

**Kitsap Public Health District  
Consent Agenda  
May 3, 2022**

<b>KPHD Contract Number</b>	<b>Their Contract Number</b>	<b>Contractor and Agreement Name</b>	<b>Type of Agreement</b>	<b>Term of Agreement</b>	<b>Amount to District</b>	<b>Amount to Other Agency</b>
<b>2190 Amendment1 (2255)</b>	C2200038	<b>Washington State Department of Ecology</b> <i>Local Source Control</i>	Interlocal Agreement	07/01/2021- 06/30/2023	<b>\$352,289</b>	<b>\$0</b>
<b>Description:</b> Amendment to update key staff due to KPHD staffing changes and eliminates a mentoring requirement.						
<b>2203 Amendment 4 (2250)</b>	CLH31014 Amendment 4	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/2022- 12/31/2024	<b>\$9,463,408</b>	<b>\$0</b>
<b>Description:</b> Amends statements of work for Covid-19 Mass Vaccination-FEMA; DCHS-ELC COVID-19 Response; HIV Client Services-HOPWA CARES; HIV Client Services-HOPWA; Maternal & Child Health Block Grant and Supplemental Nutrition Assistance Program-Education and adds an additional \$71,499 in funding for a revised maximum consideration of \$9,463,408.						
<b>2208</b>	N-22-013	<b>Jefferson County Public Health</b> <i>Nurse Family Partnership Supervisor</i>	Contract for Services	01/01/2022- 13/31/2022	<b>\$50,000</b>	<b>\$0</b>
<b>Description:</b> The District will provide Public Health Nurse services for Nurse Family Partnership (NFP) Supervisor Role to Jefferson County to oversee the NFP home visiting program.						



DEPARTMENT OF  
**ECOLOGY**  
State of Washington

**AMENDMENT NO. 01**

TO

CONTRACT NO. C2200038

BETWEEN THE

STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

AND

KITSAP PUBLIC HEALTH DISTRICT

PROJECT TITLE: Pollution Prevention Assistance Partnership

**PURPOSE:** To amend the Agreement between the state of Washington, Department of Ecology, hereinafter referred to as “ECOLOGY,” and “KITSAP PUBLIC HEALTH DISTRICT”, hereinafter referred to as “CONTRACTOR”.

IT IS MUTUALLY AGREED the Agreement is amended as follows:

- 1) The Scope of Work is amended to read as follows: See Table 1: Key Staff and Table 2: Unique Program Elements.

Deleted text is indicated with strike thru (~~sample~~) and new text is indicated with underlined (sample).

**Table 1: Key Staff**

Staff Name	Estimated FTE	Role
Steve Brown	<del>0.2</del> <u>0.1</u>	Contract Management
Bryan McKinnon	0.7	PPA Specialist
<u>Jakob Hughes</u>	<u>0.5</u>	<u>PPA Specialist</u>
Barb Steusloff	<del>0.5</del> <u>0.1</u>	PPA Specialist
Melissa Laird	0.0	Billing
<u>Hannah Vinyard</u>	<u>0.3</u>	<u>PPA Specialist</u>
<u>Rudy Baum</u>	<u>0.4</u>	<u>PPA Specialist</u>

**Table 2: Unique Program Elements**

Program Element	Deliverable(s)
<b>Resource Consistency Workgroup (RCW)</b> – <i>a workgroup of PPA specialists focused on improving branding and messaging consistency across the partnership.</i>	Work with the other members of the workgroup and Ecology to draft and finalize a workgroup charter and work plan for the RCW to use going forward. The charter should include the following items. <ul style="list-style-type: none"> <li>• Mission Statement or charge.</li> <li>• Powers and authority of committee.</li> <li>• Composition of the committee.</li> <li>• Roles and responsibilities.</li> <li>• Decision-Making</li> </ul> The work plan should include the following items. Tasks for this biennium, including major milestone, timelines, and work products.
	Review and provide feedback to Ecology on draft documents for the Pollution Prevention Assistance partnership. See completed charter, and Ecology review procedures for more details.
	Participate in at least 90% of the workgroup meetings. If you are unable to attend the meeting, give the RCW lead as much notice as possible, and follow up with any assignments or document review as soon as possible.
	<del>Mentor up to 5 new PPA staff assigned by Ecology.</del> <del>Provide guidance to specialist to ensure all checklist areas are covered and issues are addressed in a professional and timely manner. See mentor guidance and evaluation checklist.</del>
<b>Mentoring</b> (see also Appendix A, Section VIII.2. for reference)	<del>Mentor up to 5 new PPA staff assigned by Ecology.</del> <del>Provide guidance to specialist to ensure all checklist areas are covered and issues are addressed in a professional and timely manner. See mentor guidance and evaluation checklist.</del>
<b>School Health &amp; Safety Inspection Program</b>	Conduct 28 initial PPA visits (full PPA checklist addressed) at schools in conjunction with the district’s required Health & Safety inspections.



**KITSAP PUBLIC HEALTH DISTRICT  
2022-2024 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH31014**

**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:

Amends Statements of Work for the following programs:

- COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
- DCHS-ELC COVID-19 Response - Effective January 1, 2022
- HIV Client Services-HOPWA CARES - Effective January 1, 2022
- HIV Client Services-HOPWA - Effective January 1, 2022
- Maternal & Child Health Block Grant - Effective January 1, 2022
- Supplemental Nutrition Assistance Program-Education - Effective January 1, 2022

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 **\$71,499** for a revised maximum consideration of **\$9,463,408**.

Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.

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

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

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

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

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

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through July 1, 2022

**Statement of Work Purpose:** The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

**Revision Purpose:** The purpose of this revision is to revise activity language in Task 1 and 1A.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	07/01/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>0</b>	<b>0</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p><b>*NOTE:</b> Task activities for Mass Vaccination Clinics in this statement of work are <b>NOT CONSIDERED SUBRECIPIENT</b> but are as a <b>CONTRACTOR</b> of DOH.</p> <p>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. <b><i>The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</i></b></p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1A	<p><b>Definition:</b> Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.).</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC. <i>The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis.</i></p> <p><i>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</i></p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p><i>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the <del>is the coordinating agency for the</del> filed mass vaccination plan within the county.</i></p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> <li>• type of site,</li> <li>• site locations,</li> <li>• throughput,</li> <li>• considerations made to ensure equity to historically marginalized populations,</li> <li>• and to the extent possible a regional map of sites/locations.</li> </ul>	<p>Within 30 days of contract amendment execution.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1B	<p>Provide any information as requested by the regional IMT.</p> <p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</p> <p>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</p>	<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	
1C	<p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.</p>	<p>Submission of vaccine use into WA IIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	Daily	
1D	<p>Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).</p>	<p>Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.</p>	Monthly	

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

**Federal Funding Accountability and Transparency Act (FFATA)**



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

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

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

**Program Specific Requirements**

**Program Manual, Handbook, Policy References**

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

**Billing Requirements:**

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

Contract Master Index (MI) Code: 934V0200 General Mass Vaccination

BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

**Special Instructions:**

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

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

Eligible costs from the timeframe of January 1, 2022 through July 1, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response - Effective January 1, 2022

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through December 31, 2022

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19. This funding is the estimated carryforward amount.

**Revision Purpose:** Update Activity Task #2 "Contact Investigation and Contact Tracing" and "Isolation and Quarantine" sections.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY19 ELC COVID ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	1,145,035	0	1,145,035
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/22	2,919,838	0	2,919,838
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>4,064,873</b>	<b>0</b>	<b>4,064,873</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include:			
	<ul style="list-style-type: none"> <li>Incident management for the response</li> <li>Testing</li> <li>Case Investigation/Contact Tracing</li> <li>Sustainable isolation and quarantine</li> <li>Care coordination</li> <li>Surge management</li> <li>Data reporting</li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>				
<p><b>DCHS COVID-19 Response</b></p>				
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.</p>	<p>Submit the budget plan and narrative using the template provided.</p>	<p>Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.</p>	<p>Reimbursement of actual costs incurred, not to exceed: \$1,145,035 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to <i>conduct targeted investigations as appropriate. <del>usage a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.</del></i></li> <li>2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> </ol>	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$2,919,838 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</p> <p>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>6. <del>Perform daily monitoring for symptoms during quarantine period of contacts</del></p> <p>ii. Case investigation</p> <p>1. Strive to maintain the capacity to <del>conduct targeted investigations as appropriate. <del>range</del> a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.</del></p> <p>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.</p> <p>a) Strive to enter all case investigation and outbreak data into <i>CREST</i> as directed by DOH.</p> <p>b) Ensure all staff designated to utilize WDRS have access and are trained in the system.</p> <p>c) Include if new positive cases are tied to a known existing positive case or indicate community spread.</p> <p>d) Conduct <i>targeted</i> case investigation and monitor outbreaks.</p> <p>e) Coordinate with Tribal partners in conducting case investigations for tribal members.</p> <p>3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>b. Testing</p>	<p>Enter all case investigation data in WDRS following guidance from-DOH.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.</li> <li>ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy.</li> <li>iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested.</li> </ul> <ul style="list-style-type: none"> <li>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.               <ul style="list-style-type: none"> <li>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</li> <li>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.</li> <li>iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</li> </ul> </li> <li>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</li> <li>e. Support Infection Prevention and control for high-risk populations               <ul style="list-style-type: none"> <li>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and</li> </ul> </li> </ul>	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</p> <ul style="list-style-type: none"> <li>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</li> <li>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</li> <li>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</li> <li>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</li> <li>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</li> <li>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&amp;Q) measures <i>in accordance with <u>WAC 246-100-045</u></i> (<i>Conditions and principles for isolation or quarantine</i>).</p> <ul style="list-style-type: none"> <li>i. Have at least one (1) location <del>identified and confirmed for conducting I&amp;Q operations</del> <i>identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed.</i> This can be through contract/formal agreement <del>that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand</del>; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</li> <li>ii. Maintain ongoing census data for isolation and quarantine for your population.</li> <li>iii. Planning must incorporate transfer or receipt of <i>people requiring I&amp;Q support</i> <del>isolation and quarantine patients</del> <i>to and from adjacent jurisdictions or state facilities in the event of</i> localized increased need.</li> </ul> <p>Planning must incorporate <i>indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&amp;Q support, either through mobile teams or the state facility. triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access</i></p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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**Federal Funding Accountability and Transparency Act (FFATA)**

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

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

**Program Specific Requirements**

**All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.**

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

CDC Funding Regulations and Policies  
<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

**Monitoring Visits (frequency, type)**

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

**Special Billing Requirements**

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

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

**Other:** Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021, were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.



**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** HIV Client Services-HOPWA CARES - Effective January 1, 2022

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

**Contract Number:** CLH31014

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

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

**Period of Performance:** January 1, 2022 through June 30, 2023

**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:** 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
HOUS. OPP. FOR PPL W/AIDS CARES COVID-19	12660207	14.241	333.14.24	01/01/22	06/30/23	0	11,418	11,418
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>11,418</b>	<b>11,418</b>

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.	Required reports are to be submitted in a timely manner.  DOH may delay payment until the reports are received or recapture unclaimed funds.	<b>Administrative: \$1,500</b>  <b>Support Services: \$0</b>  <b>STRMU: \$9,918</b>  <b>Permanent Housing Placement: \$0</b>  <b>Tenant Based Rental Assistance: \$0</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate. -Prepare and submit monthly invoice vouchers by the 25 <sup>th</sup> of the month following provision of services, except in July, when it is due on the 10 <sup>th</sup> of the month. -Submission of Consolidated Annual Performance Report (CAPER) by August 10. -Submission of Monitor responses by the due date requested.		Housing Information Services: \$0  TOTAL: \$11,418

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

**Federal Funding Accountability and Transparency Act (FFATA)**

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

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

**Program Specific Requirements**

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA Program. LHJ shall provide the following inputs:

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

**Compensation and Payment:**

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 25, 2023**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25<sup>th</sup> of the following month.**

(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](mailto:ID.Operations@doh.wa.gov)

Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

**Contract Modifications:**

- (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: 2022-2024**

**DOH Program Name or Title:** HIV Client Services-HOPWA - Effective January 1, 2022

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

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through June 30, 2022

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

**Revision Purpose:** The purpose of this revision is to add final carryforward amount of \$4,045 to FFY20 from prior contract and add \$1,872 to Admin, \$7,500 to STRMU, \$1,250 to Support Services and \$18,000 to TBRA for a total of \$28,622 to FFY21.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY20 HOUSING-PEOPLE W/AIDS FORMULA	12660201	14.241	333.14.24	01/01/22	06/30/22	26,690	4,045	30,735
FFY21 HOUSING-PEOPLE W/AIDS FORMULA	12660221	14.241	333.14.24	01/01/22	06/30/22	20,593	28,622	49,215
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>47,283</b>	<b>32,667</b>	<b>79,950</b>

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.	Required reports are to be submitted in a timely manner.  DOH may delay payment until the reports are received or recapture unclaimed funds.	<del>\$30,735-\$26,690</del> – MI <b>12660201 – HOPWA Formula Federal</b>  <del>\$30,735-\$26,690</del> for 1/1/22-6/30/22  <b>Administrative: \$3,492</b> <del>\$1,746</del>  <b>Support Services: \$2,500</b> <del>\$1,250</del>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10<sup>th</sup> of the month.</p> <p>-Submission of Consolidated Annual Performance Report (CAPER) by August 10.</p> <p>-Submission of Monitor responses by the due date requested.</p>		<p><b>STRMU: \$4,260</b> <del>\$3,750</del></p> <p><b>Permanent Housing Placement: \$0</b></p> <p><b>Tenant Based Rental Assistance: \$20,483</b> <del>\$19,944</del></p> <p><b>Housing Information Services: \$0</b></p> <p><b>TOTAL: \$30,735</b> <del>\$26,690</del></p> <p><b>\$49,215</b> <del>\$20,593</del> – MI 12660221 – HOPWA Formula Federal</p> <p><b>\$49,215</b> <del>\$20,593</del> for 1/1/22-6/30/22</p> <p><b>Administrative: \$3,219</b> <del>\$1,347</del></p> <p><b>STRMU: \$11,250</b> <del>\$3,750</del></p> <p><b>Tenant Based Rental Assistance: \$33,496</b> <del>\$15,496</del></p> <p><b>TOTAL: \$49,215</b> <del>\$20,593</del></p>

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

**Federal Funding Accountability and Transparency Act (FFATA)**

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

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

Information about the LHJ and this statement of work will be made available on [USAspending.gov](https://www.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 **July 31, 2022**. 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 25<sup>th</sup> of the following month.**
- 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](mailto:ID.Operations@doh.wa.gov)  
Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

#### **Contract Modifications:**

- (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: 2022-2024**

**DOH Program Name or Title:** Maternal and Child Health Block Grant - Effective January 1, 2022

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through September 30, 2022

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

**Revision Purpose:** The purpose of the revision is to carry over unspent funds from the Oct-Dec contract for continuation of MCHBG-related activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	119,890	14,691	134,581
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>119,890</b>	<b>14,691</b>	<b>134,581</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration</b>				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	See Program Specific Requirements and Special Billing Requirements.
<b>Implementation</b>				

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager	Draft August 19, 2022 Final- September 9, 2022	See Program Specific Requirements and Special Billing Requirements.
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: <a href="https://secureaccess.wa.gov">https://secureaccess.wa.gov</a>	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	See Program Specific Requirements and Special Billing Requirements.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy and submit any updates to Within Reach.	September 30, 2022	

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

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)**

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

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

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

**Program Specific Requirements**

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

Children and Youth with Special Health Care Needs Manual - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Exhibit A, Statement of Work

Template Created September 2021



**Restrictions on Funds:**

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 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:** Telephone calls with DOH contract manager 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 quarterly by the 30th of each month following the quarter 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 contract manager below for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

EXHIBIT B-4  
ALLOCATIONS  
Contract Term: 2022-2024

Contract Number: CLH31014  
Date: April 1, 2022

Indirect Rate as of January 1, 2022: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts	Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHM Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
						Start Date	End Date	Start Date	End Date			
FFY22 IAR SNAP Ed Prog Mgmt-Region 5		207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723	\$117,220	\$117,220
FFY22 IAR SNAP Ed Prog Mgmt-Region 5		207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19		WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY21 Housing People with AIDS Formula		WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	\$79,950
FFY21 Housing People with AIDS Formula		WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula		WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	\$34,780
FFY20 Housing People with AIDS Formula		WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY22 Swimming Beach Act Grant IAR (ECY)		NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	\$25,000
FFY21 PHEP BP3 LHJ Funding		NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$195,714	\$195,714	\$195,714
FFY21 Overdose Data to Action Prev		NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	\$19,907
COVID19 Vaccines R4		NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214	\$1,027,214	\$1,027,214
FFY22 PPHF Ops		NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	\$1,959
FFY22 VFC Ops		NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	\$12,870
FFY19 COVID CARES		NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation		NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035	\$1,145,035	\$1,145,035
FFY20 ELC EDE LHJ Allocation		NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$2,919,838	\$2,919,838	\$2,919,838
FFY21 Tobacco-Vape Prev Comp 1		NU58DP06808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	\$24,482
FFY21 Phys Actvty & Nutrition Prog		NU58DP06504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000	\$52,000	\$52,000
FFY22 MCHBG LHJ Contracts		B0445251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHJ Contracts		B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
GFS-Group B (FO-SW)			Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	\$25,877
State Drug User Health Program			Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000
Rec Shellfish/Biotoxin			Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000

EXHIBIT B-4  
 ALLOCATIONS  
 Contract Term: 2022-2024

Contract Number: CLH31014  
 Date: April 1, 2022

Indirect Rate as of January 1, 2022: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	End Date	Chart of Accounts Funding Period Start Date	End Date		
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$37,500
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$30,000
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$7,571
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$27,302
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$81,508
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880	\$20,874
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874	\$19,880
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$20,874
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874	\$116,146
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146	\$280,861
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146	\$5,400
YR3 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	10/01/22	03/01/23	10/01/22	09/30/23	\$5,400	\$4,600
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$1,345,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000	\$1,345,000
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$17,500
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500	\$1,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$9,463,408

**TOTAL**  
**Total consideration:** \$9,391,909  
 \$71,499  
**GRAND TOTAL** \$9,463,408

**GRAND TOTAL** \$9,463,408  
**Total Fed** \$6,082,012  
**Total State** \$3,381,396

\*Catalog of Federal Domestic Assistance  
 \*\*Federal revenue codes begin with "333". State revenue codes begin with "334".

**CONTRACT AGREEMENT**  
**By and Between**  
**Kitsap Public Health District and Jefferson County Public Health**

**For provision of one (1) Public Health Nurse for Nurse Family Partnership (NFP) Supervisor Role**

**Section 1: PURPOSE**

THIS AGREEMENT for Professional Services is entered into between the Kitsap Public Health District, hereinafter referred to as “Contractor” and Jefferson County Public Health, hereinafter referred to as “Jefferson County” to provide services as a Nurse Family Partnership (NFP) Supervisor.

**Section 2: TERMS**

This Agreement shall commence on January 1, 2022, and continue through December 31, 2022, unless terminated as provided herein. The agreement may be extended beyond December 31, 2022, upon mutual written consent of Jefferson County and the Contractor.

**Section 3: SCOPE OF AGREEMENT**

Contractor will provide Public Health Nurse services for NFP Supervisor Role and will meet obligations as contained in Exhibit A, Statement of Work.

**Section 4: CONTRACT REPRESENTATIVES**

Jefferson County and Contractor will each have a contract representative who will have responsibility to administer the contract for that party. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows:

Contractor's Contract Representative

Yolanda Fong, Community Health Director  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 728-2275

Jefferson County Contract Representative

Denise Banker, Community Health Director  
Jefferson County Public Health  
615 Sheridan St.  
Port Townsend, WA 98368  
(360) 385-9400

**Section 5: COMPENSATION**

- A. Calculation for the cost of the supervisor includes total salaries and benefits, based on 36 hours per week, and overhead. This cost will be shared between the Contractor and Jefferson County, allocated based on the number of Public Health Nurses in the NFP program across the region. This includes any Public Health Nurses hired by Jefferson County to work in either Jefferson or Clallam counties. This amount will be calculated

and invoiced to Jefferson County monthly by the Contractor. Jefferson County's portion of the total supervisor cost will not exceed \$50,000.

- B. Jefferson County agrees to reimburse the Contractor for all expenses incurred as a result of performing the Services. Cell phone service is approved and will be billed based on actual cost. Travel is authorized at the federally established rate. All cell phone and travel expenses will be split between Jefferson County and the Contractor.
- C. The Contractor shall submit invoices to Jefferson County for payment of work actually completed to date for both Jefferson County and Clallam County.
- D. Any additional fees required by NFP for the supervisor's training will be split between Jefferson County and the Contractor. The Contractor will invoice Jefferson County for these fees based on the allocation of NFP nurse home visitors under supervision at the time of the training. Jefferson County will be given adequate notice of needed trainings.
- E. Additional fees for Annual Program Support and Annual Nurse Consultation Fees will be split between Jefferson County and the Contractor. Proportion of fees will be based on the number of agencies participating under the NFP Program.
- F. In the event that approved program supplies required by NFP are unavailable for direct purchase, Contractor will purchase supplies and bill Jefferson County for incurred cost. Total purchases of supplies or equipment will not exceed \$2,000 without prior approval of Jefferson County.
- G. Jefferson County may request additional nursing supervisory hours at an hourly rate commensurate to Contractor's employee's hourly rate. In the case of emergency nursing supervisory needs, Jefferson County will be charged an hourly rate.
- H. Contractor records and accounts pertaining to this agreement are to be kept available for inspection by representatives of Jefferson County and state for a period of six (6) years after final payments. Copies shall be made available upon request.

#### Section 6: **INDEMNIFICATION**

Each party agrees to hold harmless, defend, and indemnify the other party and its elected and appointed officials, officers, employees, and agents against all claims, suits, actions, liabilities, losses, expenses, and damages, including reasonable attorney's fees and costs, to the extent they arise out of, or result from, the negligence or willful misconduct of the indemnitor or its elected or appointed officials, officers, employees, and agents in the performance of this Contract. The indemnitor's duty to defend and indemnify extends to claims by the elected or appointed officials, officers, employees, or agents of the indemnitor or of any contractor or subcontractor of indemnitor. The indemnitor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington solely for the purposes of this provision and acknowledges that this waiver was mutually negotiated. This clause shall survive the termination of this Contract.

**Section 7: INSURANCE**

Each party shall obtain and keep in force during the terms of this Agreement, or as otherwise required.

- A. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non-owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than \$1,000,000 each occurrence.
- B. Professional Liability Insurance providing \$2,000,000 per incident; \$4,000,000 aggregate.
- C. Each party shall participate in the Worker's Compensation and Employer's Liability Insurance Program as may be required by the State of Washington.
- D. Contractor will maintain its membership in the Washington Counties Risk Pool.

**Section 8: CONFIDENTIALITY**

All parties to this Agreement and their employees or representatives and their subcontractors and their employees will maintain the confidentiality of all information provided by Contractor or Jefferson County or acquired in performance of this Agreement as required by the HIPPA and other privacy laws. This Contract, once executed by the parties, is and remains a Public Record subject to the provision of Ch. 42.56 RCW, the Public Records Act.

**Section 9: OWNERSHIP AND USE OF DOCUMENTS**

Contractor acknowledges and agrees that any and all work product directly connected to and/or associated with the services rendered hereunder, including but not limited to all documents, drawings, reports, and the like which the Contractor in the performance of the service hereunder, either solely and/or jointly with Jefferson County shall be the sole and exclusive property of the Jefferson County. Other materials produced by the Contractor in connection with the services rendered under this agreement shall be the property of the Jefferson County whether the projects for which they are made are executed or not. Each party may, with no further permission required from the other party, publish to the web, disclose, distribute, reproduce, or otherwise copy or use, in whole or in part, such items produced during the course of the project to the extent disclosure is allowed by HIPAA rules.

**Section 10: INDEPENDENCE**

Nothing in this agreement shall be considered to create the relationship of employer and employee between the Parties hereto. The Contractor shall not be entitled to any benefits afforded Jefferson County employees by virtue of the services provided under this agreement. Jefferson County shall not be responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the state industrial insurance program, otherwise assuming the duties of an employer with respect to employee.

**Section 11: REPORTING**

Contractor will provide information to Jefferson County for required reporting to funders as needed.

**Section 12: DISPUTE RESOLUTION**

The Parties agree to work cooperatively to accomplish all of the terms of this Agreement, however, acknowledge that there may be instances in which either Jefferson County or the Contractor has not complied with the conditions of this Agreement or that clarification is necessary to interpret provisions of this Agreement. In such an instance, the Parties shall attempt to resolve the matter through good faith efforts. If unsuccessful, the Parties shall refer the matter to non-binding mediation.

If the mediator cannot resolve the dispute, the issue shall be referred to a Dispute Panel. The Dispute Panel shall review all issues, concerns, and conflicts to determine a solution acceptable to both Parties. The decisions of the Dispute Panel shall be final and binding on both Parties.

**DISPUTE PANEL:** The Parties may voluntarily submit any contractual dispute to a dispute panel as follows: each party will appoint one member to the panel and those two members in turn will appoint a third member. The dispute panel will review the facts, contract provisions, and applicable law, and then decide the matter. The decision of the dispute panel shall be binding on the Parties and final.

**Section 13: TERMINATION**

Jefferson County and the Contractor reserve the right to terminate this contract in whole or in part with 30 days-notice. In the event of termination under this clause, Jefferson County shall be liable only for payment for services rendered prior to the effective date of termination.

**Section 14: INTEGRATED AGREEMENT**

This Agreement together with attachments or addenda represents the entire and integrated agreement between Jefferson County and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral between the Parties. This agreement may be amended or modified only by a written instrument signed of both Jefferson County and Contractor.

**Section 15: PROGRAM MODEL ELEMENTS**

Jefferson County and the Contractor understand and agree that Program implementation by Jefferson County and Contractor must be based on key parameters-Model Elements identified through research and refined based upon the Program's experience since 1997 and included in this Agreement as Nurse-Family Partnership Model Elements, hereto attached and herein referenced as **Exhibit B**.

**Section 16: PROPRIETARY PROPERTY**

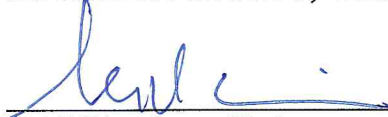
Jefferson County and the Contractor understand and agree that NFP grants to Jefferson County and Contractor a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out the obligations of this Agreement. Further, the NFP reserves the right to modify the Proprietary Property from time to time in accordance with the data, research, and

current modalities of deliveries program. NFP shall retain ownership and all the rights to any Proprietary Property, whether modified or not by Jefferson County and/or Contractor. In any event, all software, Nurse-Family Partnership Community and Efforts to Outcomes Website content, excluding Jefferson County's and Contractor's data, shall remain the sole property of Nurse-Family Partnership.

Approved this 18<sup>th</sup> day of April, 2022

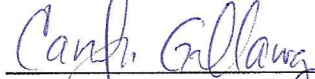
BOARD OF COUNTY COMMISSIONERS  
JEFFERSON COUNTY, WASHINGTON

KITSAP PUBLIC HEALTH DISTRICT


  
Heidi Eisenhour, Chair 4/18/22  
Date

\_\_\_\_\_  
Keith Grellner, RS Date  
Administrator

ATTEST:

  
Carolyn Galloway, Clerk of the Board

APPROVED AS TO FORM:

  
Philip C. Hunsucker, April 12, 2022  
Date  
Chief Civil Deputy Prosecuting Attorney



**Exhibit A**  
Statement of Work

	Jefferson County	Contractor
Nurse Home visitors #	3	3

Model Elements implemented through facilitation by Nurse Supervisor—applies to all sites:

Model element and description	Jefferson County	Contractor
#10, Work with NHVs to increase knowledge, practice, and individualization of NFP visit to visit guidelines with families across all domains.	X	X
#11, Work with NHVs to review and reflect on theoretical bases of NFP as related to clinical practice.	X	X
#12, Work with NHVs and team to maintain required number of clients. Includes caseload management, outreach, referrals and maintaining community relationships. Jefferson is responsible for recruiting and maintaining Jefferson and Clallam caseload numbers.	X	X
#13, Nurse supervisor provides supervision to 6 NHVs at this time, appropriate for .90 FTE Nurse supervisor	X	X
#14, Nurse supervisor provides: 1. Weekly 1:1 clinical supervision  2. Case conferences 3. Team meetings 4. Field Supervision	X In person weekly  X at least 2 x month  X at least 2 x month  X at least 3x year	X In person at least 2x month  X at least 2 x month  X at least 2 x month  X at least 3x year
#15 Data is collected and used to guide practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.	X	X
#17, Regional CAB convened and will meet at least 3x year	X	X
#18, Nurse supervisor will help support and facilitate regional communication to assure accurate data entry and implementation of program	X	X

Other related program implementation areas:

Other areas related to program implementation	Jefferson County	Contractor
Washington State NFP Consortium: 1. Monthly calls with WA State Nurse consultant 2. Monthly calls with WA State Nurse supervisors 3. Quarterly meetings with WA State nurse supervisors 4. On-site visits with WA state nurse consultant at least once/year.	X	X
Coordination of team meetings, case conferences, and reflective supervision times based on regional composition, including associated travel.	X	X
DCYF Funding: Support in application, monthly and quarterly reports.	X	X
NFP required education and training, such as DANCE education and annual NFP National Symposium	X	X

## Exhibit B



## Nurse-Family Partnership Model Elements

### CLIENTS

#### **Element 1 Client participates voluntarily in the Nurse-Family Partnership program.**

Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal system that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any other pressure to enroll.

#### **Element 2 Client is a first-time mother.**

First-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change a woman is feeling vulnerable and more open to support.

#### **Element 3 Client meets low-income criteria at intake.**

The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher-income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it's better to focus the program on low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office, establish a threshold for low-income clients in the context of their own community for their target population.

#### **Element 4 Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28<sup>th</sup> week of pregnancy.**

A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. It is recommended that only one pre-enrollment visit be provided. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child, and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.

## **INTERVENTION CONTEXT**

### **Element 5 Client is visited one-to-one: one nurse home visitor to one first-time mother/family.**

Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship. Some agencies have found it useful to have other nurses on their team at times to accompany the primary nurse home visitor for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care. The addition of group activities to enhance the program is allowed, but can not take the place of the individual visits and can not be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

### **Element 6 Client is visited in her home.**

The program is delivered in the client's home, which is defined as the place where she is currently residing. Her home can be a shelter or a situation in which she is temporarily living with family or friends for the majority of the time (i.e., she sleeps there at least four nights a week). It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in their home and the visit needs to take place in other settings. But whenever possible, visiting the client and child in their home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges.

### **Element 7 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.**

Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may adjust the frequency of visits and visit in the evening or on weekends. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

## **EXPECTATIONS OF THE NURSES AND SUPERVISORS**

### **Element 8 Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.**

When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' experience and education. The BSN degree is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire BSN-prepared nurses or may find well prepared nurses that do not have a BSN. In making this decision, agencies need to consider each individual nurses' qualifications, and as needed, provide additional professional development to meet the expectations of the role. Non-BSN nurses should be encouraged and provided support to complete their BSN. Agencies and supervisors can seek consultation on this issue from their nurse consultant.

### **Element 9 Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.**

It is the policy of Nurse-Family Partnership National Service Office (NFP NSO) that all nurses employed to provide NFP services will attend and participate in all core NFP education sessions in a timely manner, as is defined by NFP NSO policy and the NFP NSO contract. Nurse home visitors and nurse supervisors will deliver the program with fidelity to the model. Fidelity is the extent to which implementing agencies adhere to the model elements when implementing the program. Implementing these components provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials.

## **APPLICATION OF THE INTERVENTION**

### **Element 10 Nurse home visitors, using professional knowledge, judgment and skill, apply the Nurse-Family Partnership Visit-to-Visit Guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.**

The NFP Visit-to-Visit Guidelines are tools that guide nurse home visitors in the delivery of program content. Nurse home visitors use strength-based approaches to working with families and individualize the guidelines to meet the client's needs. The domains include:

- 1) Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
- 2) Environmental Health (home; work; school and neighborhood)
- 3) Life Course (family planning; education and livelihood)
- 4) Maternal Role (mothering role; physical care; behavioral and emotional care of child)
- 5) Friends and Family (personal network relationships; assistance with childcare)
- 6) Health and Human Services (linking families with needed referrals and services)

**Element 11 Nurse home visitors apply the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.**

The underlying theories are the basis for the Nurse-Family Partnership Program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Core Education Sessions. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice.

**Element 12 A full-time nurse home visitor carries a caseload of no more than 25 active clients.**

Full time is considered a 40-hour work week. Agencies may have a different definition for full time, and should pro-rate the nurse's caseload accordingly. At least half-time employment (20-hour work week) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that already are in place but do not meet these expectations should consult with their nurse consultant. Active clients are those who are receiving visits in accordance with the NFP Visit-to-Visit Guidelines and the plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits. Agencies can establish their own policies regarding a timeframe for discharging missing clients. It is expected that supervisors will work with their nurse home visitors to monitor caseloads and utilize the program to serve the number of families they are funded to serve. The contract between the NFP National Service Office and the Implementing Agency states that the Agency will:

- 1) Ensure enrollment of 23 to 25 first-time mothers per full-time nurse home visitor within nine months of beginning implementation; and
- 2) Ensure that each nurse home visitor carries a caseload of not more than 25 active families; and
- 3) Maintain the appropriate visit schedule.

**REFLECTION AND CLINICAL SUPERVISION**

**Element 13 A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.**

Full time is considered a 40-hour work week. It is expected that a full-time nurse supervisor can supervise up to eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management and other administrative tasks. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional

administrative, clerical and interpreter staff. Refer to the sample supervisor job description found in the *Implementing Agency Orientation Packet*. The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual nurse home visitors. Though NFP discourages smaller teams, even teams with less than four nurse home visitors still require at least a half-time supervisor. Existing teams that are already in place but do not meet these expectations should consult with their nurse consultant.

**Element 14 Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.**

To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:

1) One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse's work including management of her caseload and quality assurance. Supervisors use the principles of reflection as outlined in NFP supervisor training. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.

2) Case conferences: Meetings with the team dedicated to joint review of cases, Efforts to Outcomes (ETO™) data reports and charts using reflection for the purposes of solution finding, problem solving and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours per case conference.

3) Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or as needed for team meetings. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.

4) Field supervision: Joint home visits with supervisor and nurse. Every four months the supervisor makes a visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day as well as her home visit, time and case management skills and charting. After joint home visits with a supervisor and nurse, a Visit Implementation Scale is completed and discussed.

## **PROGRAM MONITORING AND USE OF DATA**

**Element 15 Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.**

Data are collected, entered into the ETO software and subsequently used to address practice. Data are utilized to guide improvements in program implementation and demonstrate fidelity. The ETO reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program operations and inform reflective supervision of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize their data.

## **AGENCY**

**Element 16 A Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.**

An Implementing Agency is an organization committed to providing internal and external advocacy and support for the NFP program. This agency also will provide visible leadership and passion for the program in their community and assure that NFP staff members are provided with all tools necessary to assure program fidelity.

**Element 17 A Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program and to promote program quality and sustainability.**

A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources. If an agency cannot create a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group. It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.

**Element 18 Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.**

Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. Further, this includes employing a person primarily responsible for key administrative support tasks for



NFP staff, as well as entering data and maintaining accuracy of ETO reports. This resource is critical to ensuring administrative support and accuracy of data entry, allowing nurse home visitors time to focus on their primary role of providing services to clients. NFP Implementing Agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office ETO database on a timely basis.

### References

- Korfmacher, J., Kitzman, H., & Olds, D. (1998) Intervention processes as predictors of outcomes in a preventive home-visitation program. *Journal of Community Psychology, 26*, 49-64.
- Olds, D. (2006) The nurse-family partnership: An evidence-based preventive intervention. *Infant Mental Health Journal, 27*, 5-25.
- Olds, D., Hill, P., O'Brien, R., Racine, D., & Moritz, P. (2003) Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice, 10*, 278-290.
- Olds, D., Racine, D., Glazner, J., & Kitzman, H. (1998) Increasing the policy and program relevance of results from randomized trials of home visitation. *Journal of Community Psychology, 26*, 85-100.

**Exhibit C**  
Nurse-Family Partnership  
Implementing Organization Partner Rate Schedule

Annual Fees are as follows:

	<u>7/1/2021- 6/30/2022</u>	<u>7/1/2022- 6/30/2023</u>
<u>NFP Program Participation (annual, per supervisor/team)</u>		
Annual Program Support Fee	See	See
Annual Nurse Consultation Fee, first supervisor at location	Below	Below
<i>For simplification the two fees above have been combined into a single annual fee as indicated below.</i>		

*First Team at a Location:*

NFP Network Partner Program Support (annual, per team)

Two Nurse Home Visitor team	\$ 20,304	\$ 20,568
Three Nurse Home Visitor team	\$ 21,024	\$ 21,420
Four Nurse Home Visitor team	\$ 21,744	\$ 22,260
Five Nurse Home Visitor team	\$ 22,464	\$ 23,112
Six Nurse Home Visitor team	\$ 23,184	\$ 23,964
Seven Nurse Home Visitor team	\$ 23,904	\$ 24,816
Eight Nurse Home Visitor team	\$ 24,624	\$ 25,668

*Second and Subsequent Teams at a Single Location:*

	<u>7/1/2021- 6/30/2022</u>	<u>7/1/2022- 6/30/2023</u>
<u>NFP Network Partner Program Support (annual, per team)</u>		
Two Nurse Home Visitor team	\$ 18,456	\$ 18,720
Three Nurse Home Visitor team	\$ 19,176	\$ 19,572
Four Nurse Home Visitor team	\$ 19,896	\$ 20,424
Five Nurse Home Visitor team	\$ 20,616	\$ 21,264
Six Nurse Home Visitor team	\$ 21,336	\$ 22,116
Seven Nurse Home Visitor team	\$ 22,056	\$ 22,968
Eight Nurse Home Visitor team	\$ 22,776	\$ 23,820

(continued)

“NFP Network Partner Program Support” (formerly called annual program support and nurse consultation) is invoiced annually on the contract anniversary date. The number of Nurse Home Visitors per team is the sum of planned nurse positions which will directly serve clients (whether a position is filled or currently vacant is irrelevant when determining team size), rounded up.

<u>Education</u> (as needed, based on attendance date):	<u>7/1/2021- 12/31/2021</u>	<u>1/1/2022- 12/31/2022</u>
Nurse Home Visitor (NHV) Education	\$ 5,100	\$ 5,254
NHV Education Materials	\$ 648	\$ 667
NHV Education, Unit 2 Supervisor Session	\$ 800	\$ 825
NFP Agency Standard Administrator Education	\$ 603	\$ 621
NFP Agency Additional Administrator Education	\$ 282	\$ 290
NFP Program Supervisor Education	\$ 922	\$ 950

Please note that starting July 1, 2021, the price effective date for education is based on a calendar year and not the contract anniversary date.

<u>Expansion support fees:</u>	<u>7/1/2021- 6/30/2022</u>	<u>7/1/2022- 6/30/2023</u>
Supervisor expansion, per occurrence	See below	See below
Supervisor replacement, per occurrence	\$ 3,462	\$ 3,566
Team addition (same location), per occurrence	\$ 19,781	\$ 20,374
Regional expansion (new location), per occurrence	\$ 24,726	\$ 25,468

The fee previously referred to as a supervisor expansion/replacement fee has been discontinued and replaced with the above replacement, team addition and regional expansion fees.

Fees for special data-related or any other services are quoted on an as needed basis.

Please remember that we all operate in a dynamic and evolving environment that may necessitate changes. For questions or additional information, please contact

[RateRestructure@nursefamilypartnership.org](mailto:RateRestructure@nursefamilypartnership.org).

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New or Renewed Contracts for the Period of 03/01/2022 through 03/31/2022

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
<b>Inactive (1 contracts)</b>									
<b>South Kitsap Fire Department</b>									
ID: 2244	Community Health, Jessica Guidry	Amendment	Closed			03/10/22	01/21/21	07/21/21	
<p><i>Description: This Agreement provides a means for Subcontractor, who is (a) providing paramedic services to support the District's mass vaccination clinics and/or (b) partnering with their jurisdictional partners to conduct mass COVID-19 vaccination clinics within Kitsap County, to receive federal reimbursement for allowable expenses.</i></p> <p><i>Amendment 1: Adds required Federal funding language to section 6.</i></p>									
<b>Active (4 contracts)</b>									
<b>Central Kitsap Fire and Rescue</b>									
ID: 2239	Community Health, Jessica Guidry	Amendment	Closed			03/10/22	01/21/21	07/21/21	
<p><i>Description: This Agreement provides a means for Subcontractor, who is conducting mass vaccination clinics to support Kitsap Public Health District's COVID-19 Mass Vaccination Plan, to receive federal reimbursement for allowable expenses.</i></p> <p><i>Amendment 1. For potential audit purposes, the amendment adds required federal language to section 6 and does not change anything else.</i></p>									
<b>North Kitsap School District</b>									
ID: 2236	Community Health, Yolanda Fong	Amendment	Closed		\$196,000.00	03/25/22	11/16/21	07/31/22	
<p><i>Description: KPHD to assist in COVID-19 case investigation and contact tracing. This includes working with the person who has been diagnosed with an infectious disease to identify and provide support to people (contacts) who may have been potentially exposed through close contact with the person who has tested positive. Assist in the "Test to Stay" protocol for on-site student testing. Assist in unvaccinated staff testing. Other COVID Responder team duties.</i></p>									
<b>Olympic Educational Service District</b>									
ID: 2234	Assessment and Epidemiology, Kari Hunter	Contract for Services	Closed		\$17,925.00	03/29/22	01/01/22	12/31/22	
<p><i>Description: Behavior Health School Counseling Enhancement Project (BHCEP). District Epi staff to work with OESD 114 to review existing tools, develop additional tools, train staff in reporting tools and required data submission timelines, monitor progress, and submit end of year reports.</i></p>									
<b>Peninsula Community Health Services</b>									
ID: 2227	Clinical Services, Kelsey Stedman	Subcontract	Closed		\$10,000.00	03/28/22	02/01/22	06/30/22	
<p><i>Description: PCHS to provide professional services to assist in improving immunization coverage rates for childhood vaccinations ages birth to 18 years of age.</i></p>									

**Kitsap Public Health Board Meeting**

**Date: May 03, 2022**

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

**Approvals:**

	Signature	Date
Administrator	<i>Keith Grellner</i>	4/21/2022
Finance Manager	<i>Melissa Laird</i>	4/20/2022

**Recommended Motion:** Approval

**Items:**

Type	Warrant/EFT Date	Total Amount
Accounts Payable	03/01-03/31/2022	\$ 209,926.30
Accounts Payable Total		\$ 209,926.30
Payroll PERS Payment	3/15/2022	139,154.57
Payroll Benefits	3/31/2022	176,780.84
Payroll Taxes	3/31/2022	205,992.52
Payroll	3/31/2022	561,026.39
Payroll Total		\$ 1,082,954.32
<b>Grand Total</b>		<b>\$ 1,292,880.62</b>

**Kitsap Public Health Board Action:**

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

Source	Date	Supplier	Memo	Amount
Ad Hoc Bank Transaction	3/2/2022	Bank of America	Withdrawal - Credit Card - PH - R00205811 - 2022-03-02	57.00
Ad Hoc Bank Transaction	3/3/2022	Bank of America	Withdrawal - Credit Card - PH - R00205843 - 2022-03-03	4,904.88
Ad Hoc Bank Transaction	3/7/2022	Bank of America	Withdrawal - Credit Card - PH - R00205889 - 2022-03-07	686.78
Adjusting/Interfund Journals	3/31/2022	Kitsap County	March 2022 Recording Fees	408.00
Cash Transmittal Journal	3/31/2022	Bank of America	Correction - PH - R00206554 - 2022-03-31	5.00
Expense Report	3/4/2022	Jakob Hughes	Mileage 0201-022522	115.42
Expense Report	3/4/2022	Mark Wickhamshire	Mileage 011422	84.24
Expense Report	3/4/2022	Hannah Vinyard	Mileage 0111-013122	62.65
Expense Report	3/4/2022	Susan Van Ort	Mileage 0111-013122	64.94
Expense Report	3/4/2022	Alena Schroeder	Mileage 0131-022222	26.79
Expense Report	3/4/2022	Betti Ridge	WSMHC License renewal	106.00
Expense Report	3/1/2022	Deborah Rassa	Mileage 1216-122321	11.76
Expense Report	3/4/2022	Sydney Perales	Mileage 0204-020822	14.04
Expense Report	3/4/2022	Crystal Nuno	Mileage 0201-022822	524.16
Expense Report	3/4/2022	Niels Nicolaisen	Mileage 0202-022522	212.36
Expense Report	3/4/2022	Nathan Morrow	Mileage 0214-021622	87.17
Expense Report	3/4/2022	Alexandra Moore	Mileage 0122-022422	308.88
Expense Report	3/4/2022	Anne Moen	Mileage 0104-012922	366.80
Expense Report	3/4/2022	Talia Humphrey	Mileage 0203-022822	87.11
Expense Report	3/4/2022	Anna Gonzalez	Nursing license renewal	120.00
Expense Report	3/4/2022	Paul Giuntoli	Mileage 0216-021922	37.44
Expense Report	3/4/2022	George Fine	Mileage 0216-022522	60.14
Expense Report	3/1/2022	Windie Borja	Mileage 0802-082821, Supplies 2021	59.81
Expense Report	3/1/2022	Windie Borja	Mileage 0802-082821, Supplies 2021	171.42
Expense Report	3/4/2022	Sam Ader	Mileage 0103-022222	269.69
Expense Report	3/10/2022	Amy Anderson	Mileage 0215-022422	181.17
Expense Report	3/10/2022	Rudy Baum	Mileage 0208-022522	100.27
Expense Report	3/10/2022	Harrison Forte	Mileage 0104-022422	82.54
Expense Report	3/10/2022	Yaneisy Griego	Mileage 0106-022422	28.08
Expense Report	3/10/2022	Paul Giuntoli	Mileage 0222-022422	34.52
Expense Report	3/10/2022	Kimberly Jones	Mileage 0204-030322	92.43
Expense Report	3/10/2022	Brandon Kindschy	Mileage 0203-02182022	41.54
Expense Report	3/10/2022	Victoria Lehto	Mileage 0201-022522	225.75
Expense Report	3/10/2022	Niels Nicolaisen	Mileage 0301-030322	24.57
Expense Report	3/10/2022	Nolan Simmons	Mileage 0216-022522	150.46
Expense Report	3/10/2022	Tatiana Tubberville	Mileage 0201-022822	62.54
Expense Report	3/10/2022	Susan Van Ort	Mileage 0210-022822	160.29
Expense Report	3/10/2022	Laura Westervelt	Mileage 0203-022821, NEHA Membership	204.75
Expense Report	3/10/2022	Laura Westervelt	Mileage 0203-022821, NEHA Membership	25.00
Expense Report	3/11/2022	Ross Lytle	Mileage 0222-030322	60.26
Expense Report	3/11/2022	Sarah Henley	Mileage 0105-012922	48.73
Expense Report	3/11/2022	Tobbi Stewart	Mileage 0202-022822	142.45
Expense Report	3/14/2022	Brian Burchett	Mileage 0121-022422	461.74
Expense Report	3/18/2022	Carin Onarheim	Mileage 0120-031022	80.03
Expense Report	3/18/2022	Carin Onarheim	Mileage 0120-031022	75.00
Expense Report	3/18/2022	Anne Burns	Mileage 0307-031022	21.76
Expense Report	3/18/2022	Richard Bazzell	Mileage 0202-022522	258.57
Expense Report	3/24/2022	Kelsey Stedman	Mileage 0209-031822	9.36
Expense Report	3/24/2022	Kelsey Stedman	Mileage 0209-031822	83.30
Expense Report	3/24/2022	Nolan Simmons	Mileage 0301-031122	190.94
Expense Report	3/24/2022	Melissa O'Brien	Mileage 0209-03112022	161.75
Expense Report	3/24/2022	Ross Lytle	Mileage 0307-031122	59.09
Expense Report	3/24/2022	Paul Giuntoli	Mileage 0228-031622	101.21
Expense Report	3/24/2022	Leslie Banigan	Mileage 0127-030422	219.14
Miscellaneous Payment	3/17/2022	DUANE DELONG	PIC VOUCHER	350.00
Miscellaneous Payment	3/31/2022	John Berdinner	PIC Voucher	350.00
Miscellaneous Payment	3/31/2022	William Gross	PIC Voucher	350.00
Miscellaneous Payment	3/31/2022	David Kirk	PIC Voucher	350.00
Miscellaneous Payment	3/31/2022	Martha Osborn	PIC Voucher	350.00
Miscellaneous Payment	3/31/2022	Alberta Richards	PIC Voucher	350.00
Miscellaneous Payment	3/31/2022	B.K. Whittaker	PIC Voucher	350.00
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	494.18
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	237.17
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	33.60
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	106.68
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	39.11
Supplier Invoice	3/1/2022	Acranet Cbs Branch	Invoice # 19713	43.06
Supplier Invoice	3/1/2022	Acranet Cbs Branch	Invoice # 19713	46.86
Supplier Invoice	3/7/2022	Wex Bank	Invoice # 79226668/ Acct# 0496-00-569850-1	194.36
Supplier Invoice	3/7/2022	Wex Bank	Invoice # 79226668/ Acct# 0496-00-569850-1	74.35
Supplier Invoice	3/7/2022	Wex Bank	Invoice # 79226668/ Acct# 0496-00-569850-1	69.60
Supplier Invoice	3/7/2022	Wex Bank	Invoice # 79226668/ Acct# 0496-00-569850-1	33.73
Supplier Invoice	3/2/2022	Microsoft Corporation	E0600HSKVY, E0600HTPU1, E0600HT40S	39.24
Supplier Invoice	3/2/2022	Microsoft Corporation	E0600HSKVY, E0600HTPU1, E0600HT40S	19.62
Supplier Invoice	3/2/2022	Microsoft Corporation	E0600HSKVY, E0600HTPU1, E0600HT40S	32.70
Supplier Invoice	3/2/2022	Microsoft Corporation	E0600HSKVY, E0600HTPU1, E0600HT40S	3,814.01
Supplier Invoice	3/1/2022	United Business Machines Of Wa	Invoice #'s 468074 & 468302	866.19
Supplier Invoice	3/1/2022	United Business Machines Of Wa	Invoice #'s 468074 & 468302	469.44
Supplier Invoice	3/1/2022	Comcast	Acct #'s 8498-36-002-1685177 & 8498-36-002-1644737	218.34
Supplier Invoice	3/1/2022	Comcast	Acct #'s 8498-36-002-1685177 & 8498-36-002-1644737	432.27
Supplier Invoice	3/1/2022	Comcast	Invoice # 141563871	497.60

Source	Date	Supplier	Memo	Amount
Supplier Invoice	3/1/2022	Bremerton Government Center Association	Invoice # 032022HD	32,201.54
Supplier Invoice	3/1/2022	Washington Poison Center	Invoice # S84	69.45
Supplier Invoice	3/1/2022	Washington Poison Center	Invoice # S84	69.45
Supplier Invoice	3/1/2022	Washington Poison Center	Invoice # S84	69.44
Supplier Invoice	3/1/2022	Drug Free Business Corp	Invoice # 426433	100.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	529.49
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	29.89
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	10.90
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	133.21
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	(487.17)
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	24.31
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	60.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	99.70
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	266.27
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	642.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	54.49
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	625.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	21.79
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	400.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	80.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	92.52
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	67.20
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	18.06
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	57.76
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	395.00
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	18.52
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	517.59
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	270.90
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	210.00
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	33.36
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	117.63
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	531.63
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	130.74
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	16.34
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	980.59
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	648.50
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	35.00
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	171.73
Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	60.00
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Supplier Invoice	3/1/2022	US Bank National Association	March Invoice	326.99
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Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	100.00
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Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	100.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	100.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	100.00
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	336.00
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Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	14.95
Supplier Invoice	3/1/2022	US Bank National Association	4246-0445-5568-8591	69.76
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	162.22
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	161.71
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	199.99
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	35.00
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	200.00
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	166.36
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	9.99
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	9.99
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	5.00
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	4.99
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	19.98
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	9.99
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	7.99
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	241.92
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	2,033.60
Supplier Invoice	3/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591/ March invoice	220.71
Supplier Invoice	3/1/2022	Summit Law Group, Pllc	Invoice # 134533	448.00
Supplier Invoice	3/1/2022	Print Nw	Invoice # 34231101	2,773.14
Supplier Invoice	3/1/2022	Staples	Invoice # 350020997	59.17
Supplier Invoice	3/1/2022	Telelanguage Inc	Invoice # TL136312	193.05
Supplier Invoice	3/1/2022	Mckesson Medical Surgical	Invoice # 19070373	13.09
Supplier Invoice	3/1/2022	Office Depot	Invoice # 224502295001	12.11
Supplier Invoice	3/1/2022	Office Depot	Invoice # 224502295001	42.49
Supplier Invoice	3/1/2022	Spectra Laboratories - Kitsap, LLC	Invoice# C22-00458	767.10
Supplier Invoice	3/14/2022	Quadient Finance Usa Inc	Postage Refill 022422	2,500.00

Source	Date	Supplier	Memo	Amount
Supplier Invoice	3/14/2022	Peninsula Community Health Services	Pay period 3- Jan '21	38,661.51
Supplier Invoice	3/14/2022	Bainbridge Island Fire Department	December 2021	9,660.66
Supplier Invoice	3/11/2022	Kania, Sharon Faye	April 2022	475.00
Supplier Invoice	3/11/2022	Siena Holdings Llc	APRIL 2022	786.00
Supplier Invoice	3/11/2022	Masters, Spencer R.	APRIL 2022	722.00
Supplier Invoice	3/11/2022	Joyce, Douglas L	April 2022	613.00
Supplier Invoice	3/11/2022	Brem22 LLC	April 2022	725.00
Supplier Invoice	3/9/2022	Comcast	Account # 8498-36-002-0701975	109.17
Supplier Invoice	3/9/2022	Comcast	Account # 8498-36-002-0701975	109.17
Supplier Invoice	3/1/2022	City of Bremerton	BKAT000660	443.08
Supplier Invoice	3/1/2022	Stericycle Inc	Invoice# 3005927274	530.67
Supplier Invoice	3/1/2022	Spectra Laboratories - Kitsap, LLC	0201-022822	4,736.30
Supplier Invoice	3/1/2022	Loomis	nvoice # 12972546	582.00
Supplier Invoice	3/1/2022	Shi International Corp	Invoice # B14828877	4,589.94
Supplier Invoice	3/1/2022	Clallam County	December '21	3,563.74
Supplier Invoice	3/1/2022	Henry Schein, Inc.	Invoice # 16670120	225.10
Supplier Invoice	3/4/2022	Staples	3501887246	49.49
Supplier Invoice	3/4/2022	Staples	3501887246	48.97
Supplier Invoice	3/4/2022	Staples	3501887246	8.71
Supplier Invoice	3/4/2022	Staples	3501887246	104.27
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	1,539.80
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	159.03
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	159.03
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	371.07
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	644.69
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	608.59
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	318.06
Supplier Invoice	3/1/2022	United Business Machines Of Wa	Invoice # 467368	1,820.30
Supplier Invoice	3/18/2022	Jefferson County	Jan '2022	2,954.89
Supplier Invoice	3/18/2022	Record Properties LLC	Mar-Apr 2022	1,580.00
Supplier Invoice	3/18/2022	King County	Invoice # 8003603	428.00
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	371.07
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	169.64
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	284.70
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	345.26
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	53.01
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	53.01
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	398.27
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	230.63
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	222.06
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	159.03
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	53.01
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	106.02
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	345.38
Supplier Invoice	3/10/2022	Verizon Wireless	Invoice # 990632720	742.14
Supplier Invoice	3/18/2022	New West Technologies	Invoice # 14976	9,903.54
Supplier Invoice	3/18/2022	New West Technologies	Invoice # 14976	6,834.50
Supplier Invoice	3/18/2022	WA State Environmental Health Assoc	Membership-Katula	50.00
Supplier Invoice	3/18/2022	Spectra Laboratories - Kitsap, LLC	0101-01312022	2,813.00
Supplier Invoice	3/1/2022	Iron Mountain	Invoice # 202510722	173.91
Supplier Invoice	3/24/2022	Staples	Invoice # 3471898662N	31.09
Supplier Invoice	3/24/2022	Staples	Invoice # 3471898662N	28.60
Supplier Invoice	3/24/2022	Staples	Invoice # 3471898661N	534.15
Supplier Invoice	3/24/2022	Staples	Invoice # 3471898663N	70.82
Supplier Invoice	3/23/2022	Staples	Invoice 3503202670	69.37
Supplier Invoice	3/23/2022	Staples	Invoice 3503202670	31.41
Supplier Invoice	3/14/2022	Telelanguage Inc	Invoice # TL137155	84.15
Supplier Invoice	3/14/2022	Telelanguage Inc	Invoice # TL137155	156.75
Supplier Invoice	3/12/2022	Canon Financial Services, Inc.	Invoice # 28248652	1,041.15
Supplier Invoice	3/11/2022	Lingo	Invoice# 32353109	18.64
Supplier Invoice	3/11/2022	Kitsap Immigrant Assistance Center	Covid Funds	5,000.00
Supplier Invoice	3/8/2022	Control Solutions, Inc	Invoice # CS229272	21.80
Supplier Invoice	3/1/2022	Spectra Laboratories - Kitsap, LLC	C22-00998	1,735.65
Supplier Invoice	3/1/2022	Kitsap County	March '22	15,833.00
Supplier Invoice	3/1/2022	Kitsap County	March '22	9,630.00
				<u>209,926.30</u>





# Kitsap County Treasurer's Office

## Cash Transmittal

### Withdrawal Receipt #R00206124

Approved: 3/15/2022

GL Date: 3/15/2022

Total Amount: \$139,154.57

#### Request Details

<b>Request ID</b>	206084
<b>Type</b>	Withdrawal
<b>Owner</b>	Beverly Abney
<b>Organization</b>	Kitsap Public Health District
<b>Approved By</b>	Debbie Waterbury
<b>Comments</b>	

#### ACH/EFT Transaction

Purpose	Date	Reference	Payee	Description	Amount	Memo
ACH/EFT	03/15/2022	95969	Wa State Dept of Retirement Systems	February 2022 PERS	\$139,154.57	PERS Payment

#### Line Items

Line	Amount	Memo	Program	Account
1	\$139,154.57	PERS	95969 - Kitsap Public Health District	2315:Employee Benefits Payable

**KITSAP PUBLIC HEALTH DISTRICT**

345 6th Street, Suite 300  
 Bremerton, WA 98337

Date: 3/24/2022  
 To: Beverly Abney / Accounts Payable  
 From: Denise Turner / Payroll  
 Re: PAYROLL BENEFITS WARRANT REQUEST - MARCH 2022 (GL DATE 03/29/22)

Code	Amount	Vendor #	Vendor/Plan Name	Address
5249	\$ 2,517.07	5628	AFLAC	1932 Wynnton Rd
5249.02	\$ 4,854.12	189181	Employment Security Dept. (PFML)	PO Box 34467
5249	\$ 303.33	383135	Health Equity (HSA)	15 West Scenic Pt Dr
5249	\$ 9,710.52	331850	HRA VEBA Trust	PO Box 807
5249	\$ 6,763.00	257740	NACO/Nationwide (Def Comp)	PO Box 183154-3154
5249	\$ 523.00	394347	Peak1 Admin (Parking)	608 Northwest Blvd #200
5249	\$ 3,582.78	6811	Prof & Tech Engineers Local 17 (Union)	2900 Eastlake Ave E #300
5249	\$ 10.00	6811	Prof & Tech Engineers Local 17 (Union/PAC)	2900 Eastlake Ave E #300
5249	\$ 275.00	418816	VOYA (Def Comp)	PO Box 3015
5249.04	\$ 4,969.69	6779	WA ST Dept. of Labor & Industries	PO Box 34022
5249	\$ 14,998.74	25268	WA ST Dept. of Retirement (Def Comp)	PO Box 9018
5249	\$ 112,004.23	376565	WA Health Care Authority (Medical)	PO Box 84265
5249	\$ 5,709.86	5603	WCIF/WA Counties Ins Fund (Life)	PO Box 6
5249	\$ 10,559.50	368370	WHIT/Western Health Ins Trust (Dental)	PO Box 6
	<b>\$ 176,780.84</b>		<b>GRAND TOTAL</b>	

03/31/2022 Payroll Taxes

Name	Deduction	Code	Lookup	Group	Plan	Amount
		W_FW Total				85,421.88
					<b>Federal Total</b>	85,421.88
		W_MED Total				11,521.33
		W_MEDER Total				11,521.33
					<b>Medicare Total</b>	23,042.66
		W_OAS Total				49,263.99
		W_OASER Total				49,263.99
					<b>SS Total</b>	98,527.98
					<b>Grand Total</b>	206,992.52

Kitsap Public Health District - Monthly (Regular) (Pay Group Detail)  
03/01/2022 - 03/31/2022 (Monthly) (Period)

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Abazi (427227) Ornela	173.33	5,575.00			4,162.66
Abney (4563) Beverly	173.33	5,955.00			4,006.34
Acosta (278956) Nancy	173.33	9,221.00			5,106.71
Ader (413193) Sam	173.33	5,404.00			3,660.96
Ahlin (434420) Zachary	72.00	1,939.68			1,579.00
Anderson (419470) Amy	173.33	6,661.00			4,325.62
Archer (434384) James	173.33	4,006.00			3,229.19
Arias (433900) Jordan	173.33	5,451.00			3,973.48
Armstrong (434291) Jami	173.33	5,555.00			4,004.37
Atisme-Bevins (433909) Kandice	173.33	7,226.00			5,084.68
Banigan (215189) Leslie	173.33	7,884.00			5,683.16
Baum (434397) Rudy	173.33	5,147.00			3,877.74
Bazzell (328436) Richard	173.33	7,284.00			5,102.62
Bell (419805) Gus	101.33	4,473.48			3,177.89
Berger (407902) Angeline	173.33	5,391.00			3,819.00
Bierman (404611) Dana	156.00	7,528.00			5,668.61
Bolstad (434072) Holly	173.33	6,781.00			4,934.43
Borja (426250) Windie	173.33	5,571.00			4,135.67
Boysen-Knapp (2058) Karen	156.00	5,995.00			3,931.85
Brown (271677) Steven	173.33	9,221.00			5,376.98
Burch (434274) Erin	173.33	6,389.00			4,734.53
Burchett (409212) Brian	173.33	4,902.00			3,629.07
Burns (434416) Anne	173.33	7,043.00			5,092.37
Byrd (434085) Stephanie	173.33	3,984.00			3,236.85
Camarena (434136) Lindsey	173.33	7,617.00			5,662.94
Chang (411387) Margo	173.33	4,240.00			3,033.12
Ciulla (400655) Laura	127.15	5,544.74			3,400.84
Collins (434101) Lori	173.33	6,379.00			4,677.77
Crow (433648) Kayla	173.33	4,447.00			3,339.83
Davis (433997) Elizabeth	173.33	7,395.00			5,120.60
Dowless (340919) Kelly	173.33	7,306.00			5,287.22
Duren (430735) Ashley	173.33	5,290.00			4,080.38
Eakes (223648) Deanna	173.33	5,412.00			3,403.33
Evans (4565) Eric	173.33	10,674.00			2,787.71
Fine (421693) George	86.67	2,187.00			1,699.57
Fisk (321284) April	173.33	8,055.00			4,951.42
Fong (356883) Yolanda	173.33	11,208.00			7,610.03
Ford (434296) Callie	173.33	3,625.00			2,774.21
Forte (434150) Harrison	173.33	5,147.00			3,521.63
Giuntoli (337331) Paul	173.33	7,284.00			4,443.84
Gonzalez (401905) Anna	138.66	6,393.00			4,542.68
Grellner (1264) Keith	173.33	13,351.00			9,361.12
Gress (421427) Nicole	173.33	4,604.00			3,501.85
Griego (410072) Yaneisy	156.00	4,409.00			3,443.92
Grumbly (434316) Meghan	173.33	4,464.00			3,595.77
Guerrero (434054) Jill	104.00	3,452.00			2,785.87
Guidry (355732) Jessica	173.33	9,221.00			6,546.80
Guzman (356336) Damaris	173.33	4,954.00			3,519.23
Hadly (434294) Gabrielle	173.33	8,782.00			6,042.41
Henley (434028) Sarah	173.33	6,010.00			4,520.84
Holdcroft (270783) Jodie	173.33	7,284.00			4,214.88
Holdcroft (4579) Grant	173.33	9,221.00			5,501.67
Holt (2726) Karen	173.33	9,682.00			6,274.87
Howard Lindquist (434057) Anne	138.66	4,340.00			3,468.71
Hughes (434256) Jakob	173.33	4,902.00			3,670.54
Humphrey (434383) Talia	161.83	4,376.04			3,405.21
Hunter (409213) Kari	173.33	8,782.00			6,050.97
Inouye (434255) Wendy	173.33	8,055.00			5,532.93
Jameson (295036) Betty	173.33	4,406.00			3,363.02
Jenkins (434053) Andrea	173.33	3,806.00			2,917.38
Johanson (400651) Krista	173.33	4,857.00			3,662.09
Jones (358933) Kimberly	173.33	9,221.00			6,235.48
Katula (393427) Dayna	173.33	7,966.00			4,705.97
Kench (245476) Donald	173.33	4,285.00			2,700.17
Kiess (250913) John	173.33	11,208.00			8,172.93
Kindschy (421430) Brandon	173.33	5,958.00			4,259.88
Kinnear (434099) Sarah	173.33	5,167.00			3,856.56
Knoop (16125) Melina	173.33	7,284.00			4,982.27

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kruse (243184) Charles	173.33	7,385.00			4,837.18
Kushner (327580) Siri	173.33	10,674.00			6,802.52
Laird (416539) Melissa	173.33	10,166.00			6,408.09
Lehto (434317) Victoria	157.33	4,237.96			3,277.80
Lytle (285038) Ross	173.33	7,284.00			4,891.81
Madden (434318) Shannon	173.33	3,996.00			3,177.96
Mazur (388104) Karina	173.33	7,808.00			5,224.27
Mckinnon (387088) Bryan	173.33	5,958.00			4,595.60
McMillan (434052) Michelle	173.33	5,191.00			3,760.54
McNamara (429377) Nicole	12.00	383.04			352.04
Moen (279971) Anne	178.08	6,604.78			4,549.12
Moontree (406607) Kaela	173.33	5,425.00			3,893.84
Moore (421227) Megan	156.00	5,995.00			4,155.11
Moore (433995) Michael	173.33	5,269.00			4,046.20
Moore (434254) Alexandra	173.33	4,669.00			3,545.74
Morris (312378) Dawn	173.33	6,954.00			4,859.06
Morrow (433895) Nathan	173.33	16,464.00			9,951.73
Nguyen (295033) Loan	173.33	4,857.00			3,518.10
Nguyen (434026) Kevin	104.00	2,678.00			1,822.07
Nicolaisen (208456) Niels	144.00	6,050.88			4,621.53
Noble (3128) Gregoria	173.33	5,404.00			3,533.82
North (22459) Edwin	173.33	10,166.00			4,276.98
Nuno (405301) Crystal	173.33	6,897.00			3,991.17
O'Brien (433907) Melissa	173.33	4,447.00			3,451.30
Onarheim (426938) Carin	173.33	4,921.00			3,582.57
Pandino (419118) Linda	173.33	4,857.00			3,673.20
Pearson (434051) Maricela	173.33	3,926.00			2,940.95
Perales (434396) Sydney	173.33	4,464.00			3,449.15
Perry (306605) Rachel	173.33	4,406.00			3,236.31
Phelps (434295) Tameka	121.21	4,052.63			3,104.86
Plemmons (433994) Suzanne	61.50	3,277.95			2,410.35
Power (434293) Allison	173.33	6,958.00			4,944.23
Preston (434195) Anne-Lisa	173.33	6,010.00			4,475.49
Quist-Therson (419860) Nii	178.83	8,529.50			6,195.04
Rassa (433650) Deborah	1.25	41.79			-
Rhea (324654) Susan	173.33	4,406.00			3,347.94
Ridge (267073) Betti	173.33	7,446.00			4,884.42
Rodgers (434050) Amanda	64.00	1,475.20			1,184.10
Rork (404613) Ian	173.33	5,958.00			4,406.87
Schroeder (434395) Alena	173.33	4,464.00			3,411.19
Shuhler (425553) Yana	173.33	3,996.00			2,887.02
Simmons (434365) Nolan	173.33	4,669.00			3,595.93
Smith (361388) Terri	173.33	8,142.00			5,688.95
Sooter (427776) Thaddeus	173.33	7,671.00			5,479.87
Stedman (347366) Kelsey	173.33	9,221.00			6,102.17
Steusloff (429204) Barbara	173.33	4,447.00			3,380.65
Stewart (423168) Tobbi	173.33	5,958.00			4,357.11
Tapia (434025) Annys	173.33	5,287.00			2,721.54
Tiemeyer (433908) Alexandra	173.33	7,043.00			4,921.40
Tjemsland (433192) Amanda	173.33	6,627.00			4,638.32
Tonti (434149) Mindy	173.33	4,251.00			3,396.25
Tubberville (434319) Tatiana	173.33	4,447.00			3,398.71
Turner (1682) Denise	181.58	5,737.26			3,510.25
Van Ort (392243) Susan	173.33	7,284.00			4,847.69
Vinyard (434364) Hannah	173.33	4,447.00			3,398.71
Wagner (426251) Mary	121.34	2,797.00			2,021.31
Warren (434273) Lisa	166.96	6,796.85			5,563.41
Wellborn (14545) Brian	187.75	4,867.15			3,179.96
Wendt (397255) Jan	173.33	7,395.00			5,514.19
Westervelt (434382) Laura	173.33	5,674.00			4,125.71
Whitford (434292) Tiffany	173.33	3,996.00			2,941.41
Whitlock (433906) Garrett	69.27	1,783.70			1,568.95
Wickhamshire (434070) Mark	86.67	1,984.00			1,594.54
Winchester (431493) Layken	173.33	4,902.00			3,402.16
Winters (426939) Christopher	173.33	5,425.00			4,024.81
Wyatt (434415) Janet	157.33	6,712.44			4,482.23
Yanda (301566) Kerrie	88.00	4,452.40			3,328.65
	<b>21,835.05</b>	<b>809,007.47</b>	<b>0.00</b>	<b>0.00</b>	<b>561,026.39</b>