Kitsap Public Health District
Consent Agenda
May 6, 2025

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2154 Amendment 2 (2463)	2163-19710-02	**WA Department of Social & Health Services** *WorkFirst Children with Special Needs*	**Amendment**	07/01/2021-06/30/2025	**$7,500**	**$0**
Description: Amendment adds $7,500 for the period of 04/30/2025 – 06/30/2025 for a revised maximum contract amount of $33,180.						
2441 Amendment 4 (TBD)	CLH-32054-4	**WA State Dept. of Health** *Consolidated Contract*	**Amendment**	01/01/2025 – 12/31/2027	**$58,129**	**$0**
Description: Adds statements of work for Childhood Lead Poisoning Prevention. Amends statements of work for HOPWA, HIV Ryan White Part B, Traumatic Brain Injury Prevention, Maternal & Child Health Block Grant, Office of Drinking Water Group A Program, Public Health Infrastructure grant, OSS LMP Implementation and Youth Cannabis & Commercial Tobacco Prevention Program. Adds $58,129 for a revised maximum consideration of $5,759,998.						
2452	CLH22595-2	**WA State Department of Health** *Healthy Youth Survey*	**Agreement**	03/15/2025-02/15/2029	**$0**	**$0**
Description: Data sharing Agreement authorizes the District to access Healthy Youth Survey data to perform routine community health assessment analysis such as fact sheets and reports and to respond to both internal and public data requests.						
2464	NA	**Reverb** *Interim HR Services*	**Contract**	05/06/2025 -12/31/2025	**$0**	**$75,000**
Description: Providing fractional human resources services.						

Washington State Department of Social & Health Services

Transforming lives

CONTRACT AMENDMENT
WorkFirst Children with Special Needs

DSHS CONTRACT NUMBER:
2163-19710

Amendment No. 02

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
Click here to enter text.
Contractor Contract Number

CONTRACTOR NAME	CONTRACTOR doing business as (DBA)		
Kitsap Public Health District			
CONTRACTOR ADDRESS 345 6th Street Suite 300 Bremerton, WA 98337-1866	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601-139-034	DSHS INDEX NUMBER 103543	
CONTRACTOR CONTACT Yolanda Fong	CONTRACTOR TELEPHONE Click here to enter text.	CONTRACTOR FAX Click here to enter text.	CONTRACTOR E-MAIL ADDRESS yolanda.fong@kitsappublichealth.org

DSHS ADMINISTRATION	DSHS DIVISION	DSHS CONTRACT CODE
Economic Services Administration	Community Services Division	3003CS-63
DSHS CONTACT NAME AND TITLE Christi McLane Contract Manager	DSHS CONTACT ADDRESS 5712 Main St SW Ste. 100 Lakewood, WA 98499-	
DSHS CONTACT TELEPHONE (253)389-0893	DSHS CONTACT FAX Click here to enter text.	DSHS CONTACT E-MAIL ADDRESS mclancm@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS	
AMENDMENT START DATE 04/30/2025	**CONTRACT END DATE** 06/30/2025	
PRIOR MAXIMUM CONTRACT AMOUNT $25,680.00	AMOUNT OF INCREASE OR DECREASE $7,500.00	TOTAL MAXIMUM CONTRACT AMOUNT $33,180.00

REASON FOR AMENDMENT;
CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:

☐ Additional Exhibits (specify):

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
DSHS SIGNATURE	**PRINTED NAME AND TITLE**	**DATE SIGNED**
	Alice Hildebrant, Contracts & Training Officer	

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. The Special Terms and Conditions, Section 4. Consideration is updated as follows:

Total consideration payable for the contract period to the Contractor for satisfactory work performance including any and all expenses under this Contract is up to a maximum of $33,180.

Unspent funds designated for any State Fiscal Year shall remain unspent and may not be carried forward into the following State Fiscal Year.

Consideration payable per State Fiscal Year:

State Fiscal Year 2022 (July 1, 2021 through June 30, 2022) = $6,420

State Fiscal Year 2023 (July 1, 2022 through June 30, 2023) = $6,420

State Fiscal Year 2024 (July 1, 2023 through June 30, 2024) = $6,420

State Fiscal Year 2025 (July 1, 2024 through June 30, 2025) = $13,920

All other terms and conditions of this Contract remain in full force and effect.

KITSAP PUBLIC HEALTH DISTRICT
2025-2027 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH32054 **AMENDMENT NUMBER: 4**

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:

   Childhood Lead Poisoning Prevention - Effective January 1, 2025

   ☒ Amends Statements of Work for the following programs:

   HIV Client Services-HOPWA Formula - Effective January 1, 2025
   Infectious Disease-HIV Community Services Ryan White Part B - Effective January 1, 2025
   Injury & Violence Prevention - Traumatic Brain Injury Prevention - Effective March 1, 2025
   Maternal & Child Health Block Grant – Effective January 1, 2025
   Office of Drinking Water Group A Program - Effective January 1, 2025
   Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025
   OSS LMP Implementation - 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-4 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-3 Allocations as follows:

   ☒ Increase of **$58,129** for a revised maximum consideration of **$5,759,998**.

   ☐ 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

Kitsap Public Health District

EXHIBIT B-4
ALLOCATIONS
Contract Term: 2025-2027

Contract Number: **CLH32054**
Date: **April 1, 2025**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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 4**	**14.241**	**333.14.24**	**01/01/25**	**09/30/25**	**08/10/23**	**08/09/26**	**$6,000**	**$110,300**	**$110,300**
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
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		
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	$6,700	$6,700	$6,700
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	$33,333	$33,333

Kitsap Public Health District

EXHIBIT B-4
ALLOCATIONS
Contract Term: 2025-2027

Contract Number: **CLH32054**
Date: **April 1, 2025**

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 Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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**	**$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		
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**	**$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		
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**	**$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		
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
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	$391,000
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**
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**	**$7,000**	**$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		
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**	**$2,000**	**$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									**$5,759,998**	**$5,759,998**	

Total consideration:	**$5,701,869**	**GRAND TOTAL**	**$5,759,998**
	$58,129		
GRAND TOTAL	**$5,759,998**	**Total Fed**	**$1,084,000**
		Total State	**$4,675,998**

*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: Childhood Lead Poisoning Prevention - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support Childhood Lead Poisoning Prevention Program implementation to increase blood lead testing, provider outreach, case management, and community engagement.

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
SFY25 LEAD MANAGEMENT (FPHS)	25623851	N/A	336.04.25	01/01/25	06/30/25	0	7,262	7,262
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**7,262**	**7,262**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Lead FPHS Core Team	Attendance at regularly scheduled meetings	June 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration.
2	Select and implement model program activity in testing promotion, provider outreach, case management, and/or community engagement	Submit Activity Report to DOH contract manager	June 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration.

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

Program Specific Requirements

Special Requirements:
Data gathered during blood lead case investigations should be entered into applicable fields in the Washington Disease Reporting System (WDRS), in support of increased efforts at statewide data collection.

The June 30, 2025 Activity Report should be submitted to the DOH Contract manager and should include the following information:

1. Type and amount of spending for the January 1-June 30, 2025 contract period: staff time, equipment, supplies, services (such as interpretation/translation, etc.), or other types.
2. Describe how each type of spending supported implementation of the FPHS Lead Prevention Model Program elements of case management, provider outreach, testing promotion, and/or community engagement?
3. Describe the impact of this funding by sharing products and/or success stories (e.g.: a generalized story about how a family or group that benefitted from direct services, how an area of programming advanced, a partnership or collaboration that was formed or enhanced, materials that were produced, etc.).

Billing Requirements:
Include invoices to document costs such as equipment, supplies, or services (such as interpretation or translation costs).

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)** 1

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding 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 $6,000 for Tenant Based Rental Assistance (TBRA). 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	104,300	6,000	110,300
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**104,300**	**6,000**	**110,300**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families. The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program. Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).	-Perform prompt housing inspections. -Make prompt rent and deposit payments to landlords and make utility payments to utility companies. -Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually. -Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.	Required reports are to be submitted in a timely manner. DOH may delay payment until the reports are received or recapture unclaimed funds.	**Administrative:** $6,050 **Support Services:** $750 **STRMU:** $13,500 **Tenant Based Rental Assistance:** *$84,000* ~~$78,000~~

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services. -Submission of Consolidated Annual Performance Report (CAPER) by requested due date. -Submission of Monitor responses by the due date requested.		**Permanent Housing Placement:** $6,000 **TOTAL:** ***$110,300*** ~~**$104,300**~~

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

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:

i) 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.

ii) 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.

iii) **Submission of Invoice Vouchers –** On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
(1) The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.

iv) **Advance Payments Prohibited** Funds are "cost reimbursement" funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of "one-twelfth" of the current fiscal year's funding.
E-mail invoices to: ID.Operations@doh.wa.gov
Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

(1) 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 confidentially 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 January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide 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: The purpose of this revision is to move from Medical Case Management to CQM.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY24 RW GRANT YEAR REBATE	12618540	N/A	334.04.98	01/01/25	03/31/25	195,500	0	195,500
FFY25 RW GRANT YEAR REBATE	12618550	N/A	334.04.98	04/01/25	06/30/25	195,500	0	195,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**391,000**	**0**	**391,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Core Services				
Case Management Anticipated number of clients to be served. **170 Clients**	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication).	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 Service	Client level data and any interaction must be entered into Provide within 5 business days as a progress log. • Agency must complete eligibility assessment annually. • Comprehensive assessment must be completed within the first 30 days of completing intake and updated every	**Total reimbursement not to exceed *$292,814* ~~$294,314~~** **See split out below by code.** **$147,157 – MI 12618540 – FFY24 RW Grant Year Rebate for**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Activities may include: 1) initial assessment of need. 2) development of individualized care plans. 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. **ROIs must be obtained for DOH, HCA, and HIV medical provider.** **Contractor 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.** **Any staff vacancies must be reported to DOH within 30 days of vacancy.** Employee Change Form	Category as directed by DOH Quality Management Team (CQM). **Client must have current Ryan White Eligibility.**	five years unless significant changes have occurred with the client. • ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months. Medical appointments must be reported at minimum annually.	**1/1/25-3/31/25** ***$145,657*** ~~**$147,157**~~ **– MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25**
Supportive Services				
Outreach Services – Peer Navigation Anticipated number of clients to be served. **75 Clients**	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.	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). **Anticipated number of clients to be served.** One-on-one Caseload: Peer group participants:	Client level data and interaction must be entered into Provide within 5 business days as a progress log. ISP and ISP goal developments must be completed before outreach services are delivered and reviewed a minimum of every six months.	**Total reimbursement not to exceed $53,336.** **See split out below by code.** $26,668 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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 ISP review. 5) Peer Navigators will participate in ISP development and review based on Quality-of-Life survey. **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.** **Funds cannot be used to pay for event materials such as promotional and/or personal items.** **Any staff vacancies must be reported to DOH within 30 days of vacancy.** Employee Change Form ***** Please see the Terms and Conditions Section 3D regarding Peer Navigation Program Expectations.*****	Community facing peer support: Short-term peer navigation:		$26,668 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25
Food Bank Anticipated number of clients to be served. **50 Clients**	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). *****See terms and conditions section 11, bullet A, sub-section XIII*****	Agency must track and report client level data within the Provide database all activity related to this Service Category. Client meals for activities such as focus groups, support groups, etc. must follow per diem guidelines identified in the terms and condition section below. **Client must have current Ryan White Eligibility.**	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.[1] **[1]Services provided must include the dollar amount of the service provided.**	**Total reimbursement not to exceed $9,250.** **See split out below by code.** $4,625 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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,[1] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. **[1] 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.** **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.**	**Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to a small and attractive items policy.**		$4,625 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25
Housing	Housing is limited to short-term assistance to support emergency, temporary, or transitional housing to	Agency must track and report client level data within the Provide database all activity related to this Service Category.	Client level data and interaction must be entered into Provide within 5 business days as a progress log and service provided.[1]	**Total reimbursement not to exceed $9,754.**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Anticipated number of clients to be served. **12 Clients**	enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment. 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. **Ryan White Housing Funds must be the payor of last resort.** **One-time payments for rent or utilities are unallowable and must be reported under emergency financial assistance.** Allowable Costs: • Rent • Past due rent (to include late fees) • Lot rent • Essential utilities (gas, electric, water, propane) • Past due essential utilities (to include late fees) • Background check/housing application • Hotel/Motels **Any payment greater than $3,000 must be pre-approved by DOH.**	Agency must: • **Ensure clients meet all Ryan White eligibility requirements prior to providing any assistance.** • Complete a housing assessment and develop an individualized housing plan[1] for each client receiving housing services. (Housing plans are not required for background checks/housing applications) • Reassess clients for housing assistance if they have been closed for more than 90 days and complete a new individualized housing plan. • Have mechanisms in place to ensure newly identified clients have access to housing services. • Not duplicate the Housing services or benefits provided by HOPWA. • Have housing need(s) documented in ISP. • Ensure client file includes evidence of tenancy and/or appropriate documentation to support payment. • Document client closure from housing services with clear rationale. Documentation must include: o Services needed/actions taken, if applicable o Date of discharge o Reason(s) for discharge o Referrals made at time of discharge, if applicable [1] **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**	[1]**Services provided must include the dollar amount of the service provided.** Housing staff must assess clients within 3 business days of staff identifying a client's housing need. Active housing clients must have at least one documented contact every 30 days. Document closure of housing clients from services within 30 business days. Housing plans must be completed annually and updated, at minimum, quarterly.	**See split out below by code.** $4,877 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 $4,877 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Refundable and non-refundable deposits are unallowable unless your agency has approved policies and procedures on file with HIV Community Services. **Any staff vacancies must be reported to DOH within 30 days of vacancy.** Employee Change Form	**to be provided by the Housing Case Manager.**		
Linguistic Services (Required Activity)	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: • Facilitate communication between the provider and client. • Support delivery of HIV Community Services. **Translation and interpretation services are only allowable in the Linguistic Services task.** **Services must be provided by a qualified linguistic service professional.** **See terms and conditions Section 10 for CLAS standards.**	Agency must track and report client level data within the Provide database all activity related to this Service Category.	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.	**Total reimbursement not to exceed $0.** **See split out below by code.** **– MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25** **– MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25**
Medical Transportation Anticipated number of clients to be served. **15 Clients**	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services.	Agency must track and report client level data within the Provide database all activity related to this Service Category. **Client must have current Ryan White Eligibility.**	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.[1] **[1]Services provided must include the dollar amount of the service provided.**	**Total reimbursement not to exceed $3,526.** **See split out below by code.**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs. 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed. 4) voucher or token systems. **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,[1] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.** **[1] 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.** **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**	**Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to small and attractive items policy.**		$1,763 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 $1,763 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.			
Psychosocial Support Services Anticipated number of clients to be served. **75 Clients**	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. **Any food provided for support groups must be billed under the food bank/ hot meals task.**	Agency must track and report client level data within the Provide database any and all activity related to this Service Category.	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.	**Total reimbursement not to exceed $6,214.** **See split out below by code.** $3,107 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 $3,107 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25
Ryan White Part B HIV Clinical Quality Management (CQM)/ Improvement 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. Performance measurement prioritization and alignment with	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. **CQM plan must include Ryan White Part B specific activities.** **HRSA/HAB Clinical Performance Measures – Core** 1. HIV Viral Load Suppression 95% 2. Prescription of HIV antiretroviral therapy 90% 3. Medical visit frequency 90% 4. Gap visits 20% or less *Reverse measure 5. Annual retention care 80%	Agency must submit quarterly reports to HIV.QualityImprovement@doh.wa.gov **1st Quarter** 1/1 - 3/31 Due 4/30 Annual CQM Plan (Apr 1) **2nd Quarter** 4/1 – 6/30 Due 7/30 **3rd Quarter** 7/1 – 9/30 Due 10/30 **4th Quarter** 10/1 – 12/31 Due 1/30	**Total reimbursement not to exceed *$8,606* ~~$7,106~~.** **See split out below by code.** $3,553 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 *$5,053* ~~$3,553~~ – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	other RWHAP Parts in the service area. Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data) **Any food provided to clients for CQM activities must be billed under the food bank/ hot meals task.**	**HRSA/HAB Case Management Performance Measure** 1. Care plan 90% 2. Gap in HIV medical visits 20% or less * Reverse measure 3. HIV medical visit frequency 90% By October 1st agency must promote community engagement for Ryan White Part B eligible clients/patients to provide feedback by establishing or implementing A.) Annual Client Satisfaction Survey's And/or B.) Quarterly Consumer/Client Advisory Board Deliverables for this reporting period have been identified and can be referenced in the Ryan White Part B Statewide Quality Management Plan. ***** Please see the Terms and Conditions Section 3E regarding Community Engagement expectations.*****		
Emergency Financial Assistance Anticipated number of clients to be served. **15 Clients**	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[1], food (including groceries and food 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.	Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance. **Client must have current Ryan White Eligibility.**	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.[1] **[1]Services provided must include the dollar amount of the service provided.**	**Total reimbursement not to exceed $7,500.** **See split out below by code.** $3,750 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 $3,750 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Any service(s) costing greater than $1,000 must be pre-approved by DOH. **[1] 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.** **Allowable housing costs:** **Rent** **Utilities** **Housing assistance is limited to one month of rental/utility assistance in a calendar year.** **Refundable and non-refundable deposits are unallowable 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.

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) 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 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 provides assistance to 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 community.
f. Administrative Support – Individual who provides support by greeting clients, directing phone calls, scheduling appointments, etc.

2. **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.

3. **Program Organization** –
   a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information (if applicable), and staffing plan referencing positions described in the budget narrative.
   b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
      i. Any positions funded through Ryan White Part B, must have prior DOH approval.
   c. 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.
   d. **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 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
   a) New Case Manager and HIV Peer Navigator Training
   b) 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

e. **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
   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.
   Ensure agency Ryan White Part B Dashboard and HRSA/HAB reports are up to date when submitted.
4) Develop and conduct a satisfaction survey specific to Ryan White Part B Services.
   CONTRACTOR may solicit additional client feedback through the implementation of focus groups and/or Client Advisory Boards (CAB).
5) Establish an internal process and procedure to ensure continuous Quality Improvement/Quality Assurance activities are completed monthly.
   Ensure client profiles are properly closed out within 30 days in the event of;
   a) Client relocation out of state
   b) Client no longer meeting eligibility requirements
   c) Client declines or disengages with services
   d) Client is deceased

4. 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.

5. Participation in Program Monitoring Activities –
a. DOH will conduct on-site annual programmatic monitoring 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

6. **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

7. **Participation in Quality Management/Improvement activities –** Reference the task description for CQM or the HCS Manual for more information. For information not available in the HCS manual, contact the CQM Coordinator or your OID Contract Manager.

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 efficacy of HIV Community Services**
Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.

12. **Participation in Data-to-Care/Lost-to-Care activities –** WA residents that are reported to have an HIV infection and be living with HIV ≥ 12 months and meet on e 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.
    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.

13. **Training and Orientation Requirements –** Reference the HCS Manual for more information.

14. **Contract Management –** Reference the HCS Manual for more information
    a. **Fiscal Guidance –** Reference the OID Fiscal Manual for more detailed information.
        i. **Funding –** The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
        ii. **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.
        iii. **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.
        iv. **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.
        v. **Payer of Last Resort –** 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."
        vi. **Cost of Services – Costs** must be necessary and reasonable to carry out approved contract activities.
        vii. **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 43.70.050Information Recipient's statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

viii. **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.

ix. **Ryan White Part B** may not be used for prevention activities.

x. **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.

xi. **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.

xii. **Travel –** Out of state travel requires prior approval from DOH and must follow GSA guidelines. Reference the OID Fiscal Manual for more information.

xiii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.
It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational, or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

xiv. **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)

xv. **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval is required** when food and refreshments are purchased for meetings outside of the Psychosocial Support or CQM tasks. A sign in sheet with the clients' ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.
   1) **Food or hot meals purchased for the Psychosocial Support or CQM tasks must bill under the Food Bank/Hot Meals task to be considered an allowable cost**.
   2) The CONTRACTOR shall follow Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health when purchasing food and refreshments for approved meetings.
   3) Food for staff meetings/trainings is unallowable.

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

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

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.
      a) **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.
      b) **Non-LHJ** Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and contract end dates. Amendments must be signed prior to the end of the FFY and/or SFY 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**
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 providing case management, outreach services, or other support services.

2)Medical Providers providing services to agency's medical case management clients
3)Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR

Technical assistance is available through DOH.

15. **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.

16. **Confidentiality Requirements –** Reference the HCS Manual for more information

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

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)** 1

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to 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. The purpose is to build awareness of traumatic brain injury 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 additional task to address child passenger safety to reduce traumatic brain injuries in children.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY25 TBI SAFE KIDS IAR	77510950	N/A	334.04.96	03/01/25	06/30/25	8,000	0	8,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**8,000**	**0**	**8,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop educational messaging around safe firearm storage and 988 resources to reduce traumatic brain injury from suicide attempts using firearms.	Provide completed messaging developed in all formats to DOH Contract Manager. Completed Safe Kids Activity Report on partnerships, community reach, resources distributed. Report is available at: https://forms.office.com/g/UjjpQhRmGN	Reports due 10 business days after event. Reports must be submitted to the online reporting form: https://forms.office.com/g/UjjpQhRmGN All activities and purchases completed by June 30, 2025.	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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				must be completed by June 30, 2025.
2	Build partnership with local law enforcement and Sheriff's office to aid in distribution of safe firearm storage devices.	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: https://forms.office.com/g/UjjpQhRmGN	Reports must be submitted to the online reporting form and should be submitted monthly or at least at the end of the contract period: https://forms.office.com/g/UjjpQhRmGN All activities and purchases completed by June 30, 2025.	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, 2025.
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: safekidswashington@doh.wa.gov Completed event report for Safe Kids Activities. Reports must be submitted to the online reporting form: https://forms.office.com/g/UjjpQhRmGN 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: https://forms.office.com/g/gawFLY89C0	Reports due 10 business days after event. Reports must be submitted to the online reporting form: https://forms.office.com/g/UjjpQhRmGN All activities and purchases completed by June 30, 2025.	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, 2025.
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.*	*Completed event report for Safe Kids Activities. Reports must be submitted to the online reporting form: https://forms.office.com/g/UjjpQhRmGN.*	*Reports for this activity can be submitted monthly or at the end of the funding period by July 15, 2025. Reports must be submitted to the online reporting form: https://forms.office.com/g/UjjpQhRmGN* *All activities must be completed by June 30, 2025.*	*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
				All purchases for goods and services must be completed by June 30, 2025.

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

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: 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)** 1

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

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

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

Revision Purpose: To add unspent funds from the October through December 2024 Maternal & Child Health Block Grant SOW in the 2022-24 ConCon.

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 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	119,891	1,816	121,707
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**119,891**	**1,816**	**121,707**

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				See Program Specific Requirements and Special Billing Requirements.
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.
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. 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.	
3c	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
MCHBG Assessment and Evaluation				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.

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

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

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

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

Program Specific Requirements

Special Requirements:
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

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 approved budget workbook.

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)** 1

Period of Performance: January 1, 2025 through December 31, 2027

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

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

Revision Purpose: To move funding from YR 27 SRF-Local Asst (15%) SS and TA to YR 28 SRF-Local Asst (15%) SS and TA.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	7,000	-7,000	0
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	2,000	-2,000	0
YR 28 SRF - LOCAL ASST (15%) SS	24119228	N/A	346.26.64	01/01/25	06/30/27	0	7,000	7,000
YR 28 SRF - LOCAL ASST (15%) TA	24119228	N/A	346.26.66	01/01/25	06/30/27	0	2,000	2,000
						0	0	0
						0	0	0
TOTALS						**9,000**	**0**	**9,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features	Final Sanitary Survey Reports must be received by the ODW Regional Office within **30 calendar days** of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$250** for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$500** for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem.

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

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

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

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

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

Program Specific Requirements

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** 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** 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 People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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

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

Revision Purpose: Update Program Specific requirements, task 2 implementation plan deliverables/outcomes and due date/time frame.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY22 PH INFRASTRUCTURE COMP A1-LHJ	92321223	93.967	333.93.96	01/01/25	11/30/27	200,000	0	200,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**200,000**	**0**	**200,000**

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

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

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

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

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

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

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

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

The following expenses are not allowable with these funds:
- Clothing (except for vests to be worn during exercises or response)

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

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of ~~$10,000~~ *$5,000* or more.)
- Disposition of equipment with a current value of ~~$10,000~~ *$5,000* or more. (Equipment is a tangible item with an original per-unit cost of $5,000 or more.)
- Leasing vehicles.
- Out-of-state travel.

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: 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)** 1

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

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

Statement of Work Purpose: The purpose of this statement of work is to fund implemation 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: Update task budgets

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	01/01/25	06/30/25	33,333	0	33,333
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**33,333**	**0**	**33,333**

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	**Bi-monthly Invoicing and Progress Reports** DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. Local or County Health subrecipients will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices.	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period	Reimbursement up to **$0** based on actual costs.

1.2	**Semi-Annual Progress Reports**
	Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.
		Data about the following:
		• Qualitative:
		  ○ Summary of work
		  ○ Barriers to LMP Implementation
		• Quantitative:
		  ○ OSS inventory metrics
		  ○ Enforcement actions
		  ○ Outreach and Education efforts
			Due July 15 for the duration of the contract period	

2.1	**Operations and Maintenance (O&M) Program Administration** • Mail inspection reminders to homeowners as needed. • Inspection compliance tracking/mapping • Failure and repair tracking/mapping • Compliance enforcement • Complaint response • O&M data reports about inventory and deficiencies	a. Enforcement Protocol b. Data on the following: • Number of OSS with current inspections • Number of OSS failures and calculated risk using DOH-provided risk assessment. • Number of repairs	a. At contract execution b. Report in semi-annual progress report in Subtask 1.2.	Reimbursement up to ~~$x~~ *$33,333* based on actual costs.
3.1	Indirect rate on **TMDC** at a rate **of 30.08%.** Annual rate may change during contract period.	Submit current approved indirect rate to DOH Grants Management Office for approval.	Before indirects can be approved for reimbursement	Reimbursement up to $*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.

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)** 1

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commerical 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: Adding unspent funding from previous year contract and payment language under Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change 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	26,161	1,481	27,642
SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410850	N/A	334.04.93	01/01/25	06/30/25	50,265	11,490	61,755
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	77420650	N/A	334.04.93	01/01/25	06/30/25	123,755	30,080	153,835
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**205,462**	**43,051**	**248,513**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the **20th of each month.** Contractor will share network progress on a six-month basis through electronic survey that focuses	20th of each month.	Funding utilized: CDC1, YTVP, NAPE, DCA Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		on successes and challenges of their network and the YCCTPP program.		to be submitted to the DOH Grants Management office per the consolidated contract.
2	ASSESS PROGRAM IMPLEMENTATION	Contractor will create annual report based on monthly and six-month reporting for their regional network due **30 days after the period of performance.** Report guidelines and expectations will be provided by DOH for more information. Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative. Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs. Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.	Annual Report- 30 days after the period of performance Needs assessment- every 2 years.	Funding utilized: CDC1, YTVP, NAPE, DCA 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.
3	**Policies, Systems & Environmental Work**	Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws). Contractor will educate private and public organizations of current policies in place. Contractor will work to establish new policy, systems or environmental change that is equitable. Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.	Length of funding allotted	Funding utilized: CDC1, YTVP, NAPE, DCA 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.
4	**Education & Technical Assistance**	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, YTVP, NAPE, DCA

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders. 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 & linguistically appropriate, trauma-informed & equity-based.		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.
5	**Collaboration & Engagement**	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. 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. Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc. 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. Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.	Length of funding allotted	Funding utilized: CDC1, YTVP, NAPE, DCA 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.

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

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

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

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

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

Program Specific Requirements

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.
   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 YCCTTP Representative of their region/population for Washington State.

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.

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 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 15th 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

Deliverable	Due Date	Funding Source
Monthly Progress Reporting	Due the 20th of each month	YTVP DCA NAPE
Annual Report	Due within 30 days after the period of performance. July 31, 2025 (based on 24-25 Contract Funding)	YTVP DCA NAPE

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 30th of the month following the month in which costs are incurred. Reimbursement for actual expenditures, not to exceed total funding consideration.

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**. Final Expenditure Reports and invoices are due no later than July 15, 2025, 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, 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 15th of June for state funds and the 15th 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.*

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 restricts 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.

DATA SHARING AGREEMENT
FOR
CONFIDENTIAL INFORMATION OR LIMITED DATASET(S)
BETWEEN
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
AND
Kitsap Public Health District

The purpose of this amendment is to extend the period of performance, update contact information Table 1, minor changes to the "purpose and justification" and "statutory authority to share information" sections in exhibit 1 and change the alpha portion of the contract number from N to CLH. Any reference to N22595 in any exhibit or attachment to this contract shall be changed to CLH22595.

This Agreement documents the conditions under which the Washington State Department of Health shares confidential information or limited Dataset(s) with other entities.

CONTACT INFORMATION FOR ENTITIES RECEIVING AND PROVIDING INFORMATION

	INFORMATION RECIPIENT	INFORMATION PROVIDER
Organization Name	Kitsap Public Health District	Washington State Department of Health (DOH)
Business Contact Name	Kari Hunter	Jessica Marcinkevage
Title	Program Manager, Assessment & Epidemiology	State Epidemiologist for Policy and Practice
Address	345 6th St, Bremerton, Suite 300, WA 98377	P.O. Box 47890 Olympia, WA 98504-7890
Telephone #	360-900-7025	
Email Address	kari.hunter@kitsappublichealth.org	CEPEA@doh.wa.gov
IT Security Contact	Ed North	John Weeks
Title	IT Program Manager	Chief Information Security Officer
Address	345 6th St, Suite 300, Bremerton, WA 98377	P.O. Box 47890 Olympia, WA 98504-7890
Telephone #	360-728-2268	360-999-3454
Email Address	it.manager@kitsappublichealth.org	Security@doh.wa.gov
Privacy Contact Name	April Fisk	Mike Paul
Title	Program Coordinator	DOH Chief Privacy Officer
Address	345 6th St, Suite 300, Bremerton, WA 98377	P.O. Box 47890 Olympia, WA 98504-7890
Telephone #	360-728-2232	564-669-9692
Email Address	april.fisk@kitsappublichealth.org	Privacy.officer@doh.wa.gov

DEFINITIONS

Authorized user means a recipient's employees, agents, assigns, representatives, independent contractors, or other persons or entities authorized by the data recipient to access, use or disclose information through this agreement.

Authorized user agreement means the confidentiality agreement a recipient requires each of its Authorized Users to sign prior to gaining access to Public Health Information.

Breach of confidentiality means unauthorized access, use or disclosure of information received under this agreement. Disclosure may be oral or written, in any form or medium.

Breach of security means an action (either intentional or unintentional) that bypasses security controls or violates security policies, practices, or procedures.

Confidential information means information that is protected from public disclosure by law. There are many state and federal laws that make different kinds of information confidential. In Washington State, the two most common are the Public Records Act RCW 42.56, and the Healthcare Information Act, RCW 70.02.

Data storage means electronic media with information recorded on it, such as CDs/DVDs, computers and similar devices.

Data transmission means the process of transferring information across a network from a sender (or source), to one or more destinations.

Direct identifier Direct identifiers in research data or records include names; postal address information (other than town or city, state and zip code); telephone numbers, fax numbers, e-mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate /license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); internet protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

Disclosure means to permit access to or release, transfer, or other communication of confidential information by any means including oral, written, or electronic means, to any party except the party identified or the party that provided or created the record.

Encryption means the use of algorithms to encode data making it impossible to read without a specific piece of information, which is commonly referred to as a "key". Depending on the type of information shared, encryption may be required during data transmissions, and/or data storage.

Human subjects research; **human subject** means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

Identifiable data or records contains information that reveals or can likely associate the identity of the person or persons to whom the data or records pertain. Research data or records with direct identifiers removed, but which retain indirect identifiers, are still considered identifiable.

Limited dataset means a data file that includes potentially identifiable information. A limited dataset does not contain direct identifiers.

Normal business hours are state business hours Monday through Friday from 8:00 a.m. to 5:00 p.m. except state holidays.

Potentially identifiable information means information that includes indirect identifiers which may permit linking an individual to that person's health care information. Examples of potentially identifiable information include:

- birth dates;
- admission, treatment or diagnosis dates;
- healthcare facility codes;
- other data elements that may identify an individual. These vary depending on factors such as the geographical location and the rarity of a person's health condition, age, or other characteristic.

Restricted confidential information means confidential information where especially strict handling requirements are dictated by statutes, rules, regulations or contractual agreements. Violations may result in enhanced legal sanctions.

State holidays Days of the week excluding weekends and state holidays; namely, New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Juneteenth, Labor Day, Independence Day, Veterans' Day, Thanksgiving day, the day after Thanksgiving day, and Christmas. Note: When January 1, June 19, July 4, November 11, or December 25 falls on Saturday, the preceding Friday is observed as the legal holiday. If these days fall on Sunday, the following Monday is the observed holiday.

GENERAL TERMS AND CONDITIONS

I. **USE OF INFORMATION**

The Information Recipient agrees to strictly limit use of information obtained or created under this Agreement to the purposes stated in Exhibit I (and all other Exhibits subsequently attached to this Agreement). For example, unless the Agreement specifies to the contrary the Information Recipient agrees not to:

- Link information received under this Agreement with any other information.
- Use information received under this Agreement to identify or contact individuals.

The Information Recipient shall construe this clause to provide the maximum protection of the information that the law allows.

II. **SAFEGUARDING INFORMATION**

A. CONFIDENTIALITY

Information Recipient agrees to:

- Follow dataset-specific suppression and aggregation requirements. (Appendix A)
- Limit access and use of the information:
  - To the minimum amount of information.

- To the fewest people.
- For the least amount of time required to do the work.

- Ensure that all people with access to the information understand their responsibilities regarding it.
- Ensure that every person (e.g., employee or agent) with access to the information signs and dates the "Use and Disclosure of Confidential Information Form" (Appendix A) before accessing the information.
    - Retain a copy of the signed and dated form as long as required in Data Disposition Section.

The Information Recipient acknowledges the obligations in this section survive completion, cancellation, expiration or termination of this Agreement.

B. SECURITY

The Information Recipient assures that its security practices and safeguards meet Washington State Office of the Chief Information Officer (OCIO) security standard 141.10 *Securing Information Technology Assets*.

For the purposes of this Agreement, compliance with the HIPAA Security Standard and all subsequent updates meets OICIO standard 141.10 "Securing Information Technology Assets."

The Information Recipient agrees to adhere to the Data Security Requirements in Appendix B. The Information Recipient further assures that it has taken steps necessary to prevent unauthorized access, use, or modification of the information in any form.

Note: The DOH Chief Information Security Officer must approve any changes to this section prior to Agreement execution. IT Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

C. BREACH NOTIFICATION

The Information Recipient shall notify the DOH Chief Information Security Officer security@doh.wa.gov within one (1) business days of any suspected or actual breach of security or confidentiality of information covered by the Agreement.

III. RE-DISCLOSURE OF INFORMATION

Information Recipient agrees to not disclose in any manner all or part of the information identified in this Agreement except as the law requires, this Agreement permits, or with specific prior written permission by the Secretary of the Department of Health.

If the Information Recipient must comply with state or federal public record disclosure laws, and receives a records request where all or part of the information subject to this Agreement

is responsive to the request: the Information Recipient will notify the DOH Privacy Officer of the request ten (10) business days prior to disclosing to the requestor.
The notice must:

- Be in writing;

- Include a copy of the request or some other writing that shows the:
    - Date the Information Recipient received the request; and
    - The DOH records that the Information Recipient believes are responsive to the request and the identity of the requestor, if known.

IV. ATTRIBUTION REGARDING INFORMATION

Information Recipient agrees to cite "Washington State Department of Health" or other citation as specified, as the source of the information subject of this Agreement in all text, tables and references in reports, presentations and scientific papers.

Information Recipient agrees to cite its organizational name as the source of interpretations, calculations or manipulations of the information subject of this Agreement.

V. OTHER PROVISIONS

With the exception of agreements with British Columbia for sharing health information, all data must be stored within the United States.

VI. AGREEMENT ALTERATIONS AND AMENDMENTS

This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties

VII. CAUSE FOR IMMEDIATE TERMINATION

The Information Recipient acknowledges that unauthorized use or disclosure of the data/information or any other violation of sections II or III, and appendices A or B, may result in the immediate termination of this Agreement.

VIII. CONFLICT OF INTEREST

The DOH may, by written notice to the Information Recipient:

Terminate the right of the Information Recipient to proceed under this Agreement if it is found, after due notice and examination by the Contracting Office that gratuities in the form of entertainment, gifts or otherwise were offered or given by the Information Recipient, or an agency or representative of the Information Recipient, to any officer or employee of the DOH, with a view towards securing this Agreement or securing favorable treatment with

respect to the awarding or amending or the making of any determination with respect to this Agreement.

In the event this Agreement is terminated as provided in (a) above, the DOH shall be entitled to pursue the same remedies against the Information Recipient as it could pursue in the event of a breach of the Agreement by the Information Recipient. The rights and remedies of the DOH provided for in this section are in addition to any other rights and remedies provided by law. Any determination made by the Contracting Office under this clause shall be an issue and may be reviewed as provided in the "disputes" clause of this Agreement.

IX. DISPUTES

Except as otherwise provided in this Agreement, when a genuine dispute arises between the DOH and the Information Recipient and it cannot be resolved, either party may submit a request for a dispute resolution to the Contracts and Procurement Unit. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. A party's request for a dispute resolution must:

- Be in writing and state the disputed issues, and
- State the relative positions of the parties, and
- State the information recipient's name, address, and his/her department agreement number, and
- Be mailed to the DOH contracts and procurement unit, P. O. Box 47905, Olympia, WA 98504-7905 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.

This dispute resolution process constitutes the sole administrative remedy available under this Agreement.

X. EXPOSURE TO DOH BUSINESS INFORMATION NOT OTHERWISE PROTECTED BY LAW AND UNRELATED TO CONTRACT WORK

During the course of this contract, the information recipient may inadvertently become aware of information unrelated to this agreement. Information recipient will treat such information respectfully, recognizing DOH relies on public trust to conduct its work. This information may be hand written, typed, electronic, or verbal, and come from a variety of sources.

XI. GOVERNANCE

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement shall be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Washington state and federal statutes and rules;
- Any other provisions of the Agreement, including materials incorporated by reference.

XII. HOLD HARMLESS

Each party to this Agreement shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Agreement. Neither party to this Agreement will be responsible for the acts and omissions of entities or individuals not party to this Agreement. DOH and the Information Recipient shall cooperate in the defense of tort lawsuits, when possible.

XIII. LIMITATION OF AUTHORITY

Only the Authorized Signatory for DOH shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Agreement on behalf of the DOH. No alteration, modification, or waiver of any clause or condition of this Agreement is effective or binding unless made in writing and signed by the Authorized Signatory for DOH.

XIV. RIGHT OF INSPECTION

The Information Recipient shall provide the DOH and other authorized entities the right of access to its facilities at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Agreement on behalf of the DOH.

XV. SEVERABILITY

If any term or condition of this Agreement is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Agreement, provided, however, that the remaining terms and conditions can still fairly be given effect.

XVI. SURVIVORSHIP

The terms and conditions contained in this Agreement which by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the Agreement shall survive.

XVII. TERMINATION

Either party may terminate this Agreement upon 30 days prior written notification 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.

XVIII. **WAIVER OF DEFAULT**

This Agreement, or any term or condition, may be modified only by a written amendment signed by the Information Provider and the Information Recipient. Either party may propose an amendment.
Failure or delay on the part of either party to exercise any right, power, privilege or remedy provided under this Agreement shall not constitute a waiver. No provision of this Agreement may be waived by either party except in writing signed by the Information Provider or the Information Recipient.

XIX. **ALL WRITINGS CONTAINED HEREIN**

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

XX. **PERIOD OF PERFORMANCE**

This **Agreement** shall be effective from Upon execution through 03-15-2029.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of last signature below.

INFORMATION PROVIDER	**INFORMATION RECIPIENT**
State of Washington Department of Health	Kitsap Public Health District
Signature	Signature
Print Name	Print Name
Date	Date

EXHIBIT I

1. PURPOSE AND JUSTIFICATION FOR SHARING THE DATA

Provide a detailed description of the purpose and justification for sharing the data, including specifics on how the data will be used.

The Healthy Youth Survey (HYS) is a multi-agency collaborative research study conducted under the authority of RCW 69.50.540 (1)(b)(i)(B). DOH and partner agencies are obligated to collect, analyze, and report on survey results at least every two years. The HYS collects information from 6th-12th graders in Washington on a range of health indicators that can inform programs and policies related to adolescent health. Per RCW 43.70.050, these data will be shared for appropriate use in alignment with all relevant protections as outlined in Appendix A.

HYS data will be used to support ongoing surveillance and policy and program evaluation efforts related to adolescent wellbeing. Policy development may also be informed using these data.

The HYS has been approved by the Washington State Institutional Review Board (WSIRB). The WSIRB authorizes DOH to release a full dataset to state, Tribal, and local public health partners using the data to support surveillance and evaluation without further WSIRB review.

Kitsap Public Health District requests Healthy Youth Survey data to perform routine community health assessment analysis. Data will be used in fact sheets, community health assessment dashboards and report, indicator dashboards and report, and to respond to both internal and public data requests.

Is the purpose of this agreement for human subjects research that requires Washington State Institutional Review Board (WSIRB) approval?

☐ Yes ☒ No

If yes, has a WSIRB review and approval been received? If yes, please provide copy of approval. If No, attach exception letter.

☐ Yes ☐ No

2. PERIOD OF PERFORMANCE

This **Exhibit** shall have the same period of performance as the **Agreement** unless otherwise noted below:

Exhibit I shall be effective from _____ through _____.

3. DESCRIPTION OF DATA

Information Provider will make available the following information under this Agreement (Include the name of the database and a list of all the data elements being provided):

Healthy Youth Survey and all data elements as described in Appendix A.

The information described in this section is:

☐ Restricted Confidential Information (Category 4)
☐ Confidential Information (Category 3)
☒ Potentially identifiable information (Category 3)
☐ Internal [public information requiring authorized access] (Category 2)
☐ Public Information (Category 1)

Any reference to data/information in this Agreement shall be the data/information as described in this Exhibit.

4. STATUTORY AUTHORITY TO SHARE INFORMATION

DOH statutory authority to obtain and disclose the confidential information or limited Dataset(s) identified in this Exhibit to the Information Recipient:

RCW 43.70.050 – Collection, use, and accessibility of health-related data
RCW 69.50.540 (1)(b)(i)(B) – Authority for conducting the Healthy Youth Survey

5. ACCESS TO INFORMATION

METHOD OF ACCESS/TRANSFER

☐ DOH Web Application (indicate application name):
☒ Washington State Secure File Transfer Service (mft.wa.gov)
☐ Encrypted CD/DVD or other storage device
☐ Health Information Exchange (HIE)**
☐ Other: (describe the methods for access/transfer)**

****Note**: DOH Chief Information Security Officer must approve prior to Agreement execution. DOH Chief Information Security Officer will send approval/denial directly to DOH Contracts Office and DOH Business Contact.

FREQUENCY OF ACCESS/TRANSFER

☐ One time: DOH shall deliver information by _____ (insert date)
☒ Repetitive: frequency or dates Between March 1, 2026 and March 15, 2029
☐ As available within the period of performance stated in Section 2.

6. REIMBURSEMENT TO DOH

Payment for services to create and provide the information is based on the actual expenses DOH incurs, including charges for research assistance when applicable.
Billing Procedure

- Information Recipient agrees to pay DOH by check or account transfer within 30 calendar days of receiving the DOH invoice.
- Upon expiration of the Agreement, any payment not already made shall be submitted within 30 days after the expiration date or the end of the fiscal year, which is earlier.

Charges for the services to create and provide the information are:
☐ $_____
☒ No charge.

7. DATA DISPOSITION

Unless otherwise directed in writing by the DOH Business Contact, at the end of this Agreement, or at the discretion and direction of DOH, the Information Recipient shall:

☒ Immediately destroy all copies of any data provided under this Agreement after it has been used for the purposes specified in the Agreement . Acceptable methods of destruction are described in Appendix B. Upon completion, the Information Recipient shall submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.

☐ Immediately return all copies of any data provided under this Agreement to the DOH Business Contact after the data has been used for the purposes specified in the Agreement, along with the attached Certification of Data Disposition (Appendix C)

☐ Retain the data for the purposes stated herein for a period of time not to exceed _____ (e.g., one year, etc.), after which Information Recipient shall destroy the data (as described below) and submit the attached Certification of Data Disposition (Appendix C) to the DOH Business Contact.

☐ Other (Describe):

8. RIGHTS IN INFORMATION

Information Recipient agrees to provide, if requested, copies of any research papers or reports prepared as a result of access to DOH information under this Agreement for DOH review prior to publishing or distributing.

In no event shall the Information Provider be liable for any damages, including, without limitation, damages resulting from lost information or lost profits or revenue, the costs of recovering such Information, the costs of substitute information, claims by third parties or for other similar costs, or any special, incidental, or consequential damages, arising out of the use of the information. The accuracy or reliability of the Information is not guaranteed or warranted in any way and the information Provider's disclaim liability of any kind whatsoever, including, without limitation, liability for quality, performance, merchantability and fitness for a particular purpose arising out of the use, or inability to use the information.

☒ If checked, please submit the following:

Copies of All reports using HYS data to the attention of: Healthy Youth Survey Principal Investigator at Healthy.Youth@doh.wa.gov

9. ALL WRITINGS CONTAINED HEREIN

This Agreement and attached Exhibit(s) contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement and attached Exhibit(s) shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Exhibit as of the date of last signature below.

INFORMATION PROVIDER	**INFORMATION RECIPIENT**
State of Washington Department of Health	Kitsap Public Health District
Signature	Signature
Print Name	Print Name
Date	Date

APPENDIX A

USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

People with access to confidential information are responsible for understanding and following the laws, policies, procedures, and practices governing it. Below are key elements:

A. CONFIDENTIAL INFORMATION

Confidential information is information federal and state law protects from public disclosure. Examples of confidential information are social security numbers, and healthcare information that is identifiable to a specific person under RCW 70.02. The general public disclosure law identifying exemptions is RCW 42.56.

B. ACCESS AND USE OF CONFIDENTIAL INFORMATION

1. Access to confidential information must be limited to people whose work specifically requires that access to the information.
2. Use of confidential information is limited to purposes specified elsewhere in this Agreement.

C. DISCLOSURE OF CONFIDENTIAL INFORMATION

1. An Information Recipient may disclose an individual's confidential information received or created under this Agreement to that individual or that individual's personal representative consistent with law.
2. An Information Recipient may disclose an individual's confidential information, received or created under this Agreement only as permitted under the ***Re-Disclosure of Information*** section of the Agreement, and as state and federal laws allow.

D. CONSEQUENCES OF UNAUTHORIZED USE OR DISCLOSURE

An Information Recipient's unauthorized use or disclosure of confidential information is the basis for the Information Provider immediately terminating the Agreement. The Information Recipient may also be subject to administrative, civil and criminal penalties identified in law.

E. ADDITIONAL DATA USE RESTRICTIONS:

1. "Identifiable information" means any data element, or combinations of such data elements, that could be used to identify an individual student who participated in the Survey (such as grade, age, race, sex); presentations of data that could identify individual students; and, in cases in which a school principal has not given permission for school-identified presentations, individual schools or grade levels within a school.

   Students participating in the survey and their parents were promised complete anonymity of student survey responses. It is the intention of this agreement to permit disclosure of individual-level Survey data while ensuring anonymity of students.

   i. "Survey" and "Survey" data refer to the Washington State Healthy Youth Survey **2002-2027**.

The Healthy Youth Survey Planning Committee has requested that the Department of Health (DOH, Data Provider) handle disclosure of individual-level data containing only indirect identifiers from the Healthy Youth Survey **2002-2027** (hereinafter referred to as "Survey") to local health departments and universities. WSIRB approval or exempt determination are not needed for this data sharing agreement.

NOW THEREFORE, IT IS AGREED AS FOLLOWS:

1. For access to school identifiers, **Kitsap Public Health District** shall obtain written permission from the principals of each school for which **Kitsap Public Health District** will report data in such a way that the school can be identified and written permission from the superintendent of each school district for which **Kitsap Public Health District** will report data in such a way that the school district can be identified. School principal/superintendent permission will not be necessary to use the data to compose groups of schools (e.g., north and south areas of the county) as long as data are not reported in such a way that schools or school districts can be identified. Generally, if there are at least 3 schools and 3 school districts at a geographical level for which data are being reported, the schools and school districts are not identifiable. However, there may be exceptions in which they would be identifiable. For example, if the report includes thresholds that all of the schools in a grouping meet (for example, if all schools or school districts in a grouping have especially high or low levels of risk on a particular measure) then the information for those schools or school districts is identifiable, and school principal or superintendent permissions will be obtained.

2. DOH will disclose to Kitsap Public Health District individual-level Healthy Youth Survey data for 2002-2027 survey cycles for the following geographic area(s): Washington State Sample and Kitsap County, Jefferson County, and Clallam County, all grades. DOH will disclose all data elements including any geographic identifiers such as the identifiers of the schools participating in the Survey in Kitsap County, Jefferson County, and Clallam County. Kitsap Public Health District will also maintain access to prior years' data in accordance with their prior DSAs. Geographic identifiers will not be provided for schools outside of Kitsap County, Jefferson County, and Clallam County. The Data Provider shall transfer Survey data using a secure file transfer method.

3. **Kitsap Public Health District** (Data Recipient) will:
    a) use Survey data only to examine the use of alcohol, tobacco and other drugs, and risk and protective factors, and other variables measured by the survey, among public school students. These analyses will be used to inform policy and program development at the local level;

    b) maintain all Survey data in a secure, locked location, or in password protected computer files, at all times when not in use;

c) restrict access to Survey data to persons who specifically require access in the performance of their assigned duties. Prior to making Survey data available, all staff requiring access will be informed of the use and disclosure requirements and staff shall read and sign this agreement prior to access. **Kitsap Public Health District** shall submit the signed agreement to DOH.

d) Report or publish findings in a manner that does not permit identification of students who participated in the Survey, which includes the following:
   i. Report or publish simple frequencies only if there are 15 or more valid surveys, and
   ii. Report or publish cross tabs only if there are at least 5 valid responses per cell at the state level or 10 per cell at the sub-state level.

4. **Kitsap Public Health District** will not:
   a) attempt to identify any individual student who participated in the Survey or use the Survey data for any personal reasons;
   b) release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons identifiable Survey information;
   c) copy, duplicate or otherwise retain Survey data provided or created under this Agreement for any use after the stated purposes have been accomplished.
   d) transmit any Survey data across any electronic network or medium unless the individual records have been securely encrypted.
   e) use Survey data for any purposes other than those described in their request to DOH.

Signed by all data users:

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

APPENDIX B

DATA SECURITY REQUIREMENTS

Protection of Data

The storage of Category 3 and 4 information outside of the State Governmental Network requires organizations to ensure that encryption is selected and applied using industry standard algorithms validated by the NIST Cryptographic Algorithm Validation Program. Encryption must be applied in such a way that it renders data unusable to anyone but authorized personnel, and the confidential process, encryption key or other means to decipher the information is protected from unauthorized access. All manipulations or transmissions of data within the organizations network must be done securely.

The Information Recipient agrees to store information received under this Agreement (the data) within the United States on one or more of the following media, and to protect it as described below:

A. Passwords

1. Passwords must always be encrypted. When stored outside of the authentication mechanism, passwords must be in a secured environment that is separate from the data and protected in the same manner as the data. For example passwords stored on mobile devices or portable storage devices must be protected as described under section *F. Data storage on mobile devices or portable storage media*.

2. Complex Passwords are:

    - At least 8 characters in length.
    - Contain at least three of the following character classes: uppercase letters, lowercase letters, numerals, special characters.
    - Do not contain the user's name, user ID or any form of their full name.
    - Do not consist of a single complete dictionary word but can include a passphrase.
    - Do not consist of personal information (e.g., birthdates, pets' names, addresses, etc.).
    - Are unique and not reused across multiple systems and accounts.
    - Changed at least every 120 days.

B. Hard disk drives – Data stored on workstation hard disks:

1. The data must be encrypted as described under section *F. Data storage on mobile devices or portable storage media*. Encryption is not required when Potentially Identifiable Information is stored temporarily on local workstation Hard Disk Drives/Solid State Drives. Temporary storage is thirty (30) days or less.

2. Access to the data is restricted to authorized users by requiring logon to the local workstation using a unique user ID and Complex Password, or other authentication

mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts and remain locked for at least 15 minutes, or require administrator reset.

C. Network server and storage area networks (SAN)

1. Access to the data is restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network.

2. Authentication must occur using a unique user ID and Complex Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.

3. The data are located in a secured computer area, which is accessible only by authorized personnel with access controlled through use of a key, card key, or comparable mechanism.

4. If the servers or storage area networks are not located in a secured computer area or if the data is classified as Confidential or Restricted it must be encrypted as described under *F. Data storage on mobile devices or portable storage media*.

D. Optical discs (CDs or DVDs)

1. Optical discs containing the data must be encrypted as described under *F. Data storage on mobile devices or portable storage media*.

2. When not in use for the purpose of this Agreement, such discs must be locked in a drawer, cabinet or other physically secured container to which only authorized users have the key, combination or mechanism required to access the contents of the container.

E. Access over the Internet or the State Governmental Network (SGN).

1. When the data is transmitted between DOH and the Information Recipient, access is controlled by the DOH, who will issue authentication credentials.

2. Information Recipient will notify DOH immediately whenever:
    a) An authorized person in possession of such credentials is terminated or otherwise leaves the employ of the Information Recipient;
    b) Whenever a person's duties change such that the person no longer requires access to perform work for this Contract.

3. The data must not be transferred or accessed over the Internet by the Information Recipient in any other manner unless specifically authorized within the terms of the Agreement.
    a) If so authorized the data must be encrypted during transmissions using a key length of at least 128 bits. Industry standard mechanisms and algorithms, such as those validated by the National Institute of Standards and Technology (NIST) are required.

    b) Authentication must occur using a unique user ID and Complex Password (of at least 10 characters). When the data is classified as Confidential or Restricted, authentication requires secure encryption protocols and multi-factor authentication mechanisms, such as hardware or software tokens, smart cards, digital certificates or biometrics.

    c) Accounts must lock after 5 unsuccessful access attempts, and remain locked for at least 15 minutes, or require administrator reset.

F. Data storage on mobile devices or portable storage media

1. Examples of mobile devices are: smart phones, tablets, laptops, notebook or netbook computers, and personal media players.

2. Examples of portable storage media are: flash memory devices (e.g. USB flash drives), and portable hard disks.

3. The data must not be stored by the Information Recipient on mobile devices or portable storage media unless specifically authorized within the terms of this Agreement. If so authorized:

    a) The devices/media must be encrypted with a key length of at least 128 bits, using industry standard mechanisms validated by the National Institute of Standards and Technologies (NIST).
        - Encryption keys must be stored in a secured environment that is separate from the data and protected in the same manner as the data.

    b) Access to the devices/media is controlled with a user ID and a Complex Password (of at least 6 characters), or a stronger authentication method such as biometrics.
    c) The devices/media must be set to automatically wipe or be rendered unusable after no more than 10 failed access attempts.
    d) The devices/media must be locked whenever they are left unattended and set to lock automatically after an inactivity activity period of 3 minutes or less.
    e) The data must not be stored in the Cloud. This includes backups.

    f) The devices/ media must be physically protected by:
        - Storing them in a secured and locked environment when not in use;
        - Using check-in/check-out procedures when they are shared; and
        - Taking frequent inventories.

4. When passwords and/or encryption keys are stored on mobile devices or portable storage media they must be encrypted and protected as described in this section.

G. Backup Media

The data may be backed up as part of Information Recipient's normal backup process provided that the process includes secure storage and transport, and the data is encrypted as described under *F. Data storage on mobile devices or portable storage media*.

H. Paper documents

Paper records that contain data classified as Confidential or Restricted must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records is stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

I. Data Segregation

1. The data must be segregated or otherwise distinguishable from all other data. This is to ensure that when no longer needed by the Information Recipient, all of the data can be identified for return or destruction. It also aids in determining whether the data has or may have been compromised in the event of a security breach.
2. When it is not feasible or practical to segregate the data from other data, then all commingled data is protected as described in this Exhibit.

J. Data Disposition

If data destruction is required by the Agreement, the data must be destroyed using one or more of the following methods:

Data stored on:	**Is destroyed by:**
Hard disks	Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data, or Degaussing sufficiently to ensure that the data cannot be reconstructed, or Physically destroying the disk, or Delete the data and physically and logically secure data storage systems that continue to be used for the storage of Confidential or Restricted information to prevent any future access to stored information. One or more of the preceding methods is performed

Data stored on:	Is destroyed by:
	before transfer or surplus of the systems or media containing the data.
Paper documents with Confidential or Restricted information	On-site shredding, pulping, or incineration, or Recycling through a contracted firm provided the Contract with the recycler is certified for the secure destruction of confidential information.
Optical discs (e.g., CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a course abrasive.
Magnetic tape	Degaussing, incinerating or crosscut shredding.
Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip or similar disks)	Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data. Physically destroying the disk. Degaussing magnetic media sufficiently to ensure that the data cannot be reconstructed.

K. Notification of Compromise or Potential Compromise

The compromise or potential compromise of the data is reported to DOH as required in Section II.C.

APPENDIX C

CERTIFICATION OF DATA DISPOSITION

Date of Disposition _____

☐ All copies of any Datasets related to agreement DOH#_____ have been deleted from all data storage systems. These data storage systems continue to be used for the storage of confidential data and are physically and logically secured to prevent any future access to stored information. Before transfer or surplus, all data will be eradicated from these data storage systems to effectively prevent any future access to previously stored information.

☐ All copies of any Datasets related to agreement DOH#_____ have been eradicated from all data storage systems to effectively prevent any future access to the previously stored information.

☐ All materials and computer media containing any data related to agreement DOH #_____ have been physically destroyed to prevent any future use of the materials and media.

☐ All paper copies of the information related to agreement DOH #_____ have been destroyed on-site by cross cut shredding.

☐ All copies of any Datasets related to agreement DOH #_____ that have not been disposed of in a manner described above, have been returned to DOH.

☐ Other

The data recipient hereby certifies, by signature below, that the data disposition requirements as provided in agreement DOH # _____, Section C, item B Disposition of Information, have been fulfilled as indicated above.

_____ _____

Signature of data recipient Date

‹‹ reverb ››

Empowering **People**, Building **Culture**

CLIENT SERVICES AGREEMENT

This Client Services Agreement, including all schedules, amendments, and other attachments (this "**Agreement**") is dated as of 04.07.2025 (the "**Effective Date**") by and between Mikaela Kiner Coaching and Consulting, LLC, a Washington limited liability company doing business as Reverb ("**Reverb**"), and Kitsap Public Health (**"Client").**

The parties agree as follows:

1. Engagement for Services. Subject to the terms and conditions of this Agreement, Reverb shall provide the services (the "Services") set forth on the attached Schedule of Services (including any and all amendments thereto, the "Schedule of Services"), and Client hereby engages Reverb to provide such Services. Reverb has identified three main Service areas, including People Ops, Executive Coaching, and Leadership and Development. Each Service is defined by the title of the Consultant and the type of work which Client engages. This description of work can be found in Schedule of Services. Client and Reverb may agree to modify or add to the Services to be provided under this Agreement pursuant to a written amendment to the Schedule of Services, signed by Client and Reverb. Any such amendment shall be attached to this Agreement and shall be governed by the terms and conditions of this Agreement

2. Consideration; Payment. In consideration for Reverb's provision of the Services, Client shall pay Reverb the consideration, in the amount, and on the dates, as set forth on the Schedule of Services. Client understands and agrees that payments for the Services are non-refundable whether or not Client chooses to take advantage of all the benefits that are offered in the package of Services selected by Client. All payments shall comply with and will be submitted in accordance with Reverb's reasonable payment requirements and procedures. Client has an option to pay via ACH (form will be provided) or by credit card with an additional three and a half (3.5) percent processing fee. Reverb adds a 2.5% client success infrastructure fee to each invoice. This fee helps us ensure you receive the best possible service. We use it to invest in tools and resources that make our team more efficient in our client work, and support our commitments as a b corp to continuously improve and innovate in the people & culture space. Except as specifically stated in a Schedule of Services, the price quoted for the Services is inclusive of all sales, use, excise, value added, and other similar taxes.

3. Buyout fee. If a Reverb consultant ("Consultant") is hired by Client as an employee, or converted from contract to permanent status, during the term of this Agreement and for one year after its termination, Client shall pay Reverb a buyout fee to recoup a portion of Reverb's costs and loss of income with this consultant providing services to future and existing clients for up to 1 year. Buyout fees are as follows:

Senior People Operations Consultant	
Tenure in Months at Client	**Amount**
0-6	$42,000
7-12	$32,000
12+	$7,000

People Operations Consultant	
Tenure in Months at Client	**Amount**
0-6	$33,000
7-12	$25,000
12+	$5,000

The buyout fee reflects Reverb's investment in vetting, interviewing, onboarding Consultant and the loss of company revenue based on the minimum hours worked by an average consultant. This fee is substantially similar to recruitment fees Client would incur with a recruiting firm. Client will submit the payment within 30 calendar days of such hire or conversion date.

4. Independent Contractor. Reverb shall be deemed to be an independent contractor of Client and shall not be, nor hold itself out to be, an employee or agent of Client.

5. Term and Termination. This Agreement shall become effective on the Effective Date and will continue until termination as provided in this Section 5. Either party may terminate this Agreement, a Schedule of Services, and/or a portion of a Schedule of Services for any reason upon 30 days' written notice, unless otherwise provided in the Schedule of Services. Either party may terminate this Agreement immediately upon written notice if the other party is in breach of a material provision of this Agreement, and such party fails to cure the breach to the reasonable satisfaction of the non-breaching party within 15 days after receipt of written notice of the breach. Following termination, Reverb will not be obligated to continue performing any terminated Services, and Client shall pay

Reverb for all Services performed prior to the date of termination, including any outstanding late fees owed. Termination of this Agreement or any Schedule of Services for any reason shall not release either party from any liability or obligations under Sections 3-16 of this Agreement, which shall survive.

6. Use of Services; No License. The Services are being provided to Client for Client's internal use only. Client acknowledges and agrees that Reverb may provide services to third parties, which are the same or similar to the Services provided to Client hereunder. No licenses, ownership rights or rights to use, reproduce, translate, rearrange, modify, enhance, display, sell, lease, sublicense or otherwise distribute, transfer or dispose of the Services or any works of authorship, ideas, documents, or other materials delivered in connection therewith ("**Materials**"), in whole or in part, are granted to Client except as expressly provided by this Agreement.

7. No Professional Advice; Medical Attention Responsibility. Client, and each of the executives of Client participating in any of the Services hereunder ("**Executives**"), acknowledge and understand that the Services provided in this Agreement do not substitute for obtaining proper professional advice from qualified medical, legal, psychological, psychiatric, financial or related professionals as appropriate. Client and each of the Executives further understand that none of the personnel engaged on Reverb's behalf to provide the Services are licensed therapists, doctors, lawyers, psychotherapists, psychologists, psychiatrists, or financial advisors.

8. Cooperation; Client Data. Client agrees to cooperate fully with Reverb in connection with Reverb providing the Services. Client will timely provide to Reverb all information reasonably required by Reverb to provide the Services ("**Client Data**"). All Client Data shall be, to the best of Client's knowledge, true, correct and complete in all material respects and will not knowingly omit any material fact or information that would make any data or information provided to Reverb false, misleading, or incomplete. Reverb may rely upon the Client Data and will not evaluate or have any responsibility to verify independently the accuracy and/or completeness of any Client Data. Client grants to Reverb, and its agents and representatives, full rights and licenses to use any information provided by Client in connection with Reverb's provision of the Services. Reverb will have no liability to Client for any failure or inability to fully provide the Services to the extent such failure or inability arises out of or relates to any breach by Client of this Paragraph 8.

9. Confidentiality. Each party will retain in confidence and require its agents and contractors to retain in confidence all information and know-how transmitted to such party that the disclosing party has identified as being proprietary and/or confidential or which, by the nature of the circumstances surrounding the disclosure, ought in good faith to be treated as proprietary and/or confidential ("**Confidential Information**"). The foregoing obligations

will not apply to any (i) information that becomes generally publicly available through no fault of the recipient, (ii) information that the recipient obtains from a third party (other than in connection with this Agreement); (iii) information that is independently developed or acquired by the recipient; or (iv) disclosures which are required by applicable law. Reverb may use the data and information received or obtained hereunder to perform its obligations.

10. Representations and Warranties. Each party represents and warrants to the other that it is validly existing and in good standing in the state of its formation or incorporation; the execution, delivery and performance of this Agreement has been duly and validly authorized by all necessary action; and when executed and delivered, this Agreement will constitute the legal, valid, and binding obligation of each party, enforceable in accordance with its terms. Each party further represents and warrants that the entering into and performance of this Agreement by such party does not and will not violate, conflict with or result in a material breach of any agreement, law, regulation, judgment, encumbrance, or other obligation to which such party is a party, or by which it or any of its property is or may become subject or bound. Client further represents and warrants that it has all requisite rights and licenses to make the grants made to Reverb in this Agreement, including those set forth in Section 8. The representations and warranties contained in this Section 11 are continuous in nature and shall survive termination of this Agreement.

11. Intellectual Property. All intellectual property rights, including trademarks, service marks, patents, copyrights, trade secrets, know-how, and other proprietary rights in or related to the Leadership and Development Services and/or Materials, or otherwise used to perform or prepared by or on behalf of Reverb in the course of performing the Leadership and Development Services for Client hereunder, including any items identified as such in the Schedule of Services ("Deliverables") for Leadership and Development, are and will remain the sole and exclusive property of Reverb, whether or not specifically registered, recognized or perfected under applicable law. Reverb hereby grants Client a license to use all intellectual property rights in Leadership and Development Deliverables, free of additional charge and on a non-exclusive, non-transferable, non-sublicenseable basis to the extent necessary to enable Client to make reasonable use of the Deliverables and the Services. Nothing in this Agreement transfers ownership of the Client Data, and as between the parties, Client shall exclusively own the Client Data.

12. Work Product. Except as expressly stated in this agreement, Client will retain sole ownership, title and interest in and to work product developed by Reverb for Client ("Work Product") related to the People Ops and Executive Coaching Services. Work Product related to the People Ops and Executive Coaching Services but excluding Reverb's trademarks, service marks, patents, copyrights, trade secrets, know-how, and other proprietary rights, will

be the property of Client and will be considered “works made for hire.” Notwithstanding the foregoing, in no event will Reverb be precluded from developing for itself, or for others, materials and products that are similar to the Work Product. In addition, Reverb will be entitled to freely use its general knowledge, skills and experience, and any ideas, concepts, know-how and techniques developed by Reverb while performing the Services.

12.1. Client is responsible for the retention of aforementioned work product developed by Reverb for Client in their own organizational systems of record for any future use or reference necessary by Client.

13 Indemnification.

13.1. Client’s Indemnification of Reverb. Client will indemnify, defend, and hold harmless Reverb and its members, directors, officers, employees, consultants, agents, and assignes (the “Reverb Indemnitees”) from and against all claims, suits, taxes, losses, damages, liabilities, costs, and expenses, including attorneys’ fees and other legal expenses, arising directly or indirectly from or in connection with: (a) any negligent, grossly negligent, reckless, or intentionally wrongful act of Client or Client’s members, employees, or agents (other than Consultants provided by Reverb); (b) any breach by Client or Client’s members, employees, or agents (other than Consultants provided by Reverb), or any claim of breach, of any of the covenants, warranties or representations contained in this Agreement; or (c) acts or omissions of Client or client’s agents, whether negligent or intentional, that occurred prior to Client’s engagement of Reverb.

13.2. Reverb’s Indemnification of Client. Reverb will indemnify, defend, and hold harmless Client and its directors, officers, and employees from and against all claims, suits taxes, losses, damages, liabilities, costs, and expenses, including attorneys’ fees and other legal expenses, arising directly or indirectly from or in connection with any negligent, grossly negligent, reckless, or intentionally wrongful act of Reverb or any Reverb Indemnitee in the performance of the Services.

13.3 Client agrees to indemnify, defend, and hold harmless Reverb and its employee, contractors, and affiliates from any and all claims, liabilities, damages, losses, costs, and expenses arising out of or in connection with any workplace investigations for which Reverb and its employee, contractors, and affiliates provides support. Client shall promptly notify Reverb of any such claims, and Reverb may participate in the defense. Client shall not settle any such claim without Reverb’s consent. This clause survives termination of the agreement.

13.4. The party seeking indemnification will provide the indemnifying party prompt written notice of any such Claims and provide the indemnifying party with reasonable information and assistance, at the indemnifying party’s expense, to help the indemnifying party to defend such Claims. The indemnifying party will not have any right, without the other party’s written consent, to settle any such claim if such settlement arises from or is part of any

criminal action, suit or proceeding or contains a stipulation to or admission or acknowledgment of, any liability, infringement or wrongdoing on the part of the indemnified party or its Affiliates or otherwise requires the indemnified party or its Affiliates to take or refrain from taking any material action.

14. Limitation of Liability. THE PARTIES AGREE, TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, THAT REGARDLESS OF THE CLAIM, WHETHER BASED ON CONTRACT, TORT, STRICT LIABILITY, NEGLIGENCE, OR OTHERWISE: (a) UNDER NO CIRCUMSTANCES SHALL EITHER PARTY, BE LIABLE FOR ANY INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL, SPECIAL OR EXEMPLARY LOSSES (EVEN IF SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH LOSSES), SUCH AS, BUT NOT LIMITED TO, LOSS OF REVENUE, PROFITS OR BUSINESS, COSTS OF DELAY, COSTS OF LOST OR DAMAGED DATA OR DOCUMENTATION, OR CLIENT'S LIABILITIES TO THIRD PARTIES, ARISING FROM ANY SOURCE; AND (b) THE ENTIRE CUMULATIVE LIABILITY (IF ANY) OF REVERB, AND THE REVERB INDEMNITEES UNDER THIS AGREEMENT, IS LIMITED TO DIRECT LOSSES IN AN AMOUNT NOT TO EXCEED THE TOTAL AGGREGATE AMOUNTS PAID OR PAYABLE UNDER THIS AGREEMENT BY CLIENT TO REVERB DURING THE THREE (3) MONTHS PRIOR TO THE EVENT GIVING RISE TO THE CLAIM.

15. Disclaimer of Warranties. EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED HEREIN, THE SERVICES AND MATERIALS ARE PROVIDED BY REVERB "AS IS" AND "AS AVAILABLE" WITHOUT WARRANTY OR REPRESENTATION OF ANY KIND. EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED HEREIN, TO THE MAXIMUM EXTENT PERMITTED BY LAW, REVERB EXPRESSLY DISCLAIMS ANY AND ALL WARRANTIES, REPRESENTATIONS, AND GUARANTEES WITH RESPECT TO THE SERVICES AND MATERIALS, WHETHER EXPRESS OR IMPLIED, ARISING BY LAW, CUSTOM, PRIOR ORAL OR WRITTEN STATEMENTS, OR OTHERWISE, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE AND NON-INFRINGEMENT.

16. Miscellaneous.

16.1 Force Majeure. To the extent one of the parties hereto is prevented from performing any of its obligations hereunder due to circumstances reasonably beyond its control, including, but not limited to, the action or inaction of any governmental, civil or military authority; a strike, lockout or other labor dispute; or a fire, flood, war, riot, theft, earthquake or other natural disaster, acts of terrorism or other civil disturbance (other than for delay in the payment of money due and payable hereunder) and not involving such party's negligence or intentional acts, such party shall not be liable to the other party for any losses or damages arising out of such non-performance.

16.2 Notices. Any notice required or permitted under the terms of this Agreement or required by law must be in writing and must be: (a) delivered in person; (b) sent by first class registered or overnight mail; or (c) sent via email, in each applicable case properly posted and fully prepaid to the appropriate address as set forth below. A party may change its address for notices by notice to the other party given in accordance with this Section. Notices will be deemed given at the time of actual delivery in person, three business days after deposit if sent by first class mail, one day after delivery to an overnight mail service, or upon confirmation of delivery when directed to the relevant electronic mail address, if sent during normal business hours of the recipient, or if not sent during normal business hours of the recipient, then on the recipient's next business day.

16.3 Governing Law; Venue. This Agreement will be interpreted, construed and enforced in all respects in accordance with the laws of the State of Washington, without reference to its choice of law principles. No party will commence or prosecute any action, suit, proceeding or claim arising out of or related to this Agreement other than in the state or federal courts located in King County, State of Washington, provided that Reverb may pursue injunctive relief in any forum in order to protect intellectual property rights. Each party hereby irrevocably consents to the exclusive jurisdiction and venue of such courts in connection with any such action, suit, proceeding or claim.

16.4 Attorneys' Fees. The substantially prevailing party in any dispute under this Agreement shall be entitled to all costs and expenses, including expert witness fees and attorneys' fees, incurred by such party in resolving such dispute.

16.5 Waiver. Any waiver of the provisions of this Agreement or of a party's rights or remedies under this Agreement must be in writing to be effective. Failure, neglect or delay by a party to enforce the provisions of this Agreement or its rights or remedies at any time will not be construed as a waiver of the party's rights under this Agreement and will not in any way affect the validity of the whole or any part of this Agreement or prejudice the party's right to take subsequent action. Exercise or enforcement by either party of any right or remedy under this Agreement will not preclude the enforcement by the party of any other right or remedy under this Agreement or that the party is entitled by law to enforce.

16.6 Assignment. Neither this Agreement nor any rights under this Agreement may be assigned or otherwise transferred by Client, in whole or in part, whether voluntarily or by operation of law, without the prior written consent of Reverb. Subject to the foregoing, this Agreement shall inure to the benefit of, and shall be binding upon, both parties and their respective successors and permitted assigns. Any attempted assignment in violation of this Section will be void.

16.7 Severability. If any provision of this Agreement is determined by any court of competent jurisdiction to be invalid, illegal or unenforceable in any respect, such provision will be enforced to the maximum extent possible

given the intent of the parties hereto, or substituted by the parties through good faith negotiations. If such provision cannot be so enforced or substituted, such provision shall be stricken and the remainder of this Agreement shall be enforced as if such provision had never been contained in this Agreement.

16.8 Entire Agreement; General. This Agreement represents the complete understanding of the parties with respect to the subject matter hereof and supersedes any prior or contemporaneous agreements, whether electronic, written or oral, between the parties. This Agreement may not be modified or amended, in whole or in part, except by a written agreement signed by each of the parties hereto.

16.9 Services Prior to Effective Date. All services performed by Reverb and all information and other materials disclosed between the parties prior to the Effective Date will be governed by the terms of this Agreement, except where the services are covered by a separate agreement between Client and Reverb.

16.10 Interpretation. The language used in this Agreement shall be deemed to be language chosen by all parties hereto to express their mutual intent, and no rule of strict construction against any party shall apply to rights granted herein or to any term of condition of this Agreement.

16.11 Counterparts. This Agreement may be executed and delivered in counterparts and by facsimile or electronic mail, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

16.12. Publicity. Reverb may publicly identify Customer as a customer of Reverb and use Customer's name and Customer provided logo and testimonials in its sales and marketing on its website or social media accounts. Reverb's use of the name and pre-approved logo does not create any ownership right therein and all rights not granted to Reverb are reserved by the Customer.

17. Investigations. Client shall be responsible for any investigation that may be supported by Reverb, and Client agrees that an in-house attorney will supervise all investigations conducted by Reverb and its associates in states where this is required by law. Supervision by Client must comply with all applicable requirements, including but not limited to: (a) reviewing and approving investigator recommendations and next steps, (b) as appropriate, reviewing materials associated with the investigation such as interview notes, findings, and summaries, (c) if warranted, providing direction to the investigator and/or joining the investigator for key interviews. Client commits to consistent and timely supervision of investigations. Client shall ensure compliance with all applicable legal authority related to the conduct of workplace investigations for which Reverb provides support.

[Remainder of Page Intentionally Left Blank; Signatures Follow.]

‹‹ reverb ››

Empowering **People**, Building **Culture**

The parties have caused this Agreement to be executed by their duly authorized representatives as of the Effective Date.

CLIENT: **Kitsap Public Health**	**REVERB:** **Mikaela Kiner Coaching and Consulting, LLC d/b/a Reverb**
Signature:	Signature:
Name: Yolanda Fong	Name: Emily Senff
Title: Administrator	Title: Practice Director
Address: 345 6th Street, Suite 300	Address: 6523 California Ave SW #220
Bremerton, Washington 98337	Seattle, Washington 98136
Email: yolanda.fong@kitsappublichealth.org	Email: emily@reverbpeople.com
Phone: 360-535-9290	Phone: 206.319.9003

Accounting Department contact information

Name: Accounts Payable

Email: accounts.payable@kitsappublichealth.org

Additional emails to CC on invoices:
yolanda.fong@kitsappublichealth.org

Phone: 360-728-2215

‹‹ reverb ››

PEOPLE OPERATIONS · LEADERSHIP COACHING · LEADERSHIP DEVELOPMENT

Reverb creates healthy, inclusive cultures of empowered and engaged employees.

Certified B Corporation · certified WBENC Women's Business Enterprise · 80+ NPS · Inc. 5000 100 Fastest-Growing Private Companies Reverb 2023

Kitsap Public Health: People Operations Consulting Proposal

Prepared for: April Fisk at Kitsap Public Health
contract.administrator@kitsappublichealth.org

By: Emily Senff, emily@reverbpeople.com

We're flexible and responsive.
We do what's best for our team, clients, vendors, and community.
No exceptions.

WHY WORK WITH US?

Founded in 2015, Reverb is a Seattle-based consulting company focused on people operations and people development.

We provide flexible, people-centric consulting to help companies grow quickly while building healthy, inclusive cultures that engage and inspire employees.

Kitsap Public Health <> Reverb

Summary

Kitsap Public Health is a local public health agency based out of Bremerton, WA. They have approximately 130 employees and their HR manager who has been with the agency for 30+ years in a variety of roles is preparing for retirement at the end of March. They are a government entity, and there is an HR team of four - manager + 3 team members. This transition will leave a big institutional knowledge gap for the team, and while they are in the process of hiring a full-time HR manager, they are also looking for fractional HR support and expertise to help the team navigate the transition, offer HR guidance and support, and help the new HR manager ramp in role.

This will be the organization's first time leveraging a consulting partner, and in addition to fractional HR support, the Administrator would also like an HR audit to support the team in continuing to make informed decisions, identify areas of opportunity and improvement, and help the team ensure they have good modern HR practices in place. The agency does have a union so experience in that environment is needed. The organization has also experienced a fair amount of turn over in the last 4-5 years.

The team identified several key areas where initial support is needed:

- Evaluate and audit HR operations and provide recommendations to improve documents, policies and processes. Identify changes needed to be in compliance and remain competitive.
- Support compliance and understanding of state and federal employment law (i.e. FMLA, WPFMLA)
- Navigate tricky HR situations (i.e. medical accommodations) and offer support and resources for implementation
- General HR guidance; flexibility and capacity to meet the team's needs and help them stay compliant and mitigate risk
- Possible HR projects, including:
    - Cleaning up their process for managing leave without pay (some systems were put in place when they were a smaller agency, but those are no longer serving

them).
- Performance evaluations: Establish/iterate on performance review and feedback process. Select and implement tools (as needed), and lead communications. Train and support managers and employees throughout the process.

Additional areas where Reverb can provide HR support when working with clients:

- Review and improve candidate experience processes and practices.
- Improve new hire onboarding practices and make sure they are scalable.
- Identify tools, systems, processes, and programs to streamline and scale HR, increase efficiency and improve the employee experience.
- Liaise with 3rd party administrator(s) to support a variety of people operations functions (benefits, payroll and HRIS). Support vendor selection and management. Answer employee questions.
    - *Payroll : we can assist your finance team with auditing (fixing mistakes, adding new employees, entering pay changes, promotions, benefit premiums, reviewing 401k contributions, helping identify new employer tax registrations when adding employees in new states).*
    - *Reverb HR consultants can not fully own payroll, but will help with vendor selection and/or automation.*
- Identify and implement plans to increase employee retention and engagement.
- Advise the leadership team on future HR needs and answer ad hoc HR questions as needed.

How we can help

Reverb would love to work with Kitsap Public Health to help you achieve your immediate goals, and provide ongoing HR support as your business continues to evolve. Our team of consultants are collaborative and will meet you where you are, using their knowledge of industry trends to help you remain both competitive and compliant.

Our Senior People Operations consultants have on average of 15-20+ years of experience. We become a part of your team and provide expertise customized for your company. Our focus is getting your HR fundamentals in place and planning for your future HR needs. You'll have the opportunity to meet and interview a consultant before having them join your team.

Benefits of working with Reverb:

- Our consultants have worked with hundreds of companies ranging from **startups** to **nonprofits** and **professional services,** across a variety of industries.
- Our model allows you to **flex hours/costs up and down** based on your needs.
- We'll handle your **day to day HR, people strategy**, and **everything in between**.

Fractional / Interim HR Support

When there's an interim or fractional need, we set you up with hourly packages where hours worked are billed at the end of each month. These typically range from 10 hours per month to full time (30+ hours/week). This package includes:

- An embedded fractional / interim HR leader on your team.
- Weekly progress on your HR goals and initiatives.
- Reliable support from your consultant. They know your organization, team, and culture.

Duration

The fractional / interim HR support estimated at 24 hours per week is ongoing until cancelled with a 30 day notice.

Pricing

Reverb is pleased to offer a **3.5% discount off our standard rates** to Kitsap Public Health District in recognition of your mission-driven work to prevent disease and promote the health of Kitsap County residents.

As a certified B Corp, Reverb is committed to supporting organizations that are creating a better future for underserved communities, and we're proud to align with your important work.

Name	Estimated Monthly Hours	Discount	Monthly Hour Subtotal

Fractional / Interim HR Support • Embedded HR leader on your team • Weekly progress on your HR goals and initiatives • 2 dedicated on-site days per week, additional 8 hours of remote support per week • On-site days anticipated to decrease over time • Estimated 24 hours per week	96	-$756.00	$20,844.00

Travel Fees (includes travel expenses and time spent traveling)	**Travel Cost**
One Day Per Week Onsite	$260 per day
Two Days Per Week Onsite (includes overnight stay estimated at $200-250/night)	$500 for two days

Reverb adds a 2.5% client success infrastructure fee to each invoice. This fee helps us ensure you receive the best possible service. We use it to invest in tools and resources that make our team more efficient in our client work, and support our commitments as a b corp to continuously improve and innovate in the people & culture space.

Next Steps After Proposal Review

Thank you for considering Reverb! If you decide you'd like to move forward;

- We'll connect you with one to two consultants from our team (bios attached).
- The consultant(s) will schedule a virtual interview so you can get to know one another.
- As soon as you match with a consultant, we're ready to kick things off
- Your consultant will be your primary contact throughout the engagement, and the Reverb staff is here to guide you and answer questions as well.

Please note: This proposal is valid for 30 days from receipt. Availability of consultants shared is subject to change.

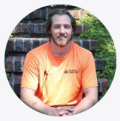
‹‹ reverb ››
Empowering People, Building Culture

Client Testimonials

> Reverb walks the talk. They are helping companies build inspiring, healthy cultures by being one themselves. When you work with them, you can feel their cultural values of kindness and excellence come through their communication and work product.

Mikaela Bolling, Co-Founder
Brilliant Marketing

> This course has been an excellent guide to understanding the nuance of transitioning from an individual performer role to a management role! I will be implementing what I've learned immediately, and appreciate that the training included can be applied to virtually any industry.



Joe Garrity, Arborist Crew Production Manager
Seattle Tree Care

> Many people do not realize how small and scrappy the GeekWire team is with about 15 full-time employees. Punching above our weight is an important part of GeekWire's culture and Reverb has helped take our hiring, benefits administration, review process, and people operations to the next level with on-call support. Our consultant has helped me and our co-founders become more efficient, lead important discussions, and enabled the company to better support our team.

Cara Kuhlman, Operations, Events & Marketing Director
Geekwire

> Before we hired Reverb's consultant our HR department was disorganized, policies and procedures were dated and there were no consistent practices and procedures that our staff could count on. The consultant completed a thorough assessment of our HR needs and designed a plan that thoughtfully addressed all these gaps and began to implement them. We are more than pleased with the services provided by the Reverb consultant. They were thorough, professional, and helped to create a sense of continuity and calm at the organization.

Interim CEO
Crisis Connections

‹‹ reverb ››

Empowering People, Building Culture

> Our Reverb consultant gained buy-in and handled confidential and sensitive feedback with great care and respect. Our consultant had grasped the essence of the Chateau culture and it was obvious that we needed to re-engage them to bring about the necessary changes and move the HR Team from a tactical focus to strategic….from paper to people. We have begun the second engagement with Reverb and look forward to the positive results.

Angel Averman, Senior Vice President Business Strategy & Finance
Chateau Retirement

> The choice I have made to come back to Reverb on multiple occasions is an indication of the trust I have in your company. They have earned credibility through their outstanding client-focused approach and their high bar for talent and HR practices.

Tammy Perkins, Chief People Officer
Pacific Market International

WHAT WE DO

PEOPLE OPERATIONS

We work with fast growing startups and nonprofits providing fractional, interim, and project support. Our team is there to empower your employees, advise leaders, and fill HR gaps.

LEADERSHIP DEVELOPMENT

Build inclusive, engaged teams through hands-on workshops that give people managers practical tools they can apply immediately.

LEADERSHIP COACHING

Support your development through personalized one-on-one or team coaching. We give leaders tools to support growth and reach business goals.

GeekWire · TOM BOY X · Remitly · crisis connections · Wizard · Sana Biotechnology · Modern Hydrogen · BUNGIE · Flexe

RECOGNITIONS AND AWARDS

Net Promoter Score: 80+ since the start

PSBJ Fastest Growing Privately Held Companies list for 5 years

SHRM When Work Works award

Stevie Award for Innovative Leadership Development

REVERB AT A GLANCE

100% Female Owned WBENC

Consultants have both startup and big company experience

Founded in 2015

Over 500 clients served

info@reverbpeople.com | p: (206) 319-9003 | 6523 California Ave SW #220 Seattle, WA 98136

New or Renewed Contracts for the Period of 03/01/2025 through 03/31/2025

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (4 contracts)									
DOH, Washingston State									
ID: 2453	Administration, Yolanda Fong	Amendment	Closed	03/04/25	$30,500.00	03/04/25	01/01/25	12/31/27	CLH32054-2
Description: Amendment 2 adds statements of work for the BEACH program and the Injury & Violence Prevention-Traumatic Brain Injury Prevention program and adds $30,500 for a revised maximum consideration of $5,014,738.									
ID: 2456	Administration, Yolanda Fong	Amendment	Closed	04/01/25	$687,131.00	03/27/25	01/01/25	12/31/27	CLH32054-3
Description: Amendment 3 adds statements of work, amends statements of work and Includes allocations increase of $687,131 for a revised maximum consideration of $5,701,869.									
KidVantage									
ID: 2455	Parent/Child Health, Lynn Pittsinger	Agreement			$0.00	03/24/25	03/20/25	03/19/27	
Description: The distribution of children's items between KidVantage and the District.									
Saint Michael Medical Center									
ID: 2454	Clinical Services, Elizabeth Davis	MOU/MOA	Closed		$0.00	03/03/25	03/01/25	12/31/30	
Description: SMMC to allow temporary storage of KPHD vaccines in the event of a vaccine storage equipment failure at the Kitsap Public Health District.									

Kitsap Public Health Board Meeting
Date: May 6, 2025

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

Approvals:

	Signature	Date
Administrator	Signed by: Yolanda Fong 04B011B7E67B465...	4/25/2025
Finance Manager	DocuSigned by: Melissa Laird DB9C788F36B1487	4/25/2025

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	3/6/2025	$ 52,061.49
Accounts Payable	3/13/2025	213,890.92
Accounts Payable	3/20/2025	16,890.72
Accounts Payable	3/27/2025	124,876.15
NDGC Mortgage	3/1/2025	25,179.00
Miscellaneous	3/31/2025	4,305.81
Vital Records Transfer	3/20/2025	30,182.00
Accounts Payable Total		$ 467,386.09
Payroll	3/31/2025	601,775.00
Payroll Benefits (PERS)	3/14/2025	141,366.27
Payroll Taxes	3/31/2025	227,578.78
Payroll Total		$ 970,720.05
	Grand Total	**$ 1,438,106.14**

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

Settlement Run Information

Settlement Run	STL-00004552
Name	Kitsap Public Health District JS
Number	STL-00004552
Status	Complete
Date	03/06/2025
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	52,061.49
Inbound Total	0.00
Expense Report Count	13
Supplier Invoice Count	23

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	03/06/2025	1	158.90	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 03/06/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	03/06/2025	12	952.71	USD	Payment Message: ID 3483 for Kitsap Public Health District on 03/06/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	03/06/2025	15	42,269.12	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/06/2025	Successfully Completed

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	03/06/2025	5	8,680.76	USD	Payment Message: ID 3484 for Kitsap Public Health District on 03/06/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011762	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0011762	03/06/2025		68.60	USD
Expense Report: EXP-0011763	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0011763	03/06/2025		47.39	USD
Expense Report: EXP-0011764	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0011764	03/06/2025		158.90	USD
Expense Report: EXP-0011765	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0011765	03/06/2025		140.00	USD
Expense Report: EXP-0011766	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0011766	03/06/2025		131.60	USD
Expense Report: EXP-0011767	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0011767	03/06/2025		50.89	USD
Expense Report: EXP-0011768	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0011768	03/06/2025		114.80	USD
Expense Report: EXP-0011769	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0011769	03/06/2025		58.10	USD
Expense Report: EXP-0011770	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0011770	03/06/2025		80.92	USD
Expense Report: EXP-0011771	Kitsap Public Health District	Ian Rork (404613)	Employee	EXP-0011771	03/06/2025		48.51	USD
Expense Report: EXP-0011772	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0011772	03/06/2025		187.77	USD
Expense Report: EXP-0011775	Kitsap Public Health District	Molly Fuchs (435045)	Employee	EXP-0011775	03/06/2025		12.74	USD
Expense Report: EXP-0011776	Kitsap Public Health District	Loan Nguyen (295033)	Employee	EXP-0011776	03/06/2025		11.39	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-2025-06464	Kitsap Public Health District	Bremerton Housing Authority	MARCH 2025 RENT	Bremerton Housing Authority	Net 30	SINV-2025-06464	03/06/2025		04/05/2025	0.00	0.00	386.00	USD

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-2025-06468	Kitsap Public Health District	City Of Port Angeles	FEB-MARCH 2025 BALANCE	City Of Port Angeles	Net 30	SINV-2025-06468	03/06/2025		04/05/2025	0.00	0.00	148.00	USD
Supplier Invoice: SINV-2025-06472	Kitsap Public Health District	Collins Computing Inc	#070820	Collins Computing Inc	Net 30	SINV-2025-06472	03/06/2025		04/05/2025	0.00	0.00	450.00	USD
Supplier Invoice: SINV-2025-06474	Kitsap Public Health District	Kitsap County	4TH QTR 2024	Kitsap County - Remit-To: KC Prosecuting Dept (Hold)	Net 30	SINV-2025-06474	03/06/2025		04/05/2025	0.00	0.00	8,685.60	USD
Supplier Invoice: SINV-2025-06477	Kitsap Public Health District	Kitsap Law Group	#23816	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-06477	03/06/2025		04/05/2025	0.00	0.00	632.50	USD
Supplier Invoice: SINV-2025-06478	Kitsap Public Health District	ODP Business Solutions, LLC	#409532335001	ODP Business Solutions, LLC	Net 30	SINV-2025-06478	03/06/2025		04/05/2025	0.00	0.00	451.65	USD
Supplier Invoice: SINV-2025-06480	Kitsap Public Health District	Outfront Media LLC	#06829744	Outfront Media LLC	Net 30	SINV-2025-06480	03/06/2025		04/05/2025	0.00	0.00	375.00	USD
Supplier Invoice: SINV-2025-06481	Kitsap Public Health District	Outfront Media LLC	#06829745	Outfront Media LLC	Net 30	SINV-2025-06481	03/06/2025		04/05/2025	0.00	0.00	125.00	USD
Supplier Invoice: SINV-2025-06483	Kitsap Public Health District	People's Exchange LCA	#00001	People's Exchange LCA	Net 30	SINV-2025-06483	03/06/2025		04/05/2025	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2025-06484	Kitsap Public Health District	Quadient Leasing USA, Inc	#Q1737047	Quadient Leasing USA, Inc	Net 30	SINV-2025-06484	03/06/2025		04/05/2025	0.00	0.00	1,437.42	USD
Supplier Invoice: SINV-2025-06486	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#25-01160	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-06486	03/06/2025		04/05/2025	0.00	0.00	779.00	USD

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-2025-06487	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#25-01162	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-06487	03/06/2025		04/05/2025	0.00	0.00	656.00	USD
Supplier Invoice: SINV-2025-06489	Kitsap Public Health District	Staples	#6024990036	Staples - Remit-To: Staples	Net 30	SINV-2025-06489	03/06/2025		04/05/2025	0.00	0.00	272.56	USD
Supplier Invoice: SINV-2025-06491	Kitsap Public Health District	Staples	#6024180756	Staples - Remit-To: Staples	Net 30	SINV-2025-06491	03/06/2025		04/05/2025	0.00	0.00	405.41	USD
Supplier Invoice: SINV-2025-06493	Kitsap Public Health District	US Bank National Association	02.25.25 STATEMENT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2025-06493	03/06/2025		04/05/2025	0.00	0.00	23,228.98	USD
Supplier Invoice: SINV-2025-06498	Kitsap Public Health District	WA State Dept of Enterprise Services	#71148690	WA State Dept of Enterprise Services - Remit-To: Seattle Po Box 84857	Net 30	SINV-2025-06498	03/06/2025		04/05/2025	0.00	0.00	319.00	USD
Supplier Invoice: SINV-2025-06500	Kitsap Public Health District	WA State Environmental Health Assoc	#71148690	WA State Environmental Health Assoc	Net 30	SINV-2025-06500	03/06/2025		04/05/2025	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2025-06502	Kitsap Public Health District	Waterpak	#WP2509	Waterpak	Net 30	SINV-2025-06502	03/06/2025		04/05/2025	0.00	0.00	50.00	USD
Supplier Invoice: SINV-2025-06505	Kitsap Public Health District	Waxie Sanitary Supply	#83061151	Waxie Sanitary Supply	Net 30	SINV-2025-06505	03/06/2025		04/05/2025	0.00	0.00	42.97	USD
Supplier Invoice: SINV-2025-06506	Kitsap Public Health District	WA Counties Insurance Fund	#124652	WA Counties Insurance Fund - Remit-To: WCIF	Net 30	SINV-2025-06506	03/06/2025		04/05/2025	0.00	0.00	6,365.14	USD
Supplier Invoice: SINV-2025-06508	Kitsap Public Health District	Comcast	CCAST 4737 2.26 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-06508	03/06/2025		04/05/2025	0.00	0.00	309.15	USD
Supplier Invoice: SINV-2025-06511	Kitsap Public Health District	Anish Adhikari	#11	Anish Adhikari	Net 30	SINV-2025-06511	03/06/2025		04/05/2025	0.00	0.00	4,900.00	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-2025-06599	Kitsap Public Health District	CG Silverdale LLC	MARCH 2025 RENT	CG Silverdale LLC	Net 30	SINV-2025-06599	03/06/2025		04/05/2025	0.00	0.00	830.50	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3484 for Kitsap Public Health District on 03/06/2025	03/06/2025	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	03/06/2025 10:08:12 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 3484 for Kitsap Public Health District on 03/06/2025	Successfully Completed
Payment Message: ID 3483 for Kitsap Public Health District on 03/06/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 03/06/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/06/2025	Successfully Completed
Remittance File: For Waxie Sanitary Supply on 03/06/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 03/06/2025	Successfully Completed
Remittance File: For WA Counties Insurance Fund - Remit-To: WCIF on 03/06/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 03/06/2025	Successfully Completed
Remittance File: For Bremerton Housing Authority on 03/06/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
03/06/2025 10:08 AM	03/06/2025 10:08 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004552	Completed	00:00:10	Junille Schmeling	

Settlement Run Information

Settlement Run	STL-00004571
Name	Kitsap Public Health District HH
Number	STL-00004571
Status	Complete
Date	03/13/2025
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	213,890.92
Inbound Total	0.00
Expense Report Count	21
Supplier Invoice Count	24

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	03/13/2025	21	3,125.85	USD	Payment Message: ID 3501 for Kitsap Public Health District on 03/13/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	03/13/2025	14	190,829.35	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/13/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	03/13/2025	10	19,935.72	USD	Payment Message: ID 3502 for Kitsap Public Health District on 03/13/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011844	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0011844	03/13/2025		342.10	USD
Expense Report: EXP-0011846	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0011846	03/13/2025		107.66	USD
Expense Report: EXP-0011848	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0011848	03/13/2025		127.89	USD
Expense Report: EXP-0011851	Kitsap Public Health District	Richard Bazzell (328436)	Employee	EXP-0011851	03/13/2025		231.00	USD
Expense Report: EXP-0011853	Kitsap Public Health District	Jennifer Breitmayer (435259)	Employee	EXP-0011853	03/13/2025		182.49	USD
Expense Report: EXP-0011856	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0011856	03/13/2025		302.30	USD
Expense Report: EXP-0011858	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0011858	03/13/2025		13.93	USD
Expense Report: EXP-0011859	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0011859	03/13/2025		18.41	USD
Expense Report: EXP-0011861	Kitsap Public Health District	Joaquin Hubert (435172)	Employee	EXP-0011861	03/13/2025		419.44	USD
Expense Report: EXP-0011862	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0011862	03/13/2025		288.96	USD
Expense Report: EXP-0011863	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0011863	03/13/2025		42.56	USD
Expense Report: EXP-0011864	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0011864	03/13/2025		118.79	USD
Expense Report: EXP-0011865	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0011865	03/13/2025		14.28	USD
Expense Report: EXP-0011866	Kitsap Public Health District	Nathan Sidell (435084)	Employee	EXP-0011866	03/13/2025		186.40	USD
Expense Report: EXP-0011867	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0011867	03/13/2025		214.20	USD
Expense Report: EXP-0011868	Kitsap Public Health District	Morgan Sim (435339)	Employee	EXP-0011868	03/13/2025		68.39	USD
Expense Report: EXP-0011869	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0011869	03/13/2025		27.09	USD
Expense Report: EXP-0011872	Kitsap Public Health District	Kayla Tierney (434695)	Employee	EXP-0011872	03/13/2025		63.14	USD
Expense Report: EXP-0011873	Kitsap Public Health District	Aldrin Villahermosa II (435216)	Employee	EXP-0011873	03/13/2025		42.00	USD
Expense Report: EXP-0011874	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0011874	03/13/2025		77.14	USD
Expense Report: EXP-0011875	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0011875	03/13/2025		237.68	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-2025-07389	Kitsap Public Health District	Griffin Glen Apartments LLC	APRIL 2025 RENT	Griffin Glen Apartments LLC	Net 30	SINV-2025-07389	03/13/2025		04/12/2025	0.00	0.00	1,471.00	USD
Supplier Invoice: SINV-2025-07390	Kitsap Public Health District	Kania, Sharon Faye	APRIL 2025 RENT	Kania, Sharon Faye	Net 30	SINV-2025-07390	03/13/2025		04/12/2025	0.00	0.00	635.00	USD
Supplier Invoice: SINV-2025-07391	Kitsap Public Health District	Daniel R. Niblock	APRIL 2025 RENT	Daniel R. Niblock	Net 30	SINV-2025-07391	03/13/2025		04/12/2025	0.00	0.00	1,071.00	USD
Supplier Invoice: SINV-2025-07392	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	APRIL 2025 RENT	NSE Kitsap Fee Owner, LLC	Net 30	SINV-2025-07392	03/13/2025		04/12/2025	0.00	0.00	598.00	USD
Supplier Invoice: SINV-2025-07393	Kitsap Public Health District	City Of Port Angeles	APRIL 2025 BALANCE	City Of Port Angeles	Net 30	SINV-2025-07393	03/13/2025		04/12/2025	0.00	0.00	74.00	USD
Supplier Invoice: SINV-2025-07394	Kitsap Public Health District	Paul Simmons	APRIL 2025 RENT	Paul Simmons	Net 30	SINV-2025-07394	03/13/2025		04/12/2025	0.00	0.00	876.00	USD
Supplier Invoice: SINV-2025-07395	Kitsap Public Health District	The Sinclair II, LLC of Washington	APRIL 2025 RENT	The Sinclair II, LLC of Washington	Net 30	SINV-2025-07395	03/13/2025		04/12/2025	0.00	0.00	888.00	USD
Supplier Invoice: SINV-2025-07397	Kitsap Public Health District	Washington Home Solutions	APRIL 2025 RENT	Washington Home Solutions	Net 30	SINV-2025-07397	03/13/2025		04/12/2025	0.00	0.00	721.00	USD
Supplier Invoice: SINV-2025-07399	Kitsap Public Health District	Acranet Cbs Branch	#28049	Acranet Cbs Branch	Net 30	SINV-2025-07399	03/13/2025		04/12/2025	0.00	0.00	216.00	USD
Supplier Invoice: SINV-2025-07400	Kitsap Public Health District	Bremerton Government Center Association	#1281	Bremerton Government Center Association	Net 30	SINV-2025-07400	03/13/2025		04/12/2025	0.00	0.00	37,469.13	USD
Supplier Invoice: SINV-2025-07401	Kitsap Public Health District	City of Bremerton	#0011962	City of Bremerton - Remit-To: Parks & Recreation	Net 30	SINV-2025-07401	03/13/2025		04/12/2025	0.00	0.00	96.00	USD

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-2025-07402	Kitsap Public Health District	CashStar, Inc.	ORDER #CBD6M2C555	CashStar, Inc.	Net 30	SINV-2025-07402	03/13/2025		04/12/2025	0.00	0.00	5,472.00	USD
Supplier Invoice: SINV-2025-07405	Kitsap Public Health District	Drug Free Business Corp	#460976	Drug Free Business Corp	Net 30	SINV-2025-07405	03/13/2025		04/12/2025	0.00	0.00	150.00	USD
Supplier Invoice: SINV-2025-07408	Kitsap Public Health District	FedEx	#8-784-95043	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2025-07408	03/13/2025		04/12/2025	0.00	0.00	38.11	USD
Supplier Invoice: SINV-2025-07409	Kitsap Public Health District	Hummingbird Insights LLC	#0198	Hummingbird Insights LLC	Net 30	SINV-2025-07409	03/13/2025		04/12/2025	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2025-07410	Kitsap Public Health District	Loomis	#13675230	Loomis - Remit-To: Palatine, Il	Net 30	SINV-2025-07410	03/13/2025		04/12/2025	0.00	0.00	910.31	USD
Supplier Invoice: SINV-2025-07412	Kitsap Public Health District	New West Technologies	#20386	New West Technologies	Net 30	SINV-2025-07412	03/13/2025		04/12/2025	0.00	0.00	90.09	USD
Supplier Invoice: SINV-2025-07414	Kitsap Public Health District	Ozark Underground Laboratory	#20250227WA56	Ozark Underground Laboratory	Net 30	SINV-2025-07414	03/13/2025		04/12/2025	0.00	0.00	480.00	USD
Supplier Invoice: SINV-2025-07415	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#25-01374	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-07415	03/13/2025		04/12/2025	0.00	0.00	430.90	USD
Supplier Invoice: SINV-2025-07416	Kitsap Public Health District	Staples	#6025358208	Staples - Remit-To: Staples	Net 30	SINV-2025-07416	03/13/2025		04/12/2025	0.00	0.00	180.86	USD
Supplier Invoice: SINV-2025-07418	Kitsap Public Health District	Stericycle Inc	#8009739179	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-07418	03/13/2025		04/12/2025	0.00	0.00	309.39	USD

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-2025-07420	Kitsap Public Health District	Summit Law Group, PLLC	#161204	Summit Law Group, PLLC	Net 30	SINV-2025-07420	03/13/2025		04/12/2025	0.00	0.00	12,828.00	USD
Supplier Invoice: SINV-2025-07422	Kitsap Public Health District	Washington State University	#CI00062135	Washington State University	Net 30	SINV-2025-07422	03/13/2025		04/12/2025	0.00	0.00	3,960.32	USD
Supplier Invoice: SINV-2025-07477	Kitsap Public Health District	WA Health Care Authority	03.2025 BENEFITS	WA Health Care Authority	Net 30	SINV-2025-07477	03/13/2025		04/12/2025	0.00	0.00	141,524.96	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3502 for Kitsap Public Health District on 03/13/2025	03/13/2025	10	

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	03/13/2025 09:19:06 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 3501 for Kitsap Public Health District on 03/13/2025	Successfully Completed
Payment Message: ID 3502 for Kitsap Public Health District on 03/13/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/13/2025	Successfully Completed
Remittance File: For Kania, Sharon Faye on 03/13/2025	Successfully Completed
Remittance File: For Acranet Cbs Branch on 03/13/2025	Successfully Completed
Remittance File: For Washington State University on 03/13/2025	Successfully Completed
Remittance File: For The Sinclair II, LLC of Washington on 03/13/2025	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 03/13/2025	Successfully Completed

Business Process	Status
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 03/13/2025	Successfully Completed
Remittance File: For Drug Free Business Corp on 03/13/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 03/13/2025	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 03/13/2025	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 03/13/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
03/13/2025 09:19 AM	03/13/2025 09:19 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004571	Completed	00:00:10	Heather Hunsaker	

View Settlement Run

Settlement Run Information

Settlement Run	STL-00004595
Name	Kitsap Public Health District JS
Number	STL-00004595
Status	Complete
Date	03/20/2025
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	16,890.72
Inbound Total	0.00
Expense Report Count	14
Supplier Invoice Count	22

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	03/20/2025	1	206.50	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 03/20/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	03/20/2025	13	1,703.37	USD	Payment Message: ID 3525 for Kitsap Public Health District on 03/20/2025	Successfully Completed

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	03/20/2025	17	9,800.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/20/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	03/20/2025	3	5,180.85	USD	Payment Message: ID 3524 for Kitsap Public Health District on 03/20/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011919	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0011919	03/20/2025		155.54	USD
Expense Report: EXP-0011920	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0011920	03/20/2025		96.60	USD
Expense Report: EXP-0011921	Kitsap Public Health District	Rebecca Chandler (435269)	Employee	EXP-0011921	03/20/2025		63.35	USD
Expense Report: EXP-0011922	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0011922	03/20/2025		73.74	USD
Expense Report: EXP-0011923	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0011923	03/20/2025		206.50	USD
Expense Report: EXP-0011924	Kitsap Public Health District	Jessica Howell (435293)	Employee	EXP-0011924	03/20/2025		145.74	USD
Expense Report: EXP-0011925	Kitsap Public Health District	Siri Kushner (327580)	Employee	EXP-0011925	03/20/2025		126.59	USD
Expense Report: EXP-0011929	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0011929	03/20/2025		161.70	USD
Expense Report: EXP-0011930	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0011930	03/20/2025		80.85	USD
Expense Report: EXP-0011931	Kitsap Public Health District	Kaela Moontree-Stewart (406607)	Employee	EXP-0011931	03/20/2025		25.48	USD
Expense Report: EXP-0011932	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0011932	03/20/2025		69.58	USD
Expense Report: EXP-0011934	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0011934	03/20/2025		56.00	USD
Expense Report: EXP-0011935	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0011935	03/20/2025		565.60	USD
Expense Report: EXP-0011936	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0011936	03/20/2025		82.60	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-2025-08302	Kitsap Public Health District	American Family Life Assurance Company	MAR 2025 BENEFITS	American Family Life Assurance Company	Net 30	SINV-2025-08302	03/20/2025		04/19/2025	0.00	0.00	2,231.65	USD
Supplier Invoice: SINV-2025-08306	Kitsap Public Health District	City of Bremerton	#BKAT000915	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2025-08306	03/20/2025		04/19/2025	0.00	0.00	433.33	USD
Supplier Invoice: SINV-2025-08308	Kitsap Public Health District	Catalyst Workplace Activation	#327667	Catalyst Workplace Activation	Net 30	SINV-2025-08308	03/20/2025		04/19/2025	0.00	0.00	101.77	USD
Supplier Invoice: SINV-2025-08309	Kitsap Public Health District	Comcast	CCAST 1975 - 3.9.25 INV	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-08309	03/20/2025		04/19/2025	0.00	0.00	473.81	USD
Supplier Invoice: SINV-2025-08314	Kitsap Public Health District	Grainger	#9429876296	Grainger - Remit-To: Dept 833517998	Net 30	SINV-2025-08314	03/20/2025		04/19/2025	0.00	0.00	94.35	USD
Supplier Invoice: SINV-2025-08315	Kitsap Public Health District	Iron Mountain	#202974338	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2025-08315	03/20/2025		04/19/2025	0.00	0.00	214.26	USD
Supplier Invoice: SINV-2025-08328	Kitsap Public Health District	Kitsap Law Group	#24184	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-08328	03/20/2025		04/19/2025	0.00	0.00	687.50	USD
Supplier Invoice: SINV-2025-08330	Kitsap Public Health District	Kitsap Law Group	#24185	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-08330	03/20/2025		04/19/2025	0.00	0.00	247.50	USD
Supplier Invoice: SINV-2025-08333	Kitsap Public Health District	Kitsap Law Group	#24186	Kitsap Law Group - Remit-To: Kitsap Law Group	Net 30	SINV-2025-08333	03/20/2025		04/19/2025	0.00	0.00	220.00	USD
Supplier Invoice: SINV-2025-08341	Kitsap Public Health District	ODP Business Solutions, LLC	412255148001	ODP Business Solutions, LLC	Net 30	SINV-2025-08341	03/20/2025		04/19/2025	0.00	0.00	9.39	USD
Supplier Invoice: SINV-2025-08345	Kitsap Public Health District	Outfront Media LLC	#06873424	Outfront Media LLC	Net 30	SINV-2025-08345	03/20/2025		04/19/2025	0.00	0.00	2,400.00	USD

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-2025-08350	Kitsap Public Health District	Propio LS, LLC	#0310070225	Propio LS, LLC	Net 30	SINV-2025-08350	03/20/2025		04/19/2025	0.00	0.00	136.35	USD
Supplier Invoice: SINV-2025-08353	Kitsap Public Health District	Quest Diagnostics	#9214073466	Quest Diagnostics	Net 30	SINV-2025-08353	03/20/2025		04/19/2025	0.00	0.00	146.09	USD
Supplier Invoice: SINV-2025-08355	Kitsap Public Health District	Staples	#6026156531	Staples - Remit-To: Staples	Net 30	SINV-2025-08355	03/20/2025		04/19/2025	0.00	0.00	172.65	USD
Supplier Invoice: SINV-2025-08357	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	FEB 2025 - MONTHLY PIC	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-08357	03/20/2025		04/19/2025	0.00	0.00	4,957.20	USD
Supplier Invoice: SINV-2025-08360	Kitsap Public Health District	Lingo	#34363776	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2025-08360	03/20/2025		04/19/2025	0.00	0.00	12.83	USD
Supplier Invoice: SINV-2025-08363	Kitsap Public Health District	Taylor Water Technologies, LLC	#34363776	Taylor Water Technologies, LLC	Net 30	SINV-2025-08363	03/20/2025		04/19/2025	0.00	0.00	101.67	USD
Supplier Invoice: SINV-2025-08364	Kitsap Public Health District	Toyota Financial Services	3.10.25 LEASE INVA	Toyota Financial Services	Net 30	SINV-2025-08364	03/20/2025		04/19/2025	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2025-08374	Kitsap Public Health District	WA State Dept of Health	CLIA # RENEWAL 2025	WA State Dept of Health	Net 30	SINV-2025-08374	03/20/2025		04/19/2025	0.00	0.00	300.00	USD
Supplier Invoice: SINV-2025-08405	Kitsap Public Health District	WA State Dept of Enterprise Services	#71149386	WA State Dept of Enterprise Services - Remit-To: Seattle Po Box 84857	Net 30	SINV-2025-08405	03/20/2025		04/19/2025	0.00	0.00	384.00	USD
Supplier Invoice: SINV-2025-08410	Kitsap Public Health District	WA State Environmental Health Assoc	#1522	WA State Environmental Health Assoc	Net 30	SINV-2025-08410	03/20/2025		04/19/2025	0.00	0.00	425.00	USD
Supplier Invoice: SINV-2025-08413	Kitsap Public Health District	Wex Bank	#103397564	Wex Bank	Net 30	SINV-2025-08413	03/20/2025		04/19/2025	0.00	0.00	770.79	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3524 for Kitsap Public Health District on 03/20/2025	03/20/2025	3	

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	03/20/2025 09:21:51 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 3525 for Kitsap Public Health District on 03/20/2025	Successfully Completed
Payment Message: ID 3524 for Kitsap Public Health District on 03/20/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 03/20/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/20/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 03/20/2025	Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 03/20/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 03/20/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
03/20/2025 09:21 AM	03/20/2025 09:21 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004595	Completed	00:00:15	Junille Schmeling	

View Settlement Run

Settlement Run Information

Settlement Run	STL-00004615
Name	Kitsap Public Health District HH
Number	STL-00004615
Status	Complete
Date	03/27/2025
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	124,876.15
Inbound Total	0.00
Expense Report Count	15
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	03/27/2025	1	376.02	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 03/27/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	03/27/2025	14	1,984.21	USD	Payment Message: ID 3539 for Kitsap Public Health District on 03/27/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	03/27/2025	1	350.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 03/27/2025	Successfully Completed

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	03/27/2025	19	85,981.30	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/27/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	03/27/2025	10	36,184.62	USD	Payment Message: ID 3540 for Kitsap Public Health District on 03/27/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011965	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0011965	03/27/2025		134.68	USD
Expense Report: EXP-0011967	Kitsap Public Health District	Angeline Berger (407902)	Employee	EXP-0011967	03/27/2025		97.96	USD
Expense Report: EXP-0011968	Kitsap Public Health District	Jennifer Breitmayer (435259)	Employee	EXP-0011968	03/27/2025		124.11	USD
Expense Report: EXP-0011969	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0011969	03/27/2025		77.00	USD
Expense Report: EXP-0011970	Kitsap Public Health District	HILLARY EICHLER (435374)	Employee	EXP-0011970	03/27/2025		175.00	USD
Expense Report: EXP-0011971	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0011971	03/27/2025		23.66	USD
Expense Report: EXP-0011972	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0011972	03/27/2025		11.90	USD
Expense Report: EXP-0011973	Kitsap Public Health District	Shannon Madden (434318)	Employee	EXP-0011973	03/27/2025		85.60	USD
Expense Report: EXP-0011974	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0011974	03/27/2025		269.50	USD
Expense Report: EXP-0011975	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0011975	03/27/2025		277.55	USD
Expense Report: EXP-0011976	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0011976	03/27/2025		74.76	USD
Expense Report: EXP-0011977	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0011977	03/27/2025		228.20	USD
Expense Report: EXP-0011978	Kitsap Public Health District	Morgan Sim (435339)	Employee	EXP-0011978	03/27/2025		217.00	USD
Expense Report: EXP-0011979	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0011979	03/27/2025		376.02	USD
Expense Report: EXP-0011980	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0011980	03/27/2025		187.29	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-21107	Kitsap Public Health District	PAUL REDAL (Inactive)	MPR-21107	Check	One-Time Payment	03/27/2025	350.00	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-2025-09160	Kitsap Public Health District	Bremerton Housing Authority	APRIL 2025 RENT	Bremerton Housing Authority	Net 30	SINV-2025-09160	03/27/2025		04/26/2025	0.00	0.00	336.00	USD
Supplier Invoice: SINV-2025-09161	Kitsap Public Health District	Post Cottage Bay, LP	APRIL 2025 RENT	Post Cottage Bay, LP	Net 30	SINV-2025-09161	03/27/2025		04/26/2025	0.00	0.00	1,373.00	USD
Supplier Invoice: SINV-2025-09162	Kitsap Public Health District	Assoc of Washington Cities	#159498	Assoc of Washington Cities	Net 30	SINV-2025-09162	03/27/2025		04/26/2025	0.00	0.00	1,500.00	USD
Supplier Invoice: SINV-2025-09182	Kitsap Public Health District	Canon Financial Services, Inc.	#39083135	Canon Financial Services, Inc.	Net 30	SINV-2025-09182	03/27/2025		04/26/2025	0.00	0.00	1,474.04	USD
Supplier Invoice: SINV-2025-09183	Kitsap Public Health District	Comcast	#235189108	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2025-09183	03/27/2025		04/26/2025	0.00	0.00	597.53	USD
Supplier Invoice: SINV-2025-09184	Kitsap Public Health District	FedEx	#8-799-20323	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2025-09184	03/27/2025		04/26/2025	0.00	0.00	38.11	USD
Supplier Invoice: SINV-2025-09185	Kitsap Public Health District	Kitsap Sun	#6944904	Kitsap Sun - Remit-To: Gannett PO Box 52173	Net 30	SINV-2025-09185	03/27/2025		04/26/2025	0.00	0.00	240.72	USD
Supplier Invoice: SINV-2025-09186	Kitsap Public Health District	Sensoscientific Inc	#0516314-IN	Sensoscientific Inc	Net 30	SINV-2025-09186	03/27/2025		04/26/2025	0.00	0.00	362.99	USD
Supplier Invoice: SINV-2025-09192	Kitsap Public Health District	Silverdale Self Storage	STORAGE UNITS #4/#10	Silverdale Self Storage	Net 30	SINV-2025-09192	03/27/2025		04/26/2025	0.00	0.00	9,152.00	USD

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-2025-09200	Kitsap Public Health District	Staples	#6024302244	Staples - Remit-To: Staples	Net 30	SINV-2025-09200	03/27/2025		04/26/2025	0.00	0.00	152.83	USD
Supplier Invoice: SINV-2025-09204	Kitsap Public Health District	Stericycle Inc	#8010046610	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-09204	03/27/2025		04/26/2025	0.00	0.00	535.30	USD
Supplier Invoice: SINV-2025-09207	Kitsap Public Health District	Stericycle Inc	#8010039617	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-09207	03/27/2025		04/26/2025	0.00	0.00	261.02	USD
Supplier Invoice: SINV-2025-09208	Kitsap Public Health District	Summit Law Group, PLLC	#161963	Summit Law Group, PLLC	Net 30	SINV-2025-09208	03/27/2025		04/26/2025	0.00	0.00	8,740.00	USD
Supplier Invoice: SINV-2025-09211	Kitsap Public Health District	United Business Machines of WA	#INV534368	United Business Machines of WA	Net 30	SINV-2025-09211	03/27/2025		04/26/2025	0.00	0.00	1,007.61	USD
Supplier Invoice: SINV-2025-09216	Kitsap Public Health District	VectorUSA	#103386	VectorUSA	Net 30	SINV-2025-09216	03/27/2025		04/26/2025	0.00	0.00	5,939.48	USD
Supplier Invoice: SINV-2025-09236	Kitsap Public Health District	Verizon Wireless	#6108263275	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2025-09236	03/27/2025		04/26/2025	0.00	0.00	6,580.51	USD
Supplier Invoice: SINV-2025-09244	Kitsap Public Health District	Washington State Auditor's Office	#L167023	Washington State Auditor's Office	Net 30	SINV-2025-09244	03/27/2025		04/26/2025	0.00	0.00	139.10	USD
Supplier Invoice: SINV-2025-09246	Kitsap Public Health District	WA State Environmental Health Assoc	#1537	WA State Environmental Health Assoc	Net 30	SINV-2025-09246	03/27/2025		04/26/2025	0.00	0.00	425.00	USD
Supplier Invoice: SINV-2025-09247	Kitsap Public Health District	WA State Environmental Health Assoc	#1544	WA State Environmental Health Assoc	Net 30	SINV-2025-09247	03/27/2025		04/26/2025	0.00	0.00	425.00	USD
Supplier Invoice: SINV-2025-09249	Kitsap Public Health District	WA State Environmental Health Assoc	#1546	WA State Environmental Health Assoc	Net 30	SINV-2025-09249	03/27/2025		04/26/2025	0.00	0.00	175.00	USD

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-2025-09251	Kitsap Public Health District	WA State Environmental Health Assoc	#1539	WA State Environmental Health Assoc	Net 30	SINV-2025-09251	03/27/2025		04/26/2025	0.00	0.00	425.00	USD
Supplier Invoice: SINV-2025-09252	Kitsap Public Health District	WA State Environmental Health Assoc	#1540	WA State Environmental Health Assoc	Net 30	SINV-2025-09252	03/27/2025		04/26/2025	0.00	0.00	425.00	USD
Supplier Invoice: SINV-2025-09254	Kitsap Public Health District	Washington State Public Health Assoc	#8750	Washington State Public Health Assoc	Net 30	SINV-2025-09254	03/27/2025		04/26/2025	0.00	0.00	80.00	USD
Supplier Invoice: SINV-2025-09353	Kitsap Public Health District	Washington State University	#CI00064037	Washington State University	Net 30	SINV-2025-09353	03/27/2025		04/26/2025	0.00	0.00	20,753.60	USD
Supplier Invoice: SINV-2025-09367	Kitsap Public Health District	Health Equity	MARCH 2025 BENEFITS	Health Equity	Net 30	SINV-2025-09367	03/27/2025		04/26/2025	0.00	0.00	2,078.32	USD
Supplier Invoice: SINV-2025-09369	Kitsap Public Health District	Hra Veba Trust	MARCH 2025 BENEFITS	Hra Veba Trust	Net 30	SINV-2025-09369	03/27/2025		04/26/2025	0.00	0.00	10,028.53	USD
Supplier Invoice: SINV-2025-09370	Kitsap Public Health District	Nationwide Retirement Solutions	MARCH 2025 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2025-09370	03/27/2025		04/26/2025	0.00	0.00	7,366.50	USD
Supplier Invoice: SINV-2025-09372	Kitsap Public Health District	A.W. Rehn & Associates, Inc	MARCH 2025 BENEFITS	A.W. Rehn & Associates, Inc	Net 30	SINV-2025-09372	03/27/2025		04/26/2025	0.00	0.00	1,399.84	USD
Supplier Invoice: SINV-2025-09373	Kitsap Public Health District	Prof & Technical Eng XPH	MARCH 2025 BENEFITS UNION	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2025-09373	03/27/2025		04/26/2025	0.00	0.00	4,040.23	USD
Supplier Invoice: SINV-2025-09374	Kitsap Public Health District	Prof & Technical Eng XPH	MARCH 2025 BENEFITS PAC	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2025-09374	03/27/2025		04/26/2025	0.00	0.00	21.00	USD
Supplier Invoice: SINV-2025-09375	Kitsap Public Health District	Voya Institutional Trust Company	MARCH 2025 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (Public Health Payroll)	Net 30	SINV-2025-09375	03/27/2025		04/26/2025	0.00	0.00	125.00	USD

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-2025-09376	Kitsap Public Health District	Wash State Dept of Retirement	MARCH 2025 BENEFITS	Wash State Dept of Retirement	Net 30	SINV-2025-09376	03/27/2025		04/26/2025	0.00	0.00	16,493.43	USD
Supplier Invoice: SINV-2025-09377	Kitsap Public Health District	Vimly Benefit Solutions Inc	MARCH 2025 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2025-09377	03/27/2025		04/26/2025	0.00	0.00	6,322.24	USD
Supplier Invoice: SINV-2025-09379	Kitsap Public Health District	Delta Dental of Washington	MARCH 2025 BENEFITS	Delta Dental of Washington - Remit-To: Whit-Delta C/O Vilmy PO Box 6	Net 30	SINV-2025-09379	03/27/2025		04/26/2025	0.00	0.00	13,151.99	USD

Remittance

Remittance

Process	Date	Remittance Events	
Payment Message: ID 3540 for Kitsap Public Health District on 03/27/2025	03/27/2025	10	

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	03/27/2025 09:21:25 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 3539 for Kitsap Public Health District on 03/27/2025	Successfully Completed
Payment Message: ID 3540 for Kitsap Public Health District on 03/27/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 03/27/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 03/27/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 03/27/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 03/27/2025	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 03/27/2025	Successfully Completed
Remittance File: For Washington State University on 03/27/2025	Successfully Completed

Business Process	Status
Remittance File: For Washington State Auditor's Office on 03/27/2025	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 03/27/2025	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 03/27/2025	Successfully Completed
Remittance File: For Bremerton Housing Authority on 03/27/2025	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 03/27/2025	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 03/27/2025	Successfully Completed
Remittance File: For Assoc of Washington Cities on 03/27/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
03/27/2025 09:21 AM	03/27/2025 09:21 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004615	Completed	00:00:15	Heather Hunsaker	

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2025 -March

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5700:Debt Service Principal	5780 - Intergovernmental Loans	JE-00075037 - Kitsap Public Health District - 03/01/2025 - 2025 Mortgage Payment - March	3/1/2025	0.00	17,500.00	-17,500.00
5800:Debt Service Interest	5830 - Interest on Long-Term External Debt	JE-00075037 - Kitsap Public Health District - 03/01/2025 - 2025 Mortgage Payment - March	3/1/2025	-	7,679.00	(7,679.00)
				-	25,179.00	(25,179.00)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2025 -March

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5400:Other Services and Charges	5493 - Financial Service Fees	JE-00076860 - Kitsap Public Health District - 03/31/2025 - Returned Item - PH - R00237913 - 2025-03-31	3/31/2025	-	5.00	(5.00)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 03/03/2025	3/3/2025	-	3,364.17	(3,364.17)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 03/04/2025	3/4/2025	-	62.00	(62.00)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 03/05/2025	3/5/2025	-	1,178.14	(1,178.14)
5400:Other Services and Charges	5494 - Filing and Recording Fees	JE-00075763 - Kitsap Public Health District - 03/01/2025 - Correcting JE to reverse duplicate KPHD and WSUD recording fees for January 2025 (JE-00073406 and JE-00075032)	3/1/2025	303.50	-	303.50
				303.50	4,609.31	(4,305.81)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2025 -March

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-00075126 - Kitsap Public Health District - 03/20/2025 - Public Health monthly vital stats transfer	3/20/2025	-	30,182.00	(30,182.00)
				-	30,182.00	(30,182.00)

March 2025 - Payroll

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Ader (413193) Sam	173.33	$7,620.00			$5,159.23
Alexander (435070) Katharine	173.33	$7,257.00			$4,798.88
Anderson (419470) Amy	173.33	$7,620.00			$4,903.21
Anderson-Hobbs (435083) Nathan	173.33	$5,686.00			$4,281.61
Armstrong (434291) Jami	173.33	$7,257.00			$5,007.58
Atisme-Bevins (433909) Kandice	173.33	$9,632.00			$6,002.23
Baker (435044) Katie	173.33	$6,222.00			$4,593.44
Banigan (215189) Leslie	173.33	$8,601.00			$6,185.99
Baum (434397) Rudy	173.33	$6,935.00			$5,045.96
Bazzell (328436) Richard	173.33	$8,001.00			$5,586.78
Bell (419805) Gus	173.33	$8,465.00			$5,541.46
Berger (407902) Angeline	173.33	$7,224.00			$5,042.96
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	$7,658.00			$5,424.72
Breitmayer (435259) Jennifer	173.33	$8,062.00			$6,160.75
Bronder (434436) Christine	173.33	$6,094.00			$4,591.37
Brown (271677) Steven	173.33	$10,620.00			$6,143.08
Burchett (409212) Brian	173.33	$6,719.00			$4,755.68
Burke (434463) Lenore	173.33	$5,186.00			$3,625.26
Burton (434296) Callie	173.33	$5,119.00			$3,774.03
Cadorna (434932) Jessi	157.33	$3,844.12			$2,700.69
Camarena (434536) Daniel	173.33	$6,399.00			$4,402.43
Chandler (435269) Rebecca	173.33	$8,212.00			$3,986.07
Chang (411387) Margo	173.33	$5,991.00			$4,246.98
Clark (435043) Cheryl	173.33	$7,312.00			$5,227.70
Collins (434101) Lori	173.33	$8,229.00			$5,609.55
Collins (435290) River	173.33	$4,033.00			$3,111.47
Currie (400651) Krista	173.33	$5,334.00			$3,978.61
Davis (433997) Elizabeth	173.33	$9,632.00			$6,769.12
Degracia (435196) Allison	173.33	$6,222.00			$4,597.80
Dowless (340919) Kelly	173.33	$8,671.00			$5,814.15
Duren (430735) Ashley	173.33	$7,109.00			$5,204.40
EICHLER (435374) HILLARY	173.33	$6,222.00			$4,546.66
Evans (4565) Eric	173.33	$11,930.00			$6,460.26
Fergus (434648) Maria	213.33	$7,222.24			$4,994.11
Fine (421693) George	86.67	$2,470.00			$1,912.65
Fisk (321284) April	173.33	$9,105.00			$5,075.05
Fong (356883) Yolanda	173.33	$14,090.00			$9,140.43
Fuchs (435045) Molly	173.33	$5,186.00			$3,811.62
Fucini (434997) Heather	173.33	$6,533.00			$5,206.64
Giuntoli (337331) Paul	173.33	$8,001.00			$4,958.42
Gress (421427) Nicole	173.33	$5,601.00			$4,086.60
Griego (410072) Yaneisy	173.33	$6,839.00			$5,090.30
Guidry (355732) Jessica	173.33	$11,362.00			$8,080.14
Hammond (434978) Gabriel	173.33	$7,257.00			$4,883.15
Hampton (434838) Adrienne	173.33	$8,671.00			$6,072.39
Hansen (435085) Isabella	173.33	$5,119.00			$3,786.25
Harmon (434977) William	173.33	$8,707.00			$6,651.82
Holt (2726) Karen	173.33	$11,150.00			$7,746.84
Howard (434057) Anne	138.67	$4,891.00			$3,178.61
Howell (435293) Jessica	69.67	$1,633.52			$1,317.71
Hubert (435172) Joaquin	173.33	$5,761.00			$4,755.91
Hughes (434256) Jakob	173.33	$6,719.00			$4,979.02
Hunter (409213) Kari	173.33	$10,114.00			$6,547.62
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			$3,900.98
Jones (358933) Kimberly	173.33	$10,620.00			$7,153.27
Jury (434709) Thomas	80.00	$2,872.00			$2,401.40
Katula (393427) Dayna	173.33	$10,114.00			$6,122.27
Kench (245476) Donald	173.33	$4,802.00			$2,850.52

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kiess (250913) John	173.33	$12,527.00			$8,767.75
Kimes (433908) Alexandra	173.33	$9,292.00			$6,415.99
Kindschy (421430) Brandon	173.33	$7,408.00			$5,448.57
Kinnear (434099) Sarah	173.33	$6,582.00			$4,948.22
Knoop (16125) Melina	173.33	$8,001.00			$5,253.17
Kushner (327580) Siri	173.33	$12,527.00			$7,425.58
Laird (416539) Melissa	173.33	$11,150.00			$6,771.11
Lawver (434888) Albert	173.33	$6,533.00			$4,855.65
Levine (435209) Naomi	173.33	$6,269.00			$4,756.97
Lytle (285038) Ross	173.33	$8,001.00			$5,421.05
Madden (434318) Shannon	173.33	$5,186.00			$3,789.75
May (434674) Martha	173.33	$5,059.00			$3,512.82
Mazur (388104) Karina	156.00	$8,678.00			$5,756.66
McClung (435242) Carol	173.33	$9,105.00			$6,111.17
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			$4,627.43
Morris (312378) Dawn	173.33	$8,821.00			$6,120.67
Morris (433859) Molly	147.33	$3,916.66			$3,031.32
Morris (434567) Amanda	173.33	$5,186.00			$3,828.38
Morrow (433895) Nathan	173.33	$17,903.00			$9,306.14
Navarro (435294) Alee	173.33	$4,567.00			$3,472.80
Neff Warner (435082) Leah	173.33	$6,911.00			$3,755.04
Newland (435315) Daisy	173.33	$5,644.00			$4,425.69
Nguyen (295033) Loan	173.33	$6,049.00			$4,201.16
North (22459) Edwin	173.33	$11,150.00			$582.29
O'Brien (433907) Melissa	173.33	$6,094.00			$4,751.45
Onarheim (426938) Carin		$0.00			$0.00
Outlaw-Spencer (434984) Gabreiel	173.33	$6,533.00			$5,069.14
Pandino (419118) Linda	173.33	$5,445.00			$4,101.74
Perry (306605) Rachel	173.33	$4,939.00			$3,643.35
Pittsinger (435173) Lynn	173.33	$12,527.00			$8,281.58
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	173.33	$5,970.00			$4,437.83
Shelby (434658) Emmy	156.00	$7,364.00			$5,018.17
Sherman (434949) Linnea	173.33	$5,186.00			$3,619.56
Shuhler (425553) Yana	173.33	$5,239.00			$3,521.59
Sidell (435084) Nathan	173.33	$5,686.00			$3,477.15
Sim (435339) Morgan	167.96	$5,469.15			$4,342.50
Simmons (434365) Nolan	173.33	$6,399.00			$4,769.67
Smith (361388) Terri	173.33	$9,142.00			$6,349.08
Snow (435021) Kelly	173.33	$5,926.00			$4,392.66
Sooter (427776) Thaddeus	173.33	$10,114.00			$7,110.96
Stedman (347366) Kelsey	173.33	$10,114.00			$6,601.98
Stewart (423168) Tobbi	173.33	$6,533.00			$4,097.06
Taveras (435217) Orpa	173.33	$5,239.00			$3,942.26
Tierney (434695) Kayla	173.33	$5,119.00			$3,852.34
Turner (1682) Denise	173.33	$6,049.00			$3,731.12
Van Ort (392243) Susan	173.33	$8,001.00			$5,498.17
Villahermosa II (435216) Aldrin	173.33	$5,686.00			$4,094.14
Wagner (426251) Mary	121.34	$3,556.00			$2,458.15
Wellborn (14545) Brian	178.33	$5,009.75			$3,343.22
Wendt (397255) Jan	173.33	$8,465.00			$6,226.63
Whares (434641) Erica	173.33	$7,490.00			$5,830.44
Wimpenny (434923) Jacob	173.33	$7,408.00			$5,322.34
Winchester (431493) Layken	173.33	$6,399.00			$4,619.69
Wyatt (434415) Janet	173.33	$8,062.00			$5,180.04
	20,565.60	$883,590.44	$72,132.31	$229,463.44	$601,775.60

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2025 -March

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 03/14/2025	3/14/2025	-	141,366.27	(141,366.27)
2317:Payroll Tax Payable		Operational Journal: Kitsap Public Health District - 03/31/2025	3/31/2025	-	227,578.78	(227,578.78)
				-	368,945.05	(368,945.05)

Certificate Of Completion

Envelope Id: 8F229049-A564-4FAB-9561-C138F0512BB0
Status: Completed
Subject: BOH Consent Agenda is ready for signature
Source Envelope:
Document Pages: 30
Signatures: 2
Certificate Pages: 2
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
Carol McClung
345 6th Street, Suite 300
Bremerton, WA 98337
Carol.mcclung@kitsappublichealth.org
IP Address: 146.218.141.215

Record Tracking

Status: Original
4/22/2025 2:19:51 PM
Holder: Carol McClung
Carol.mcclung@kitsappublichealth.org
Location: DocuSign

Signer Events	Signature	Timestamp
Melissa Laird melissa.laird@kitsappublichealth.org Finance Manager Kitsap Public Health District Security Level: Email, Account Authentication (None)	DocuSigned by:  DB9C788F36B1487... Signature Adoption: Pre-selected Style Using IP Address: 146.218.141.198	Sent: 4/25/2025 7:00:18 AM Viewed: 4/25/2025 8:43:01 AM Signed: 4/25/2025 8:49:20 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Yolanda Fong yolanda.fong@kitsappublichealth.org Administrator kitsap Public health District Security Level: Email, Account Authentication (None)	Signed by:  04B011B7E67B465... Signature Adoption: Pre-selected Style Using IP Address: 146.218.141.163	Sent: 4/25/2025 7:00:17 AM Viewed: 4/25/2025 8:16:02 AM Signed: 4/25/2025 8:22:09 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/25/2025 7:00:18 AM
Certified Delivered	Security Checked	4/25/2025 8:16:02 AM
Signing Complete	Security Checked	4/25/2025 8:22:09 AM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	4/25/2025 8:49:20 AM

Payment Events	Status	Timestamps