26/2025	Successfully Completed
Remittance File: For Culturally Speaking LLC on 06/26/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 06/26/2025	Successfully Completed
Remittance File: For Delta Dental of Washington on 06/26/2025	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
06/26/2025 09:21 AM	06/26/2025 09:21 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004874	Completed		00:00:12	Heather Hunsaker	

[illegible]

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report  
For 2025 - June

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 - 06/03/2025	6/3/2025	-	5,054.05	(5,054.05)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 06/03/2025	6/3/2025	-	62.75	(62.75)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 06/05/2025	6/5/2025	-	1,969.34	(1,969.34)
				-	7,086.14	(7,086.14)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report  
For 2025 - June

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-00081168 - Kitsap Public Health District - 06/20/2025 - Public Health monthly vital stats transfer	6/20/2025	-	30,883.00	(30,883.00)
				<hr/>		
				-	30,883.00	(30,883.00)
				<hr/> <hr/>		

## KPHD Payroll - June 2025

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Ader (413193) Sam	173.33	\$7,620.00			\$5,159.22
Alexander (435070) Katharine	173.33	\$7,257.00			\$4,848.11
Anderson (419470) Amy	173.33	\$7,620.00			\$4,974.26
Anderson-Hobbs (435083) Nathan	173.33	\$5,686.00			\$4,281.62
Armstrong (434291) Jami	173.33	\$7,257.00			\$5,007.57
Atisme-Bevins (433909) Kandice	173.33	\$9,632.00			\$6,002.22
Baker (435044) Katie	173.33	\$6,222.00			\$4,593.43
Banigan (215189) Leslie	120.00	\$5,539.20			\$3,966.41
Baum (434397) Rudy	173.33	\$6,935.00			\$5,045.97
Bazzell (328436) Richard	173.33	\$8,001.00			\$5,586.78
Bell (419805) Gus	155.52	\$7,595.16			\$4,992.66
Berger (407902) Angeline	173.26	\$7,021.16			\$4,912.68
Bierman (404611) Dana	173.33	\$10,620.00			\$7,627.52
Borja (426250) Windie	173.33	\$7,254.00			\$5,021.62
Boysen-Knapp (2058) Karen	173.33	\$8,671.00			\$6,187.42
Breitmayer (435259) Jennifer	173.33	\$8,062.00			\$6,160.75
Bronder (434436) Christine	173.33	\$6,399.00			\$4,813.00
Brown (271677) Steven	173.33	\$10,620.00			\$6,143.08
Burchett (409212) Brian	173.33	\$6,919.00			\$4,883.97
Burke (434463) Lenore	173.33	\$5,186.00			\$3,625.25
Burton (434296) Callie	173.33	\$5,375.00			\$3,960.07
Cadorna (434932) Jessi	157.33	\$3,844.12			\$2,702.33
Camarena (434536) Daniel	173.33	\$6,399.00			\$4,402.42
Chandler (435269) Rebecca	173.33	\$8,062.00			\$3,888.95
Chang (411387) Margo	173.33	\$6,290.00			\$4,481.53
Clark (435043) Cheryl	173.33	\$7,312.00			\$5,227.72
Collins (434101) Lori	173.33	\$8,229.00			\$5,609.55
Collins (435290) River	140.58	\$3,270.91			\$2,551.96
Currie (400651) Krista	173.33	\$5,334.00			\$3,978.62
Davis (433997) Elizabeth	173.33	\$10,114.00			\$7,078.32
Degracia (435196) Allison	173.33	\$6,533.00			\$4,795.51
Dowless (340919) Kelly	173.33	\$8,671.00			\$5,814.14
Duren (430735) Ashley	173.33	\$7,109.00			\$5,204.39
Eichler (435374) Hillary	173.33	\$6,222.00			\$4,548.61
Evans (435423) David	173.33	\$6,582.00			\$4,948.22
Evans (4565) Eric	173.33	\$11,930.00			\$8,723.11
Fergus (434648) Maria	161.33	\$5,365.00			\$3,925.14
Fine (421693) George	86.67	\$2,593.00			\$2,004.07
Fisk (321284) April	173.33	\$9,105.00			\$5,075.05
Fong (356883) Yolanda	173.33	\$14,090.00			\$9,140.41
Fuchs (435045) Molly	173.33	\$5,186.00			\$3,811.62
Giuntoli (337331) Paul	173.33	\$8,401.00			\$5,022.35
Gress (421427) Nicole	173.33	\$5,881.00			\$4,287.26
Griego (410072) Yaneisy	173.33	\$6,989.00			\$5,186.52
Guidry (355732) Jessica	173.33	\$11,362.00			\$8,080.14
Hagan (435472) Brandy	173.33	\$5,186.00			\$3,796.11
Hammond (434978) Gabriel	173.33	\$7,257.00			\$4,883.14
Hampton (434838) Adrienne	173.33	\$9,105.00			\$6,350.80
Hansen (435085) Isabella	173.33	\$5,119.00			\$3,786.26
Harmon (434977) William	16.58	\$982.81			\$855.20
Holt (2726) Karen	20.25	\$1,518.75			\$1,390.49
Howard (434057) Anne	138.67	\$4,741.00			\$3,082.39
Howell (435293) Jessica	20.92	\$490.82			\$380.39
Hubert (435172) Joaquin	173.33	\$6,049.00			\$4,997.53
Hughes (434256) Jakob	173.33	\$6,719.00			\$4,874.23
Hunter (409213) Kari	173.33	\$10,314.00			\$6,663.61
Inga Dominguez (434769) Cristian	173.33	\$5,495.00			\$4,099.41
Inouye (434255) Wendy	173.33	\$9,332.00			\$6,450.75
Jenkins (434053) Andrea	173.33	\$5,186.00			\$3,901.00
Jones (358933) Kimberly	173.33	\$10,620.00			\$7,153.26
Katula (393427) Dayna	173.33	\$10,114.00			\$6,122.27
Kench (245476) Donald	173.33	\$4,802.00			\$2,850.52
Kiess (250913) John	173.33	\$12,527.00			\$8,767.75
Kimes (433908) Alexandra	173.33	\$9,142.00			\$6,319.77

## KPHD Payroll - June 2025


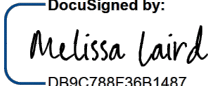
Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kindschy (421430) Brandon	173.33	\$7,408.00			\$5,448.56
Kinnear (434099) Sarah	173.33	\$6,911.00			\$5,191.23
Knoop (16125) Melina	173.33	\$8,001.00			\$5,253.16
Kushner (327580) Siri	173.33	\$12,527.00			\$7,637.09
Laird (416539) Melissa	173.33	\$11,150.00			\$6,811.29
Lawver (434888) Albert	141.33	\$5,326.92			\$4,058.35
Levine (435209) Naomi	173.33	\$6,582.00			\$4,988.15
Lykins (435485) John	173.33	\$5,644.00			\$3,876.91
Lytle (285038) Ross	173.33	\$8,001.00			\$5,421.05
Madden (434318) Shannon	173.33	\$5,186.00			\$3,789.77
May (434674) Martha	173.33	\$5,059.00			\$3,512.82
Mazur (388104) Karina	140.00	\$7,787.92			\$5,017.71
McClung (435242) Carol	173.33	\$9,105.00			\$6,094.17
McMillan (434052) Michelle	173.33	\$6,944.00			\$4,921.66
Miller (435008) Christopher	173.33	\$8,888.00			\$5,851.85
Moen (279971) Anne	173.33	\$8,737.00			\$5,776.65
Moontree-Stewart (406607) Kaela	173.33	\$6,533.00			\$4,554.80
Moore (434254) Alexandra	173.33	\$6,399.00			\$4,627.42
Morris (312378) Dawn	173.33	\$8,321.00			\$5,799.49
Morris (433859) Molly	173.33	\$4,608.00			\$3,518.80
Morris (434567) Amanda	173.33	\$5,186.00			\$3,828.39
Morrow (433895) Nathan	173.33	\$17,903.00			\$10,788.12
Navarro (435294) Alee	173.33	\$4,567.00			\$3,472.80
Neff Warner (435082) Leah	153.33	\$6,419.60			\$3,443.25
Newland (435315) Daisy	173.33	\$5,644.00			\$4,425.70
Nguyen (295033) Loan	173.33	\$6,351.00			\$4,420.60
Nicolaisen (208456) Niels	173.33	\$8,001.00			\$5,700.97
North (22459) Edwin	173.33	\$11,150.00			\$582.29
O'Brien (433907) Melissa	173.33	\$6,094.00			\$4,575.44
Onarheim (426938) Carin	117.33	\$4,527.96			\$3,487.87
Outlaw-Spencer (434984) Gabreiel	173.33	\$6,533.00			\$5,069.14
Pandino (419118) Linda	173.33	\$5,445.00			\$4,101.73
Perry (306605) Rachel	173.33	\$4,939.00			\$3,643.35
Pittsinger (435173) Lynn	173.33	\$12,527.00			\$8,281.60
Ramsey (435443) Taylor	173.33	\$7,312.00			\$4,644.94
Renteria (435276) Anna	173.33	\$4,995.00			\$3,712.27
Rork (404613) Ian	173.33	\$7,620.00			\$5,505.85
Sample (434976) Brittany	177.83	\$6,202.47			\$4,586.96
Shelby (434658) Emmy	156.00	\$7,364.00			\$5,018.16
Sherman (434949) Linnea	173.33	\$5,186.00			\$3,565.83
Shuhler (425553) Yana	173.33	\$5,239.00			\$3,521.61
Shuman (435505) Morgan	173.33	\$5,644.00			\$4,248.72
Sidell (435084) Nathan	173.33	\$5,686.00			\$3,477.16
Sim (435339) Morgan	187.58	\$6,339.97			\$4,981.22
Simmons (434365) Nolan	173.33	\$6,399.00			\$4,707.28
Smith (435504) Jessica	173.33	\$8,737.00			\$6,796.92
Snow (435021) Kelly	173.33	\$6,076.00			\$4,492.17
Sooter (427776) Thaddeus	173.33	\$10,620.00			\$7,477.89
Stedman (347366) Kelsey	173.33	\$10,114.00			\$6,601.98
Stewart (423168) Tobbi	173.33	\$6,733.00			\$4,435.49
Taveras (435217) Orpa	176.08	\$5,363.66			\$4,033.91
Tierney (434695) Kayla	173.33	\$5,528.00			\$4,149.53
Van Ort (392243) Susan	173.33	\$8,001.00			\$5,498.18
Villahermosa II (435216) Aldrin	173.33	\$5,970.00			\$4,280.46
Wagner (426251) Mary	121.34	\$3,556.00			\$2,537.56
Wellborn (14545) Brian	173.33	\$4,802.00			\$3,190.51
Wendt (397255) Jan	173.33	\$8,465.00			\$6,226.65
Whares (434641) Erica	173.33	\$7,865.00			\$6,107.31
Wimpenny (434923) Jacob	173.33	\$7,408.00			\$5,322.34
Winchester (431493) Layken	173.33	\$6,399.00			\$4,619.68
Wyatt (434415) Janet	132.32	\$6,462.07			\$4,031.48
	20,720.57	\$889,559.50	\$72,543.47	\$230,556.86	\$610,750.67

TREAS RPT - Detail Cash Report - Cash						
Treasurer's Detail Report For 2025 - June						
Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
2317:Payroll Tax Payable		Operational Journal: Kitsap Public Health District - 06/30/2025	6/30/2025	-	228,867.08	(228,867.08)
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 06/11/2025	6/11/2025	-	139,769.63	(139,769.63)
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 06/26/2025	6/26/2025	-	897.92	(897.92)
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 06/27/2025	6/27/2025	-	14,066.01	(14,066.01)
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 06/30/2025	6/30/2025	-	1,871.90	(1,871.90)
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 06/30/2025	6/30/2025	-	405.00	(405.00)
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 06/30/2025	6/30/2025	-	5,191.50	(5,191.50)
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 06/30/2025	6/30/2025	-	8,784.00	(8,784.00)
		Employee Benefits Subtotal				(170,985.96)
				-	399,853.04	(399,853.04)

Kitsap Public Health Board Meeting  
Date: September 2, 2025

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

Approvals:

	Signature	Date
Administrator	<div>Signed by:  04B011B7E67B465...</div>	8/25/2025
Finance Manager	<div>DocuSigned by:  DB9C788E36B1487</div>	8/22/2025

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	7/3/2025	\$ 33,057.15
Accounts Payable	7/10/2025	72,909.34
Accounts Payable	7/17/2025	184,492.75
Accounts Payable	7/24/2025	106,621.64
Accounts Payable	7/31/2025	43,719.34
NDGC Mortgage	7/1/2025	25,179.00
Miscellaneous	7/31/2025	12,636.20
Accounts Payable Total		\$ 478,615.42
Payroll	7/31/2025	622,811.87
Payroll Benefits (PERS)	7/11/2025	138,629.81
Payroll Taxes	7/31/2025	249,641.28
Payroll Total		\$ 1,011,082.96
	Grand Total	\$ 1,489,698.38

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-00004905	
Name	Kitsap Public Health District JS	
Number	STL-00004905	
Status	Complete	
Date	07/03/2025	
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	33,057.15	
Inbound Total	0.00	
Expense Report Count	8	
Supplier Invoice Count	8	

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	07/03/2025	8	1,404.08	USD	Payment Message: ID 3811 for Kitsap Public Health District on 07/03/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	07/03/2025	3	8,899.77	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/03/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/03/2025	5	22,753.30	USD	Payment Message: ID 3810 for Kitsap Public Health District on 07/03/2025	Successfully Completed

Expense Reports



## View Settlement Run

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07/03/2025  
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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013016	Kitsap Public Health District	Katie Baker (435044)	Employee	EXP-0013016	07/03/2025		20.82 USD	
Expense Report: EXP-0013017	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0013017	07/03/2025		72.80 USD	
Expense Report: EXP-0013018	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0013018	07/03/2025		116.62 USD	
Expense Report: EXP-0013025	Kitsap Public Health District	Siri Kushner (327580)	Employee	EXP-0013025	07/03/2025		275.92 USD	
Expense Report: EXP-0013026	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0013026	07/03/2025		323.26 USD	
Expense Report: EXP-0013027	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0013027	07/03/2025		211.68 USD	
Expense Report: EXP-0013028	Kitsap Public Health District	Morgan Sim (435339)	Employee	EXP-0013028	07/03/2025		127.40 USD	
Expense Report: EXP-0013029	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0013029	07/03/2025		255.58 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-2025-20523	Kitsap Public Health District	Salesforce, Inc.	#34135760	Salesforce, Inc.	Net 30	SINV-2025-20523	07/03/2025		08/02/2025	0.00	0.00	5,896.80 USD	
Supplier Invoice: SINV-2025-20530	Kitsap Public Health District	WA Counties Insurance Fund	#128005	WA Counties Insurance Fund - Remit-To: WCIF	Net 30	SINV-2025-20530	07/03/2025		08/02/2025	0.00	0.00	5,965.95 USD	
Supplier Invoice: SINV-2025-20537	Kitsap Public Health District	Canon Financial Services, Inc.	#41206742	Canon Financial Services, Inc.	Net 30	SINV-2025-20537	07/03/2025		08/02/2025	0.00	0.00	1,474.04 USD	
Supplier Invoice: SINV-2025-20543	Kitsap Public Health District	Catalyst Workplace Activation	#326746	Catalyst Workplace Activation	Net 30	SINV-2025-20543	07/03/2025		08/02/2025	0.00	0.00	2,952.97 USD	
Supplier Invoice: SINV-2025-20626	Kitsap Public Health District	People's Exchange LCA	INV00004	People's Exchange LCA	Net 30	SINV-2025-20626	07/03/2025		08/02/2025	0.00	0.00	50.00 USD	
Supplier Invoice: SINV-2025-20636	Kitsap Public Health District	Summit Law Group, PLLC	#164180	Summit Law Group, PLLC	Net 30	SINV-2025-20636	07/03/2025		08/02/2025	0.00	0.00	4,379.00 USD	



## 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-2025-20641	Kitsap Public Health District	Washington State Auditor's Office	L168904 AUDIT PERIOD 24-25	Washington State Auditor's Office	Net 30	SINV-2025-20641	07/03/2025		08/02/2025	0.00	0.00	139.10	USD
Supplier Invoice: SINV-2025-20648	Kitsap Public Health District	Jefferson County	06.2025 CTRT#2262	Jefferson County	Net 30	SINV-2025-20648	07/03/2025		08/02/2025	0.00	0.00	10,795.21	USD

### Remittance

#### Remittance

Process	Date	Remittance Events	
Payment Message: ID 3810 for Kitsap Public Health District on 07/03/2025	07/03/2025		5

### Process History

#### Settlement Run Process History

Process		Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	07/03/2025 10:01:25 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 3810 for Kitsap Public Health District on 07/03/2025	Successfully Completed
Payment Message: ID 3811 for Kitsap Public Health District on 07/03/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/03/2025	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 07/03/2025	Successfully Completed
Remittance File: For Washington State Auditor's Office on 07/03/2025	Successfully Completed
Remittance File: For Jefferson County on 07/03/2025	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 07/03/2025	Successfully Completed
Remittance File: For WA Counties Insurance Fund - Remit-To: WCIF on 07/03/2025	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
07/03/2025 10:01 AM	07/03/2025 10:01 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004905	Completed		00:00:08	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run

STL-00004926

Name

Kitsap Public Health District HH

Number

STL-00004926

Status

Complete

Date

07/10/2025

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

72,909.34

Inbound Total

0.00

Expense Report Count

23

Miscellaneous Payment Request Count

2

Supplier Invoice Count

18

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	07/10/2025	23	2,622.37	USD	Payment Message: ID 3825 for Kitsap Public Health District on 07/10/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	07/10/2025	2	285.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/10/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	07/10/2025	12	69,451.13	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/10/2025	Successfully Completed



## View Settlement Run

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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/10/2025	2	550.84	USD	Payment Message: ID 3826 for Kitsap Public Health District on 07/10/2025	Successfully Completed

### Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013117	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0013117	07/10/2025		128.10	USD
Expense Report: EXP-0013118	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0013118	07/10/2025		63.77	USD
Expense Report: EXP-0013119	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0013119	07/10/2025		128.10	USD
Expense Report: EXP-0013120	Kitsap Public Health District	Rebecca Chandler (435269)	Employee	EXP-0013120	07/10/2025		76.61	USD
Expense Report: EXP-0013121	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0013121	07/10/2025		57.26	USD
Expense Report: EXP-0013122	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0013122	07/10/2025		16.10	USD
Expense Report: EXP-0013123	Kitsap Public Health District	Hillary Eichler (435374)	Employee	EXP-0013123	07/10/2025		59.15	USD
Expense Report: EXP-0013124	Kitsap Public Health District	Gabriel Hammond (434978)	Employee	EXP-0013124	07/10/2025		112.72	USD
Expense Report: EXP-0013125	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0013125	07/10/2025		204.89	USD
Expense Report: EXP-0013126	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0013126	07/10/2025		142.55	USD
Expense Report: EXP-0013127	Kitsap Public Health District	Siri Kushner (327580)	Employee	EXP-0013127	07/10/2025		60.28	USD
Expense Report: EXP-0013128	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0013128	07/10/2025		161.70	USD
Expense Report: EXP-0013129	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0013129	07/10/2025		92.05	USD
Expense Report: EXP-0013130	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0013130	07/10/2025		164.64	USD
Expense Report: EXP-0013131	Kitsap Public Health District	Kaela Moontree-Stewart (406607)	Employee	EXP-0013131	07/10/2025		127.80	USD
Expense Report: EXP-0013132	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0013132	07/10/2025		234.08	USD
Expense Report: EXP-0013133	Kitsap Public Health District	Morgan Sim (435339)	Employee	EXP-0013133	07/10/2025		100.45	USD
Expense Report: EXP-0013134	Kitsap Public Health District	Kayla Tierney (434695)	Employee	EXP-0013134	07/10/2025		55.02	USD



## View Settlement Run

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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013135	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0013135	07/10/2025		352.89	USD
Expense Report: EXP-0013136	Kitsap Public Health District	Erica Whares (434641)	Employee	EXP-0013136	07/10/2025		45.57	USD
Expense Report: EXP-0013137	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0013137	07/10/2025		64.26	USD
Expense Report: EXP-0013138	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0013138	07/10/2025		130.00	USD
Expense Report: EXP-0013139	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0013139	07/10/2025		44.38	USD

### Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-22905	Kitsap Public Health District	Jason Campbell (Inactive)	MPR-22905	Check	POS Customer Refund	07/10/2025	200.00	USD
MPR-22906	Kitsap Public Health District	Jennifer Tamblin (Inactive)	MPR-22906	Check	POS Customer Refund	07/10/2025	85.00	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-2025-21478	Kitsap Public Health District	Anish Adhikari	#13	Anish Adhikari	Net 30	SINV-2025-21478	07/10/2025		08/09/2025	0.00	0.00	3,700.00	USD
Supplier Invoice: SINV-2025-21481	Kitsap Public Health District	Blue Sky Printing	#N23434	Blue Sky Printing	Net 30	SINV-2025-21481	07/10/2025		08/09/2025	0.00	0.00	566.63	USD
Supplier Invoice: SINV-2025-21482	Kitsap Public Health District	Blue Sky Printing	#N23283	Blue Sky Printing	Net 30	SINV-2025-21482	07/10/2025		08/09/2025	0.00	0.00	218.28	USD
Supplier Invoice: SINV-2025-21484	Kitsap Public Health District	Blue Sky Printing	#N23484	Blue Sky Printing	Net 30	SINV-2025-21484	07/10/2025		08/09/2025	0.00	0.00	40.27	USD
Supplier Invoice: SINV-2025-21486	Kitsap Public Health District	Bremerton Government Center Association	#1327	Bremerton Government Center Association	Net 30	SINV-2025-21486	07/10/2025		08/09/2025	0.00	0.00	37,469.13	USD



## 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-2025-21491	Kitsap Public Health District	Comcast	CCAST 4737 6.26 STMT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-21491	07/10/2025		08/09/2025	0.00	0.00	307.98	USD
Supplier Invoice: SINV-2025-21492	Kitsap Public Health District	Dell Marketing L.P.	#10822070619	Dell Marketing L.P.	Net 30	SINV-2025-21492	07/10/2025		08/09/2025	0.00	0.00	3,057.76	USD
Supplier Invoice: SINV-2025-21497	Kitsap Public Health District	ACAR Leasing LTD	6.16.25 STATEMENT	ACAR Leasing LTD	Net 30	SINV-2025-21497	07/10/2025		08/09/2025	0.00	0.00	568.73	USD
Supplier Invoice: SINV-2025-21498	Kitsap Public Health District	Kitsap Law Group	#25652	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-21498	07/10/2025		08/09/2025	0.00	0.00	412.50	USD
Supplier Invoice: SINV-2025-21505	Kitsap Public Health District	Kitsap Law Group	#25653	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-21505	07/10/2025		08/09/2025	0.00	0.00	385.00	USD
Supplier Invoice: SINV-2025-21506	Kitsap Public Health District	Kitsap Law Group	#25651	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-21506	07/10/2025		08/09/2025	0.00	0.00	110.00	USD
Supplier Invoice: SINV-2025-21507	Kitsap Public Health District	Loomis	#13755910	Loomis - Remit-To: Palatine, IL	Net 30	SINV-2025-21507	07/10/2025		08/09/2025	0.00	0.00	897.78	USD
Supplier Invoice: SINV-2025-21510	Kitsap Public Health District	ODP Business Solutions, LLC	#429730052001	ODP Business Solutions, LLC	Net 30	SINV-2025-21510	07/10/2025		08/09/2025	0.00	0.00	85.18	USD
Supplier Invoice: SINV-2025-21511	Kitsap Public Health District	Sarri Gilman	#031252	Sarri Gilman	Net 30	SINV-2025-21511	07/10/2025		08/09/2025	0.00	0.00	800.00	USD
Supplier Invoice: SINV-2025-21514	Kitsap Public Health District	Staples	#6034917528	Staples - Remit-To: Staples	Net 30	SINV-2025-21514	07/10/2025		08/09/2025	0.00	0.00	256.35	USD
Supplier Invoice: SINV-2025-21515	Kitsap Public Health District	Stericycle Inc	#8010975231	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-21515	07/10/2025		08/09/2025	0.00	0.00	465.66	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-2025-21516	Kitsap Public Health District	Taylor Water Technologies, LLC	#551235	Taylor Water Technologies, LLC	Net 30	SINV-2025-21516	07/10/2025		08/09/2025	0.00	0.00	224.12	USD
Supplier Invoice: SINV-2025-21517	Kitsap Public Health District	US Bank National Association	6.25.25 STMT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2025-21517	07/10/2025		08/09/2025	0.00	0.00	20,436.60	USD

Remittance  
Remittance

Process	Date	Remittance Events
Payment Message: ID 3826 for Kitsap Public Health District on 07/10/2025	07/10/2025	2

Process History  
Settlement Run Process History

Process		Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	07/10/2025 09:28:29 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 3826 for Kitsap Public Health District on 07/10/2025	Successfully Completed
Payment Message: ID 3825 for Kitsap Public Health District on 07/10/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/10/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/10/2025	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 07/10/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 07/10/2025	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
07/10/2025 09:28 AM	07/10/2025 09:28 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004926	Completed		00:00:10	Heather Hunsaker	



View Settlement Run

Settlement Run Information		
Settlement Run	STL-00004952	
Name	Kitsap Public Health District JS	
Number	STL-00004952	
Status	Complete	
Date	07/17/2025	
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	184,492.75	
Inbound Total	0.00	
Expense Report Count	17	
Miscellaneous Payment Request Count	1	
Supplier Invoice Count	31	

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	07/17/2025	1	82.60	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/17/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/17/2025	16	5,089.08	USD	Payment Message: ID 3846 for Kitsap Public Health District on 07/17/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	07/17/2025	1	885.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/17/2025	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	07/17/2025	21	172,750.69	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/17/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/17/2025	8	5,685.38	USD	Payment Message: ID 3847 for Kitsap Public Health District on 07/17/2025	Successfully Completed

### Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013185	Kitsap Public Health District	Jennifer Breitmayer (435259)	Employee	EXP-0013185	07/17/2025		551.88	USD
Expense Report: EXP-0013186	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0013186	07/17/2025		310.80	USD
Expense Report: EXP-0013187	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0013187	07/17/2025		176.26	USD
Expense Report: EXP-0013188	Kitsap Public Health District	Molly Fuchs (435045)	Employee	EXP-0013188	07/17/2025		19.32	USD
Expense Report: EXP-0013191	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0013191	07/17/2025		82.60	USD
Expense Report: EXP-0013194	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0013194	07/17/2025		205.25	USD
Expense Report: EXP-0013195	Kitsap Public Health District	Cristian Inga Dominguez (434769)	Employee	EXP-0013195	07/17/2025		199.15	USD
Expense Report: EXP-0013196	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0013196	07/17/2025		73.10	USD
Expense Report: EXP-0013197	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0013197	07/17/2025		53.90	USD
Expense Report: EXP-0013198	Kitsap Public Health District	Alexandra Kimes (433908)	Employee	EXP-0013198	07/17/2025		135.26	USD
Expense Report: EXP-0013200	Kitsap Public Health District	John Lykins (435485)	Employee	EXP-0013200	07/17/2025		188.16	USD
Expense Report: EXP-0013201	Kitsap Public Health District	Carol McClung (435242)	Employee	EXP-0013201	07/17/2025		2,071.54	USD
Expense Report: EXP-0013202	Kitsap Public Health District	Niels Nicolaisen (208456)	Employee	EXP-0013202	07/17/2025		147.00	USD
Expense Report: EXP-0013203	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0013203	07/17/2025		308.21	USD
Expense Report: EXP-0013204	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0013204	07/17/2025		378.00	USD
Expense Report: EXP-0013205	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0013205	07/17/2025		77.21	USD



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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013206	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0013206	07/17/2025		194.04	USD

### Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-22978	Kitsap Public Health District	Villa Del Flor LLC (Inactive)	MPR-22978	Check	POS Customer Refund	07/17/2025	885.00	USD

### Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-22283	Kitsap Public Health District	Acranet Cbs Branch	#28893	Acranet Cbs Branch	Net 30		SINV-2025-22283	07/17/2025		08/16/2025	0.00	0.00	98.50	USD
Supplier Invoice: SINV-2025-22285	Kitsap Public Health District	Blue Sky Printing	#N23535	Blue Sky Printing	Net 30		SINV-2025-22285	07/17/2025		08/16/2025	0.00	0.00	157.29	USD
Supplier Invoice: SINV-2025-22286	Kitsap Public Health District	Culturally Speaking LLC	#N23535 PT 2	Culturally Speaking LLC	Net 30		SINV-2025-22286	07/17/2025		08/16/2025	0.00	0.00	112.50	USD
Supplier Invoice: SINV-2025-22287	Kitsap Public Health District	City Cab Taxi Service LLC	#CCTS-KPH-2506	City Cab Taxi Service LLC	Net 30		SINV-2025-22287	07/17/2025		08/16/2025	0.00	0.00	64.00	USD
Supplier Invoice: SINV-2025-22289	Kitsap Public Health District	Dell Marketing L.P.	#10824218025	Dell Marketing L.P.	Net 30		SINV-2025-22289	07/17/2025		08/16/2025	0.00	0.00	3,057.76	USD
Supplier Invoice: SINV-2025-22290	Kitsap Public Health District	Hummingbird Insights LLC	#0212	Hummingbird Insights LLC	Net 30		SINV-2025-22290	07/17/2025		08/16/2025	0.00	0.00	687.50	USD
Supplier Invoice: SINV-2025-22292	Kitsap Public Health District	Hummingbird Insights LLC	#0212 PT 2	Hummingbird Insights LLC	Net 30		SINV-2025-22292	07/17/2025		08/16/2025	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2025-22293	Kitsap Public Health District	Iron Mountain	#203010655	Iron Mountain - Remit-To: Po Box 27128	Net 30		SINV-2025-22293	07/17/2025		08/16/2025	0.00	0.00	194.40	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-22295	Kitsap Public Health District	Leadership Kitsap	#203010655	Leadership Kitsap	Net 30		SINV-2025-22295	07/17/2025		08/16/2025	0.00	0.00	3,000.00	USD
Supplier Invoice: SINV-2025-22297	Kitsap Public Health District	Kelly Leadership Group	#062325	Kelly Leadership Group	Net 30		SINV-2025-22297	07/17/2025		08/16/2025	0.00	0.00	10,000.00	USD
Supplier Invoice: SINV-2025-22299	Kitsap Public Health District	People's Exchange LCA	#00005	People's Exchange LCA	Net 30		SINV-2025-22299	07/17/2025		08/16/2025	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2025-22300	Kitsap Public Health District	Propio LS, LLC	#0310070625	Propio LS, LLC	Net 30		SINV-2025-22300	07/17/2025		08/16/2025	0.00	0.00	580.95	USD
Supplier Invoice: SINV-2025-22301	Kitsap Public Health District	Quest Diagnostics	#9216012822	Quest Diagnostics	Net 30		SINV-2025-22301	07/17/2025		08/16/2025	0.00	0.00	604.34	USD
Supplier Invoice: SINV-2025-22302	Kitsap Public Health District	Rayus Radiology	JUNE 2025	Rayus Radiology	Net 30		SINV-2025-22302	07/17/2025		08/16/2025	0.00	0.00	450.00	USD
Supplier Invoice: SINV-2025-22303	Kitsap Public Health District	Staples	#6036327877	Staples - Remit-To: Staples	Net 30		SINV-2025-22303	07/17/2025		08/16/2025	0.00	0.00	166.38	USD
Supplier Invoice: SINV-2025-22304	Kitsap Public Health District	United Business Machines of WA	#INV540971	United Business Machines of WA	Net 30		SINV-2025-22304	07/17/2025		08/16/2025	0.00	0.00	198.03	USD
Supplier Invoice: SINV-2025-22305	Kitsap Public Health District	Wex Bank	#105950357	Wex Bank	Net 30		SINV-2025-22305	07/17/2025		08/16/2025	0.00	0.00	1,105.42	USD
Supplier Invoice: SINV-2025-22306	Kitsap Public Health District	BOTHELL EDGE LLC	08.2025 RENT + UTILITIES	BOTHELL EDGE LLC	Net 30		SINV-2025-22306	07/17/2025		08/16/2025	0.00	0.00	1,167.00	USD
Supplier Invoice: SINV-2025-22307	Kitsap Public Health District	Griffin Glen Apartments LLC	08.2025 RENT	Griffin Glen Apartments LLC	Net 30		SINV-2025-22307	07/17/2025		08/16/2025	0.00	0.00	1,471.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-22308	Kitsap Public Health District	Kania, Sharon Faye	08.2025 RENT	Kania, Sharon Faye	Net 30		SINV-2025-22308	07/17/2025		08/16/2025	0.00	0.00	613.00	USD
Supplier Invoice: SINV-2025-22309	Kitsap Public Health District	Daniel R. Niblock	08.2025 RENT	Daniel R. Niblock	Net 30		SINV-2025-22309	07/17/2025		08/16/2025	0.00	0.00	1,071.00	USD
Supplier Invoice: SINV-2025-22310	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	08.2025 RENT	NSE Kitsap Fee Owner, LLC	Net 30		SINV-2025-22310	07/17/2025		08/16/2025	0.00	0.00	598.00	USD
Supplier Invoice: SINV-2025-22311	Kitsap Public Health District	City Of Port Angeles	08.2025 UTILITIES	City Of Port Angeles	Net 30		SINV-2025-22311	07/17/2025		08/16/2025	0.00	0.00	74.00	USD
Supplier Invoice: SINV-2025-22312	Kitsap Public Health District	Post Cottage Bay, LP	07.2025 RENT	Post Cottage Bay, LP - Remit-To: Post Cottage Bay	Net 30	Check	SINV-2025-22312	07/17/2025		08/16/2025	0.00	0.00	1,373.00	USD
Supplier Invoice: SINV-2025-22313	Kitsap Public Health District	Post Cottage Bay, LP	08.2025 RENT	Post Cottage Bay, LP - Remit-To: Post Cottage Bay	Net 30	Check	SINV-2025-22313	07/17/2025		08/16/2025	0.00	0.00	1,373.00	USD
Supplier Invoice: SINV-2025-22314	Kitsap Public Health District	Paul Simmons	08.2025 RENT	Paul Simmons	Net 30		SINV-2025-22314	07/17/2025		08/16/2025	0.00	0.00	950.00	USD
Supplier Invoice: SINV-2025-22315	Kitsap Public Health District	The Sinclair II, LLC of Washington	08.2025 RENT	The Sinclair II, LLC of Washington	Net 30		SINV-2025-22315	07/17/2025		08/16/2025	0.00	0.00	888.00	USD
Supplier Invoice: SINV-2025-22316	Kitsap Public Health District	Washington Home Solutions	08.2025 RENT	Washington Home Solutions	Net 30		SINV-2025-22316	07/17/2025		08/16/2025	0.00	0.00	721.00	USD
Supplier Invoice: SINV-2025-22317	Kitsap Public Health District	WA Health Care Authority	JULY 2025 BENEFITS	WA Health Care Authority	Net 30		SINV-2025-22317	07/17/2025		08/16/2025	0.00	0.00	138,232.03	USD
Supplier Invoice: SINV-2025-22318	Kitsap Public Health District	Kitsap County	04.2025 TOB/MJ CNTRCT	Kitsap County - Remit-To: KC Human Services	Net 30		SINV-2025-22318	07/17/2025		08/16/2025	0.00	0.00	1,871.70	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Override Payment Type	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-22319	Kitsap Public Health District	Kitsap County	05.2025 TOB/MJ CNTRCT	Kitsap County - Remit-To: KC Human Services	Net 30		SINV-2025-22319	07/17/2025		08/16/2025	0.00	0.00	7,231.27	USD

### Remittance

#### Remittance

Process	Date	Remittance Events	
Payment Message: ID 3847 for Kitsap Public Health District on 07/17/2025	07/17/2025		8

### 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	07/17/2025 09:34:31 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 3846 for Kitsap Public Health District on 07/17/2025	Successfully Completed
Payment Message: ID 3847 for Kitsap Public Health District on 07/17/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/17/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/17/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/17/2025	Successfully Completed
Remittance File: For Kania, Sharon Faye on 07/17/2025	Successfully Completed
Remittance File: For Acranet Cbs Branch on 07/17/2025	Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 07/17/2025	Successfully Completed
Remittance File: For The Sinclair II, LLC of Washington on 07/17/2025	Successfully Completed
Remittance File: For Culturally Speaking LLC on 07/17/2025	Successfully Completed
Remittance File: For Leadership Kitsap on 07/17/2025	Successfully Completed
Remittance File: For Propio LS, LLC on 07/17/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 07/17/2025	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
07/17/2025 09:34 AM	07/17/2025 09:34 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004952	Completed		00:00:12	Junille Schmeling	





View Settlement Run

Settlement Run Information		
Settlement Run	STL-00004973	
Name	Kitsap Public Health Dist. LC	
Number	STL-00004973	
Status	Complete	
Date	07/24/2025	
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	106,621.64	
Inbound Total	0.00	
Expense Report Count	9	
Miscellaneous Payment Request Count	2	
Supplier Invoice Count	29	

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	07/24/2025	1	100.10	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/24/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/24/2025	8	584.89	USD	Payment Message: ID 3862 for Kitsap Public Health District on 07/24/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	07/24/2025	2	700.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/24/2025	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	07/24/2025	20	93,818.89	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/24/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/24/2025	5	11,417.76	USD	Payment Message: ID 3863 for Kitsap Public Health District on 07/24/2025	Successfully Completed

### Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013236	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0013236	07/24/2025		93.10	USD
Expense Report: EXP-0013237	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0013237	07/24/2025		100.10	USD
Expense Report: EXP-0013238	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0013238	07/24/2025		120.68	USD
Expense Report: EXP-0013239	Kitsap Public Health District	Morgan Shuman (435505)	Employee	EXP-0013239	07/24/2025		39.20	USD
Expense Report: EXP-0013240	Kitsap Public Health District	Morgan Sim (435339)	Employee	EXP-0013240	07/24/2025		73.50	USD
Expense Report: EXP-0013241	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0013241	07/24/2025		91.00	USD
Expense Report: EXP-0013242	Kitsap Public Health District	Erica Whares (434641)	Employee	EXP-0013242	07/24/2025		79.49	USD
Expense Report: EXP-0013243	Kitsap Public Health District	Molly Fuchs (435045)	Employee	EXP-0013243	07/24/2025		23.94	USD
Expense Report: EXP-0013244	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0013244	07/24/2025		63.98	USD

### Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-23068	Kitsap Public Health District	Ron Helwig (Inactive)	MPR-23068	Check	One-Time Payment	07/24/2025	350.00	USD
MPR-23069	Kitsap Public Health District	Joy Lee (Inactive)	MPR-23069	Check	One-Time Payment	07/24/2025	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-2025-23394	Kitsap Public Health District	Comcast	#2451297154	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2025-23394	07/24/2025		08/23/2025	0.00	0.00	657.14	USD
Supplier Invoice: SINV-2025-23396	Kitsap Public Health District	Comcast	CCAST1975 7.9,25 INV	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-23396	07/24/2025		08/23/2025	0.00	0.00	488.62	USD
Supplier Invoice: SINV-2025-23398	Kitsap Public Health District	Lincoln Senior Housing	JUL/AUG RENT	Lincoln Senior Housing	Net 30	SINV-2025-23398	07/24/2025		08/23/2025	0.00	0.00	1,503.00	USD
Supplier Invoice: SINV-2025-23403	Kitsap Public Health District	Lingo	#34511866	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2025-23403	07/24/2025		08/23/2025	0.00	0.00	14.22	USD
Supplier Invoice: SINV-2025-23405	Kitsap Public Health District	Mckesson Medical Surgical	#23953414	Mckesson Medical Surgical	Net 30	SINV-2025-23405	07/24/2025		08/23/2025	0.00	0.00	170.90	USD
Supplier Invoice: SINV-2025-23408	Kitsap Public Health District	ODP Business Solutions, LLC	#429433496001	ODP Business Solutions, LLC	Net 30	SINV-2025-23408	07/24/2025		08/23/2025	0.00	0.00	564.74	USD
Supplier Invoice: SINV-2025-23409	Kitsap Public Health District	Sensoscientific Inc	#0164308-IN	Sensoscientific Inc	Net 30	SINV-2025-23409	07/24/2025		08/23/2025	0.00	0.00	392.92	USD
Supplier Invoice: SINV-2025-23411	Kitsap Public Health District	Smarsh Inc	#INV-278559	Smarsh Inc	Net 30	SINV-2025-23411	07/24/2025		08/23/2025	0.00	0.00	16,006.33	USD
Supplier Invoice: SINV-2025-23412	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	JUNE 2025	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-23412	07/24/2025		08/23/2025	0.00	0.00	7,139.40	USD
Supplier Invoice: SINV-2025-23413	Kitsap Public Health District	Staples	#6036816185	Staples - Remit-To: Staples	Net 30	SINV-2025-23413	07/24/2025		08/23/2025	0.00	0.00	287.41	USD
Supplier Invoice: SINV-2025-23414	Kitsap Public Health District	Staples	#6036737363	Staples - Remit-To: Staples	Net 30	SINV-2025-23414	07/24/2025		08/23/2025	0.00	0.00	222.01	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-2025-23415	Kitsap Public Health District	Staples	#6036816184	Staples - Remit-To: Staples	Net 30	SINV-2025-23415	07/24/2025		08/23/2025	0.00	0.00	174.71	USD
Supplier Invoice: SINV-2025-23416	Kitsap Public Health District	Staples	#6036977245	Staples - Remit-To: Staples	Net 30	SINV-2025-23416	07/24/2025		08/23/2025	0.00	0.00	87.27	USD
Supplier Invoice: SINV-2025-23433	Kitsap Public Health District	Stericycle Inc	#8011275539	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-23433	07/24/2025		08/23/2025	0.00	0.00	356.68	USD
Supplier Invoice: SINV-2025-23434	Kitsap Public Health District	Stericycle Inc	#8011267313	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-23434	07/24/2025		08/23/2025	0.00	0.00	148.69	USD
Supplier Invoice: SINV-2025-23435	Kitsap Public Health District	United Business Machines of WA	#INV541076	United Business Machines of WA	Net 30	SINV-2025-23435	07/24/2025		08/23/2025	0.00	0.00	975.07	USD
Supplier Invoice: SINV-2025-23438	Kitsap Public Health District	Verizon Wireless	#6118283291	Verizon Wireless	Net 30	SINV-2025-23438	07/24/2025		08/23/2025	0.00	0.00	6,137.30	USD
Supplier Invoice: SINV-2025-23457	Kitsap Public Health District	Health Equity	JULY 2025 BENEFITS	Health Equity	Net 30	SINV-2025-23457	07/24/2025		08/23/2025	0.00	0.00	2,748.32	USD
Supplier Invoice: SINV-2025-23460	Kitsap Public Health District	A.W. Rehn & Associates, Inc	JULY 2025 BENEFITS	A.W. Rehn & Associates, Inc	Net 30	SINV-2025-23460	07/24/2025		08/23/2025	0.00	0.00	2,233.18	USD
Supplier Invoice: SINV-2025-23461	Kitsap Public Health District	Prof & Technical Eng XPH	JULY 2025 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2025-23461	07/24/2025		08/23/2025	0.00	0.00	3,938.70	USD
Supplier Invoice: SINV-2025-23462	Kitsap Public Health District	Prof & Technical Eng XPH	JULY 2025 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2025-23462	07/24/2025		08/23/2025	0.00	0.00	28.00	USD
Supplier Invoice: SINV-2025-23463	Kitsap Public Health District	Hra Veba Trust	JULY 2025 BENEFITS	Hra Veba Trust	Net 30	SINV-2025-23463	07/24/2025		08/23/2025	0.00	0.00	8,364.01	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-2025-23464	Kitsap Public Health District	Nationwide Retirement Solutions	JULY 2025 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2025-23464	07/24/2025		08/23/2025	0.00	0.00	5,191.50	USD
Supplier Invoice: SINV-2025-23465	Kitsap Public Health District	Voya Institutional Trust Company	JULY 2025 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (Public Health Payroll)	Net 30	SINV-2025-23465	07/24/2025		08/23/2025	0.00	0.00	405.00	USD
Supplier Invoice: SINV-2025-23466	Kitsap Public Health District	Wash State Dept of Retirement	JULY 2025 BENEFITS	Wash State Dept of Retirement	Net 30	SINV-2025-23466	07/24/2025		08/23/2025	0.00	0.00	12,444.12	USD
Supplier Invoice: SINV-2025-23467	Kitsap Public Health District	Delta Dental of Washington	JUNE 2025 BENEFITS	Delta Dental of Washington - Remit-To: Whit-Delta C/O Vilmy PO Box 6	Net 30	SINV-2025-23467	07/24/2025		08/23/2025	0.00	0.00	13,626.88	USD
Supplier Invoice: SINV-2025-23469	Kitsap Public Health District	Vimly Benefit Solutions Inc	JULY 2025 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2025-23469	07/24/2025		08/23/2025	0.00	0.00	6,200.51	USD
Supplier Invoice: SINV-2025-23497	Kitsap Public Health District	American Family Life Assurance Company	JULY 2025 BENEFITS	American Family Life Assurance Company	Net 30	SINV-2025-23497	07/24/2025		08/23/2025	0.00	0.00	1,684.26	USD
Supplier Invoice: SINV-2025-23500	Kitsap Public Health District	Delta Dental of Washington	JULY 2025 BENEFITS	Delta Dental of Washington - Remit-To: Whit-Delta C/O Vilmy PO Box 6	Net 30	SINV-2025-23500	07/24/2025		08/23/2025	0.00	0.00	13,045.76	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3863 for Kitsap Public Health District on 07/24/2025	07/24/2025		5

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	07/24/2025 11:07:09 AM		Leanne Cornell (427575)	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 3862 for Kitsap Public Health District on 07/24/2025	Successfully Completed
Payment Message: ID 3863 for Kitsap Public Health District on 07/24/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/24/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/24/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 07/24/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 07/24/2025	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 07/24/2025	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 07/24/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 07/24/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 07/24/2025	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
07/24/2025 11:07 AM	07/24/2025 11:07 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004973	Completed		00:00:11	Leanne Cornell	



View Settlement Run

Settlement Run Information

Settlement Run	STL-00004999
Name	Kitsap Public Health District JS
Number	STL-00004999
Status	Complete
Date	07/31/2025
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	43,719.34
Inbound Total	0.00
Expense Report Count	8
Supplier Invoice Count	11

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	07/31/2025	1	49.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/31/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	07/31/2025	7	797.17	USD	Payment Message: ID 3882 for Kitsap Public Health District on 07/31/2025	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	07/31/2025	3	6,303.71	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/31/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	07/31/2025	6	36,569.46	USD	Payment Message: ID 3883 for Kitsap Public Health District on 07/31/2025	Successfully Completed

## Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0013264	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0013264	07/31/2025		73.50	USD
Expense Report: EXP-0013265	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0013265	07/31/2025		49.00	USD
Expense Report: EXP-0013266	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0013266	07/31/2025		95.90	USD
Expense Report: EXP-0013267	Kitsap Public Health District	Adrienne Hampton (434838)	Employee	EXP-0013267	07/31/2025		166.61	USD
Expense Report: EXP-0013268	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0013268	07/31/2025		114.80	USD
Expense Report: EXP-0013269	Kitsap Public Health District	Leah Neff Warner (435082)	Employee	EXP-0013269	07/31/2025		150.78	USD
Expense Report: EXP-0013270	Kitsap Public Health District	Morgan Shuman (435505)	Employee	EXP-0013270	07/31/2025		73.08	USD
Expense Report: EXP-0013271	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0013271	07/31/2025		122.50	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-2025-24042	Kitsap Public Health District	City of Bremerton	#BKAT000947	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2025-24042	07/31/2025		08/30/2025	0.00	0.00	433.33	USD
Supplier Invoice: SINV-2025-24043	Kitsap Public Health District	Canon Financial Services, Inc.	#41393947	Canon Financial Services, Inc.	Net 30	SINV-2025-24043	07/31/2025		08/30/2025	0.00	0.00	1,474.04	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-2025-24044	Kitsap Public Health District	Culturally Speaking LLC	#3106	Culturally Speaking LLC	Net 30	SINV-2025-24044	07/31/2025		08/30/2025	0.00	0.00	300.00	USD
Supplier Invoice: SINV-2025-24046	Kitsap Public Health District	Quadient Finance Usa Inc	07.17.25 POSTAGE REFILL	Quadient Finance Usa Inc	Net 30	SINV-2025-24046	07/31/2025		08/30/2025	0.00	0.00	2,500.00	USD
Supplier Invoice: SINV-2025-24047	Kitsap Public Health District	Reverb	#0725798	Reverb	Net 30	SINV-2025-24047	07/31/2025		08/30/2025	0.00	0.00	18,396.29	USD
Supplier Invoice: SINV-2025-24048	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#25-04704	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-24048	07/31/2025		08/30/2025	0.00	0.00	1,906.80	USD
Supplier Invoice: SINV-2025-24055	Kitsap Public Health District	Structured	#0254928-IN	Structured	Net 30	SINV-2025-24055	07/31/2025		08/30/2025	0.00	0.00	4,740.38	USD
Supplier Invoice: SINV-2025-24057	Kitsap Public Health District	Washington State Public Health Assoc	#9577	Washington State Public Health Assoc	Net 30	SINV-2025-24057	07/31/2025		08/30/2025	0.00	0.00	565.00	USD
Supplier Invoice: SINV-2025-24058	Kitsap Public Health District	Washington State Public Health Assoc	#9576	Washington State Public Health Assoc	Net 30	SINV-2025-24058	07/31/2025		08/30/2025	0.00	0.00	565.00	USD
Supplier Invoice: SINV-2025-24060	Kitsap Public Health District	Jefferson County	CNT# 2262 - 04,2025	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2025-24060	07/31/2025		08/30/2025	0.00	0.00	3,138.01	USD
Supplier Invoice: SINV-2025-24061	Kitsap Public Health District	Jefferson County	CNT# 2262 - 06,2025	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2025-24061	07/31/2025		08/30/2025	0.00	0.00	8,854.32	USD
Remittance													
Remittance													
Process				Date			Remittance Events						
Payment Message: ID 3883 for Kitsap Public Health District on 07/31/2025				07/31/2025							6		



View Settlement Run

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	07/31/2025 08:59:19 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 3882 for Kitsap Public Health District on 07/31/2025	Successfully Completed
Payment Message: ID 3883 for Kitsap Public Health District on 07/31/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 07/31/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 07/31/2025	Successfully Completed
Remittance File: For Quadient Finance Usa Inc on 07/31/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 07/31/2025	Successfully Completed
Remittance File: For Culturally Speaking LLC on 07/31/2025	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 07/31/2025	Successfully Completed
Remittance File: For Reverb on 07/31/2025	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 07/31/2025	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
07/31/2025 08:59 AM	07/31/2025 08:59 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004999	Completed		00:00:10	Junille Schmeling	

**TREAS RPT - Detail Cash Report - Cash**

## Treasurer's Detail Report

### For 2025 - July

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
<b>Cash</b>						
5700:Debt Service Principal	5780 - Intergovernmental Loans	JE-00082922 - Kitsap Public Health District - 07/01/2025 - 2025 Mortgage Payment - July	7/1/2025	-	17,500.00	(17,500.00)
5800:Debt Service Interest	5830 - Interest Expense - Long-Term External Debt	JE-00082922 - Kitsap Public Health District - 07/01/2025 - 2025 Mortgage Payment - July	7/1/2025	-	7,679.00	(7,679.00)
				-	25,179.00	(25,179.00)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report  
For 2025 - July

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 07/02/2025	7/2/2025	-	62.50	(62.50)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 07/03/2025	7/3/2025	-	8,480.11	(8,480.11)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 07/08/2025	7/8/2025	-	2,561.09	(2,561.09)
5400:Other Services and Charges	5493 - Financial Service Fees	JE-00084050 - Kitsap Public Health District - 07/22/2025 - Returned Item - PH - R00241287 - 2025-07-22	7/22/2025	-	5.00	(5.00)
5400:Other Services and Charges	5493 - Financial Service Fees	JE-00084052 - Kitsap Public Health District - 07/22/2025 - Returned Item - PH - R00241288 - 2025-07-22	7/22/2025	-	5.00	(5.00)
5400:Other Services and Charges	5493 - Financial Service Fees	JE-00084202 - Kitsap Public Health District - 07/24/2025 - Correction - PH - R00241378 - 2025-07-24	7/24/2025	-	5.00	(5.00)
5400:Other Services and Charges	5494 - Filing and Recording Fees	JE-00084870 - Kitsap Public Health District - 07/31/2025 - July 2025 Recording Fees	7/31/2025	-	1,517.50	(1,517.50)
				-	12,636.20	(12,636.20)

**KPHD Payroll - July 2025**

<b>Name</b>	<b>Hours</b>	<b>Gross Pay</b>	<b>Employer Paid Taxes</b>	<b>Employer Paid Benefits</b>	<b>Net Pay</b>
Ader, Sam	173.33	7,620.00			\$5,217.47
Alexander, Katharine	173.33	7,257.00			\$4,848.12
Anderson, Amy	173.33	7,620.00			\$5,039.98
Anderson-Hobbs, Nathan	173.33	5,686.00			\$4,325.06
Armstrong, Jami	173.33	7,257.00			\$5,063.06
Atisme-Bevins, Kandice	173.33	9,632.00			\$6,075.86
Baker, Katie	173.33	6,222.00			\$4,640.99
Banigan, Leslie	240.00	11,078.40			\$8,596.50
Baum, Rudy	173.33	6,935.00			\$5,045.97
Bazzell, Richard	173.33	8,001.00			\$5,647.95
Bell, Gus	173.33	8,465.00			\$5,606.16
Berger, Angeline	173.33	7,024.00			\$4,914.47
Bierman, Dana	173.33	10,920.00			\$7,816.71
Borja, Windie	173.33	7,254.00			\$5,084.18
Boysen-Knapp, Karen	173.33	8,671.00			\$6,187.41
Breitmayer, Jennifer	173.33	8,062.00			\$6,230.29
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			\$5,022.32
Burke, Lenore	173.33	5,186.00			\$3,669.98
Burton, Callie	173.33	5,375.00			\$4,006.42
Cadorna, Jessi	149.33	3,648.68			\$2,594.83
Camarena, Daniel	173.33	6,719.00			\$4,656.34
Chandler, Rebecca	173.33	8,362.00			\$5,544.79
Chang, Margo	173.33	6,290.00			\$4,535.78
Clark, Cheryl	173.33	7,462.00			\$5,322.61
Collins, Lori	173.33	8,229.00			\$5,672.45
Collins, River	80.00	1,861.60			\$1,527.13
Currie, Krista	173.33	5,334.00			\$4,024.63
Davis, Elizabeth	173.33	10,114.00			\$7,155.64
Degracia, Allison	173.33	6,533.00			\$4,795.53
Dowless, Kelly	173.33	8,671.00			\$5,814.16
Duren, Ashley	173.33	7,109.00			\$5,265.70
Eichler, Hillary	173.33	6,222.00			\$4,596.17
Evans, David	173.33	6,582.00			\$4,948.23
Evans, Eric	173.33	11,930.00			\$8,814.32
Fergus, Maria	159.49	5,303.82			\$3,930.60
Fine, George	86.67	2,593.00			\$2,004.07
Fisk, April	173.33	9,105.00			\$5,144.64
Fong, Yolanda	173.33	14,090.00			\$9,140.41
Fuchs, Molly	173.33	5,186.00			\$3,856.36
Galarza, Yolanda	213.33	7,090.60			\$5,098.97
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			\$5,142.57
Guidry, Jessica	173.33	11,362.00			\$8,178.12
Hagan, Brandy	173.33	5,186.00			\$3,858.18
Hammond, Gabriel	173.33	7,257.00			\$4,883.15
Hampton, Adrienne	173.33	9,105.00			\$6,420.40
Hansen, Isabella	173.33	5,119.00			\$3,786.25
Howard, Anne	138.67	4,891.00			\$3,214.83
Howell, Jessica	86.67	2,032.00			\$1,636.03
Hubert, Joaquin	173.33	6,049.00			\$5,056.82
Hughes, Jakob	173.33	6,719.00			\$4,925.58
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			\$3,945.72
Jones, Kimberly	173.33	10,620.00			\$7,232.36
Katula, Dayna	173.33	10,414.00			\$6,434.37
Kench, Donald	173.33	5,402.00			\$3,329.95
Kiess, John	173.33	12,527.00			\$8,875.76
Kimes, Alexandra	173.33	9,142.00			\$6,389.66
Kindschy, Brandon	173.33	7,408.00			\$5,512.45

**KPHD Payroll - July 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	12,527.00			\$7,637.07
Laird, Melissa	173.33	11,350.00			\$7,057.37
Lawver, Albert	173.33	6,860.00			\$5,117.00
Levine, Naomi	173.33	6,582.00			\$4,988.15
Lykins, John	173.33	5,644.00			\$4,273.11
Lytle, Ross	173.33	8,001.00			\$5,482.21
Madden, Shannon	173.33	5,186.00			\$3,834.49
May, Martha	173.33	5,059.00			\$3,512.82
Mazur, Karina	156.00	8,678.00			\$5,651.00
McClung, Carol	173.33	9,105.00			\$6,163.77
McMillan, Michelle	173.33	6,794.00			\$4,829.69
Miller, Christopher	173.33	8,888.00			\$5,919.79
Moen, Anne	173.33	8,737.00			\$5,843.44
Moontree-Stewart, Kaela	173.33	6,533.00			\$4,058.18
Moore, Alexandra	173.33	6,399.00			\$4,676.33
Morris, Amanda	173.33	5,186.00			\$3,873.10
Morris, Dawn	173.33	8,321.00			\$5,799.50
Morris, Molly	173.33	4,608.00			\$3,558.55
Morrow, Nathan	173.33	18,103.00			\$11,054.81
Navarro, Alee	173.33	4,567.00			\$3,512.18
Neff Warner, Leah	157.33	6,587.08			\$3,612.38
Newland, Daisy	173.33	5,644.00			\$4,425.70
Nguyen, Loan	173.33	6,351.00			\$4,475.38
Nicolaisen, Niels	173.33	8,001.00			\$5,769.97
North, Edwin	173.33	11,150.00			\$667.52
O'Brien, Melissa	173.33	6,094.00			\$4,627.99
Onarheim, Carin	173.33	4,014.00			\$3,138.86
Outlaw-Spencer, Gabreiel	173.33	6,533.00			\$5,125.48
Pandino, Linda	173.33	5,445.00			\$4,148.68
Perry, Rachel	173.33	4,939.00			\$3,681.13
Pittsinger, Lynn	173.33	12,527.00			\$8,374.89
Ramsey, Taylor	173.33	7,312.00			\$4,700.83
Renteria, Anna	173.33	4,995.00			\$3,755.34
Rork, Ian	173.33	7,620.00			\$5,564.10
Sample, Brittany	173.33	5,970.00			\$4,483.45
Shelby, Emmy	156.00	7,364.00			\$5,081.69
Sherman, Linnea	173.33	5,186.00			\$3,610.56
Shuhler, Yana	173.33	5,239.00			\$3,521.59
Shuman, Morgan	165.33	5,383.52			\$4,042.14
Sidell, Nathan	173.33	5,686.00			\$3,526.19
Sim, Morgan	173.33	5,644.00			\$4,519.72
Simmons, Nolan	136.00	5,021.12			\$3,794.13
Smith, Jessica	157.33	7,930.44			\$5,482.25
Snow, Kelly	173.33	5,926.00			\$4,450.76
Sooter, Thaddeus	173.33	10,620.00			\$7,477.88
Stedman, Kelsey	173.33	10,114.00			\$6,601.97
Stewart, Tobbi	35.55	1,339.88			\$1,211.80
Taveras, Orpa	173.33	5,495.00			\$4,175.68
Tierney, Kayla	173.33	5,528.00			\$4,197.23
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	5,102.00			\$3,455.04
Wendt, Jan	173.33	8,465.00			\$6,299.63
Whares, Erica	173.33	7,865.00			\$6,107.31
Wimpenny, Jacob	173.33	7,408.00			\$5,378.95
Winchester, Layken	173.33	6,399.00			\$4,674.88
Wyatt, Janet	165.33	8,074.28			\$5,113.33
	20,950.68	897,395.42	\$73,086.91	\$200,540.23	\$622,811.87

**TREAS RPT - Detail Cash Report - Cash**

## Treasurer's Detail Report For 2025 - July

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