

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

**CONTRACT NUMBER: CLH32054**

**AMENDMENT NUMBER: 1**

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:
    - Foundational Public Health Services (FPHS) - Effective January 1, 2025
    - HIV Client Services-HOPWA Formula - Effective January 1, 2025
    - Infectious Disease-HIV Community Services Ryan White Part B - Effective January 1, 2025
    - Injury & Violence Prevention-LHJ Opioid Campaign Proviso – Effective January 1, 2025
    - Maternal & Child Health Block Grant – Effective January 1, 2025
    - Office of Drinking Water Group A Program - Effective January 1, 2025
    - Office of Drinking Water Group B Programs - Effective January 1, 2025
    - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025
    - Office of Resiliency & Health Security-PHEP - Effective January 1, 2025
    - Perinatal Program-Blue Band Nurse Family Partnership - Effective January 1, 2025
    - Recreational Shellfish Activities - Effective January 1, 2025
    - Supplemental Nutrition Assistance Program-Education - Effective January 1, 2025
    - Youth Cannabis & Commercial Tobacco Prevention Program - Effective January 1, 2025
  - Amends Statements of Work for the following programs:
  - Deletes Statements of Work for the following programs:
2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-0 Allocations as follows:
  - Increase of **\$4,984,238** for a revised maximum consideration of **\$4,984,238**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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



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

**CONTRACT NUMBER: CLH32054**

**AMENDMENT NUMBER: 1**

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

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  <small>Yolanda Fong (Feb 4, 2025 12:53 PST)</small>	Signature: 
Date: Feb 4, 2025	Date: Feb 4, 2025

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Indirect Rate as of January 1, 2025: 28.76% Admin & CH Pgms; 31.32% EH Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 SNAP Ed Prog Mgnt Admin IAR	202525Q390347	Amd 1	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$63,344	\$63,344	\$63,344
FFY23 Hsng-PPL w/AIDS Formula HUD	WAH23-F999	Amd 1	14.241	333.14.24	01/01/25	09/30/25	08/10/23	08/09/26	\$104,300	\$104,300	\$104,300
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$118,138	\$118,138	\$118,138
FFY24 State MH Innovation Prog State Mat	U7AMC50511	Amd 1	93.110	333.93.11	01/01/25	09/30/25	09/30/24	09/29/25	\$5,000	\$5,000	\$5,000
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$5,000	\$5,000	\$5,000
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 1	93.387	333.93.38	01/01/25	04/28/25	04/29/23	04/28/25	\$5,281	\$5,281	\$5,281
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$119,891	\$119,891	\$119,891
SFY2 GFS - Group B		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/23	06/30/25	\$25,877	\$25,877	\$25,877
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,526	\$31,526	\$31,526
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$6,700	\$6,700	\$6,700
SFY25 Dedicated Cannabis Account		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$123,755	\$123,755	\$123,755
SFY25 Nicotine Addict Prev & Ed Pro		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$50,265	\$50,265	\$50,265
SFY25 Youth Tobacco Vapor Products		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$26,161	\$26,161	\$26,161
FFY25 RW Grant Year Rebate		Amd 1	N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$195,500	\$195,500	\$391,000
FFY24 RW Grant Year Rebate		Amd 1	N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$195,500	\$195,500	
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$3,649,000	\$3,649,000	\$3,649,000
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$250,000	\$250,000	\$250,000
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$7,000	\$7,000	\$7,000
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$2,000	\$2,000	\$2,000

Indirect Rate as of January 1, 2025: 28.76% Admin & CH Pgms; 31.32% EH Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
<b>TOTAL</b>									\$4,984,238	\$4,984,238	
<b>Total consideration:</b>	\$0									<b>GRAND TOTAL</b>	\$4,984,238
<b>GRAND TOTAL</b>	\$4,984,238									<b>Total Fed</b>	\$420,954
										<b>Total State</b>	\$4,563,284

\*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

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

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective January 1, 2025

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

**Contract Number:** CLH32054

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

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system’s capacity and increase the availability of FPHS services statewide. This SOW also includes one-time investments from the vape tax account.

**NOTE: The full State Fiscal Year (SFY) 2025 (07/01/24-06/30/25) disbursement of FPHS funds for this statement of work (01/01/25-06/30/25) was made in July/August 2024 during the 2022-2024 consolidated contract term and is being included in this statement of work for informational purposes only. There will not be a reconciliation of these funds between the 2022-2024 consolidated contract and the new 2025-2027 consolidated contract. There is no requirement to report unused funds from the 07/01/24-12/31/24 period. It is acknowledged that existing obligations for this funding continue forward and remain in effect in the new contract. These obligations include, but are not limited to, completion of the annual report due after 06/30/25 and fulfillment of all contractual terms and conditions as specified in the prior consolidated contract term that ended 12/31/24.**

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY25 FPHS-LHJ FUNDS-GFS <b>Note: Total SFY25 Allocation is for 07/01/24-06/30/25</b>	99210850	N/A	336.04.25	01/01/25	06/30/25	0	3,649,000	3,649,000
SFY25 FPHS - LHJ - REDIRECT FUNDS	99210841	N/A	336.04.25	01/01/25	06/30/25	0	250,000	250,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>3,899,000</b>	<b>3,899,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$1,278,000

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
2	<b>Assessment Reinforcing Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	<b>Assessment – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	<b>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$687,000
5	<b>CD - NEW SFY 24 Immunization Outreach, Education &amp; Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$225,000
6	<b>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy &amp; Leadership Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	<b>FC - NEW SFY 24 Strengthening Local Finance Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$50,000
8	<b>FC - NEW SFY 24 Public Health Communications</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000
9	<b>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
10	<b>EPR - NEW SFY 24 Emergency Preparedness &amp; Response – Capacity and Capability</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$205,000
11	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$37,000
12	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$354,000
13	<b>CD – Tuberculosis Program</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$21,000
14	<b>MCH – Child Death Review</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$83,000
15	<b>EPH – Radiation Emergency Preparedness</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$38,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16	<b>EPH Core Team – Climate Change Response</b> – See below in <a href="#">Program Specific Requirements – Activity Special Instructions</a> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$43,000
17	<b>EPH Core Team – Water System Capacity</b> – See below in <a href="#">Program Specific Requirements – Activity Special Instructions</a> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$38,000
18	<b>STI/HCV Foundational Services</b>	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$250,000

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

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

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPFS Policy Advisor, WSALPHO – [cgoodwin@wsac.org](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPFS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171

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

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 2024-December 31, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

**BARS Revenue Code:** 336.04.25

**BARS Expenditure Coding** – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools



47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

**Activity Special Instructions:**

**Investments to Each LHJ:**

1. **FPHS Funds to Each LHJ**

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

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

**Targeted Investments to Each LHJ:**

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**

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

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

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

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

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

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

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

6. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**  
These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53
7. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**  
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16
8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**  
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 562.13
9. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**  
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**  
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

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

11. **CD – Hepatitis C (FPHS definitions C.4.o-p)**  
Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH’s Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.
12. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**  
Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
13. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**  
Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.
14. **MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**  
This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.

15. **EPH – Radiation Emergency Preparedness (FPHS definitions B.2, B.3, B.5, B.6, B.7)**

The goal of this investment is to sustainably fund planning, training, and response for radiological emergencies. This will include training with agency Incident Management Team members and other Environmental Public Health Division staff outside of the Office of Radiation Protection (ORP) to allow for smoothly coordinated response actions and public messaging. This will allow agencies to respond, investigate, remove and dispose of unwanted and abandoned radioactive materials, and address responsibilities for protection of public health and reducing the inappropriate burden placed on licensees to fund activities outside of their permit/license or registration. Anticipated spending includes, but are not limited to staffing, materials and supplies to support training exercises. Use BARS expenditure code: 562.52

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

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

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

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

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

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

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

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

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

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

17. **EPH Core Team – Water System Capacity**

The goal of this Core Team is to increase LHJ capacity for water resource management and planning.

- Use BARS expenditure code: 562.43 or 53.

18. One-time funds to support capacity and expertise to respond to STIs and hepatitis C.

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

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

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

**Contract Number:** CLH32054

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

<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, 2025 through September 30, 2025

**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
FFY23 HSNG-PPL W/AIDS FORMULA HUD	12660231	14.241	333.14.24	01/01/25	09/30/25	0	104,300	104,300
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>104,300</b>	<b>104,300</b>

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

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

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

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

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

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

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

**Program Specific Requirements**

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

LHJ shall provide the following inputs:

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

**Compensation and Payment:**

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **October 31, 2027**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25<sup>th</sup> of the following month.**
  - The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.
- Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.  
E-mail invoices to: [ID.Operations@doh.wa.gov](mailto:ID.Operations@doh.wa.gov)  
Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

**Contract Modifications:**

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

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

**Confidentiality Requirements:**

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

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

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

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

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

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

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

**DOH Program Name or Title:** Infectious Disease-HIV Community Services Ryan White Part B - Effective January 1, 2025

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

**Contract Number:** CLH32054

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2025 through June 30, 2025

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide HIV Care services to people living with HIV (PLWH). Awarded through OID's 2024 Ryan White Part B RFA. Identified service area (This does not preclude clients from receiving supportive services outside of their case management agency.): Clallam, Jefferson, Kitsap, and North Mason Counties.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 RW GRANT YEAR REBATE	12618540	N/A	334.04.98	01/01/25	03/31/25	0	195,500	195,500
FFY25 RW GRANT YEAR REBATE	12618550	N/A	334.04.98	04/01/25	06/30/25	0	195,500	195,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>391,000</b>	<b>391,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Core Services</b>				
<b>Case Management</b>  Anticipated number of clients to be served.  <b>170 Clients</b>	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication).	Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the DOH HIV Community Services Program Manager.  Agency must track and report data within the Provide database all Performance Measures related to this Service	Client level data and any interaction must be entered into Provide within 5 business days as a progress log.  <ul style="list-style-type: none"> <li>Agency must complete eligibility assessment annually.</li> <li>Comprehensive assessment must be completed within the first 30 days of completing intake and updated every</li> </ul>	<b>Total reimbursement not to exceed \$294,314</b>  <b>See split out below by code.</b>  <b>\$147,157 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Activities may include:</p> <ol style="list-style-type: none"> <li>1) initial assessment of need.</li> <li>2) development of individualized care plans.</li> <li>3) coordinated access to health and support services.</li> <li>4) client monitoring to assess the care plan.</li> <li>5) re-evaluation of the care plan.</li> <li>6) ongoing assessment of client's needs.</li> <li>7) treatment adherence counseling.</li> <li>8) client specific advocacy or review of utilization of services.</li> <li>9) benefits counseling.</li> </ol> <p><b>ROIs must be obtained for DOH, HCA, and HIV medical provider.</b></p> <p><b>Contractor must bill Title XIX monthly and report to DOH on the expense summary form. Any exceptions require prior approval from DOH HIV Community Services Program Manager.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b>  <a href="#">Employee Change Form</a></p>	<p>Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<p>five years unless significant changes have occurred with the client.</p> <ul style="list-style-type: none"> <li>• ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months.</li> </ul> <p>Medical appointments must be reported at minimum annually.</p>	<p><b>\$147,157 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</b></p>
<b>Supportive Services</b>				
<p><b>Outreach Services – Peer Navigation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>75 Clients</b></p>	<p>Outreach Services provide the following Peer Navigation activities:</p> <ol style="list-style-type: none"> <li>1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care,</li> <li>2) referral to appropriate supportive services.</li> </ol>	<p>Agency must track and report client level data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Anticipated number of clients to be served.</b></p> <p>One-on-one Caseload: Peer group participants:</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log.</p> <p>ISP and ISP goal developments must be completed before outreach services are delivered and reviewed a minimum of every six months.</p>	<p><b>Total reimbursement not to exceed \$53,336.</b></p> <p><b>See split out below by code.</b></p> <p>\$26,668 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>3) Peer Navigators must be added to the client's Care Team in the Provide database.</p> <p>4) Peer Navigators will conduct Quality-of-Life survey with their peer clients every six months, aligning with ISP review.</p> <p>5) Peer Navigators will participate in ISP development and review based on Quality-of-Life survey.</p> <p><b>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously as some information is needed to facilitate any necessary follow-up and care.</b></p> <p><b>Funds cannot be used to pay for event materials such as promotional and/or personal items.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b>  <a href="#">Employee Change Form</a></p> <p><b>*** Please see the Terms and Conditions Section 3D regarding Peer Navigation Program Expectations.***</b></p>	<p>Community facing peer support: Short-term peer navigation:</p>		<p>\$26,668 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
<p><b>Food Bank</b></p> <p>Anticipated number of clients to be served.</p> <p><b>50 Clients</b></p>	<p>Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist). <b>***See terms and conditions section 11, bullet A, sub-section XIII***</b></p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Client meals for activities such as focus groups, support groups, etc. must follow per diem guidelines identified in the terms and condition section below.</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement not to exceed \$9,250.</b></p> <p><b>See split out below by code.</b></p> <p>\$4,625 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>HRSA RWHAP funds cannot be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup> vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</b></p> <p><sup>1</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p><b>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</b></p>	<p><b>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to a small and attractive items policy.</b></p>		<p>\$4,625 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
<b>Housing</b>	<p>Housing is limited to short-term assistance to support emergency, temporary, or transitional housing to</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and service provided.<sup>1</sup></p>	<p><b>Total reimbursement not to exceed \$9,754.</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>Anticipated number of clients to be served.</p> <p><b>12 Clients</b></p>	<p>enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.</p> <p>Housing funds cannot be in the form of direct cash payments to clients, used for mortgage payments, rental deposits, last month’s rent, or other fees associated with move in costs.</p> <p><b>Ryan White Housing Funds must be the payor of last resort.</b></p> <p><b>One-time payments for rent or utilities are unallowable and must be reported under emergency financial assistance.</b></p> <p>Allowable Costs:</p> <ul style="list-style-type: none"> <li>• Rent</li> <li>• Past due rent (to include late fees)</li> <li>• Lot rent</li> <li>• Essential utilities (gas, electric, water, propane)</li> <li>• Past due essential utilities (to include late fees)</li> <li>• Background check/housing application</li> <li>• Hotel/Motels</li> </ul> <p><b>Any payment greater than \$3,000 must be pre-approved by DOH.</b></p>	<p>Agency must:</p> <ul style="list-style-type: none"> <li>• <b>Ensure clients meet all Ryan White eligibility requirements prior to providing any assistance.</b></li> <li>• Complete a housing assessment and develop an individualized housing plan<sup>1</sup> for each client receiving housing services. (Housing plans are not required for background checks/housing applications)</li> <li>• Reassess clients for housing assistance if they have been closed for more than 90 days and complete a new individualized housing plan.</li> <li>• Have mechanisms in place to ensure newly identified clients have access to housing services.</li> <li>• Not duplicate the Housing services or benefits provided by HOPWA.</li> <li>• Have housing need(s) documented in ISP.</li> <li>• Ensure client file includes evidence of tenancy and/or appropriate documentation to support payment.</li> <li>• Document client closure from housing services with clear rationale. Documentation must include:             <ul style="list-style-type: none"> <li>○ Services needed/actions taken, if applicable</li> <li>○ Date of discharge</li> <li>○ Reason(s) for discharge</li> <li>○ Referrals made at time of discharge, if applicable</li> </ul> </li> </ul> <p><b><sup>1</sup> Individualized Housing Plan should document short- and long- term measurable goals and objectives for housing and healthcare, timeframes to achieve goals, client attainment of goals, solutions to address barriers, and resources and services that are needed to help maintain housing stability and gain/maintain healthcare, the assistance</b></p>	<p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p> <p>Housing staff must assess clients within 3 business days of staff identifying a client’s housing need.</p> <p>Active housing clients must have at least one documented contact every 30 days.</p> <p>Document closure of housing clients from services within 30 business days.</p> <p>Housing plans must be completed annually and updated, at minimum, quarterly.</p>	<p><b>See split out below by code.</b></p> <p>\$4,877 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$4,877 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>Refundable and non-refundable deposits are unallowable unless your agency has approved policies and procedures on file with HIV Community Services.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b></p> <p><a href="#">Employee Change Form</a></p>	<p><b>to be provided by the Housing Case Manager.</b></p>		
<p><b>Linguistic Services (Required Activity)</b></p>	<p>Provision of interpretation (oral) and translation (written) services to eligible clients. Services are provided as a part of HIV service delivery between the healthcare provider and the client when necessary to:</p> <ul style="list-style-type: none"> <li>• Facilitate communication between the provider and client.</li> <li>• Support delivery of HIV Community Services.</li> </ul> <p><b>Translation and interpretation services are only allowable in the Linguistic Services task.</b></p> <p><b>Services must be provided by a qualified linguistic service professional.</b></p> <p><b>See terms and conditions Section 10 for CLAS standards.</b></p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	<p><b>Total reimbursement not to exceed \$0.</b></p> <p><b>See split out below by code.</b></p> <p>– MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>– MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
<p><b>Medical Transportation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>15 Clients</b></p>	<p>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by:</p> <p>1) providers of transportation services.</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><sup>1</sup>Services provided must include the dollar amount of the service provided.</p>	<p><b>Total reimbursement not to exceed \$3,526.</b></p> <p><b>See split out below by code.</b></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs.</p> <p>3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed.</p> <p>4) voucher or token systems.</p> <p><b>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup> vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</b></p> <p><sup>1</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that</p>	<p><b>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to small and attractive items policy.</b></p>		<p>\$1,763 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$1,763 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>are co-branded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</b></p>			
<p><b>Psychosocial Support Services</b></p> <p>Anticipated number of clients to be served.</p> <p><b>75 Clients</b></p>	<p>Provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include bereavement counseling, child abuse and neglect counseling, HIV support groups, nutrition counseling by a non-registered dietitian, pastoral care/counseling services.</p> <p><b>Any food provided for support groups must be billed under the food bank/ hot meals task.</b></p>	<p>Agency must track and report client level data within the Provide database any and all activity related to this Service Category.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	<p><b>Total reimbursement not to exceed \$6,214.</b></p> <p><b>See split out below by code.</b></p> <p>\$3,107 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$3,107 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
<p><b>Ryan White Part B HIV Clinical Quality Management (CQM)/ Improvement</b></p> <p>Required Activity</p>	<p>CQM activities should be continuous, fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with</p>	<p>Agency must track and report within the Provide database all Performance Measures related to this service category as directed by DOH Quality Management Coordinator.</p> <p>Agency must submit an Annual CQM Plan by April 1st to the DOH Quality Management Coordinator. <b>CQM plan must include Ryan White Part B specific activities.</b></p> <p><b>HRSA/HAB Clinical Performance Measures – Core</b></p> <ol style="list-style-type: none"> <li><a href="#">HIV Viral Load Suppression</a> 95%</li> <li><a href="#">Prescription of HIV antiretroviral therapy</a> 90%</li> <li><a href="#">Medical visit frequency</a> 90%</li> <li><a href="#">Gap visits</a> 20% or less *Reverse measure</li> <li><a href="#">Annual retention care</a> 80%</li> </ol>	<p>Agency must submit quarterly reports to <a href="mailto:HIV.QualityImprovement@doh.wa.gov">HIV.QualityImprovement@doh.wa.gov</a></p> <p><b>1st Quarter</b> 1/1 - 3/31 Due 4/30 Annual CQM Plan (Apr 1)</p> <p><b>2nd Quarter</b> 4/1 – 6/30 Due 7/30</p> <p><b>3rd Quarter</b> 7/1 – 9/30 Due 10/30</p> <p><b>4th Quarter</b> 10/1 – 12/31 Due 1/30</p>	<p><b>Total reimbursement not to exceed \$7,106.</b></p> <p><b>See split out below by code.</b></p> <p>\$3,553 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$3,553 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p> <p><b>Any food provided to clients for CQM activities must be billed under the food bank/ hot meals task.</b></p>	<p><u><a href="#">HRSA/HAB Case Management Performance Measure</a></u></p> <ol style="list-style-type: none"> <li>1. Care plan 90%</li> <li>2. Gap in HIV medical visits 20% or less * Reverse measure</li> <li>3. HIV medical visit frequency 90%</li> </ol> <p>By October 1st agency must promote community engagement for Ryan White Part B eligible clients/patients to provide feedback by establishing or implementing</p> <ol style="list-style-type: none"> <li>A.) Annual Client Satisfaction Survey's And/or</li> <li>B.) Quarterly Consumer/Client Advisory Board</li> </ol> <p>Deliverables for this reporting period have been identified and can be referenced in the <u><a href="#">Ryan White Part B Statewide Quality Management Plan.</a></u></p> <p><b>*** Please see the Terms and Conditions Section 3E regarding Community Engagement expectations.***</b></p>		
<p><b>Emergency Financial Assistance</b></p> <p>Anticipated number of clients to be served.</p> <p><b>15 Clients</b></p>	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing<sup>1</sup>, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p>	<p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement not to exceed \$7,500.</b></p> <p><b>See split out below by code.</b></p> <p>\$3,750 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$3,750 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>Any service(s) costing greater than \$1,000 must be pre-approved by DOH.</b></p> <p><b><sup>1</sup> Emergency Housing assistance is limited to financial assistance to support a one-time payment to enable the individual or family, currently in housing, to gain and/or maintain medical care. Use of Ryan White Program funds for emergency housing must be linked to medical and/or healthcare or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.</b></p> <p><b>Allowable housing costs:</b>  <b>Rent</b>  <b>Utilities</b></p> <p><b>Housing assistance is limited to one month of rental/utility assistance in a calendar year.</b></p> <p><b>Refundable and non-refundable deposits are unallowable costs.</b></p>			

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

### **Program Specific Requirements**

#### **SPECIAL PROGRAM REQUIREMENTS**

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

#### **GENERAL PROGRAM REQUIREMENTS/NARRATIVE**

##### **1. Definitions**

- a. CONTRACTOR – For the purposes of this Statement of Work Only, the Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.



- b. Medical Case Manager – Individual who provides direct services to clients living with HIV. These services help clients gain and maintain access to primary medical care and treatment.
    - i. Program Supervisor – Individual who provides supervision to case management and other HCS staff.
    - ii. Program Lead – Individual who oversees specialized or enhanced programming to clients living with HIV.
    - iii. Case Manager Assistant/Intake Specialist – Individual who provides assistance to case management staff to enroll clients into case management and/or supportive services.
  - c. Non-Medical Case Manager – Individual who provides direct services to clients living with HIV. These services provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services to improve or retain access to core medical and supportive services.
  - d. Housing Coordinator – Individual who provides housing and/or housing related services to people living with HIV.
  - e. Peer Navigator – Individual who has either direct lived or shared lived experience with HIV and navigating the healthcare system and/or barriers related to HIV stigma.
    - i. Stewards – Individual who provides supervision to Peer Navigators.
    - ii. One-on-One Caseload – Caseload of 15-20 Peer Clients referred by their care team to receive Peer Navigation support for 6-24 months or longer depending on client needs. Case managers and clients work in partnership to determine the length of time.
    - iii. Peer Group Participants – Clients who may or may not be utilizing Peer Navigation services but can access peer support in a peer group setting.
    - iv. Community Facing Peer Support – Broader activity-based client engagement such as community event programming, home visits, food access/delivery, or part of office culture when new or established clients come in for services.
    - v. Short-Term Peer Navigation – Support for clients with a temporary need due to unexpected life challenges or crises. Examples include but are not limited to a new HIV diagnosis, loss of housing or partner, mental/behavioral health/medical emergency, or reengagement for clients who have been justice involved and returning to community.
  - f. Administrative Support – Individual who provides support by greeting clients, directing phone calls, scheduling appointments, etc.
2. **Ryan White Rebate Funding** – For the purposes of this contract, all Ryan White Rebate funds received by the contractor shall be treated in the same fashion as federal funds and must follow the requirements of [2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits](#).
3. **Program Organization** –
- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information (if applicable), and staffing plan referencing positions described in the budget narrative.
  - b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
    - i. Any positions funded through Ryan White Part B, must have prior DOH approval.
  - c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies, new hires, position changes, or staff on extended leave related to contracted positions by completing the [Employee Change Form](#). An updated budget may be required.
    - i. Any funded Ryan White Care or Housing staff new to the agency must attend New Case Management training.
    - ii. Any new fiscal staff responsible for Ryan White Care invoicing will need to meet with the OID Ryan White Contract Manager within 60 days for DOH Ryan White invoice overview and training.
  - d. **HIV Peer Navigation Program Structure and Expectations** – To support the success and continuity of the HIV Peer Navigation Program, the CONTRACTOR will work in partnership with the DOH HIV Peer Navigation Program to discuss, develop, implement, and maintain a peer program that supports their agency and clients’.

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

- 1) HIV Community Services Manual – HIV Peer Navigation Section
- 2) HIV Peer Navigation procedure for referrals and Provide documentation.
- 3) Monthly Co-Reflection Meetings for one -on-one HIV Peer Navigators, one-on-one HIV Peer Stewards, and the HIV Peer Navigator Group.
- 4) Provide technical assistance for how a HIV Peer Navigator interfaces with the Provide Data System, Quality of Life Survey, and specific HIV Peer Navigation goals for the ISP.

- 5) Provide Mandatory Training
  - a) New Case Manager and HIV Peer Navigator Training
  - b) Annual Intentional Peer Support training for both HIV Peer Navigators and HIV Peer Stewards

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

- 1) HIV Peer Navigator job description and job announcement
  - 2) DOH will support the interview process by
    - a) Assisting with the development of interview questions
    - b) Application review and/or participation in interview panels
  - 3) Identifying what position will fill the role of HIV Peer Steward
- e. **Ryan White Part B Clinical Quality Management CQM/Improvement Client Engagement Structure and Expectations** – To support the framework of improving client care and satisfaction, the CONTRACTOR will work in partnership with the DOH HIV Quality Management Coordinator to engage Ryan White Part B clients and program staff in clinical quality management activities.

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

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

The CONTRACTOR is expected to;

- 1) Submit Annual CQM plan by April 1  
New contractors are exempt in their first year while establishing their programs.
  - 2) Attend quarterly CQM Committee meetings.
  - 3) Provide quarterly CQM reports by the identified in accordance with the due dates and deliverables listed in the CQM Task and referenced in the [Ryan White Part B Statewide Quality Management Plan](#).  
Ensure agency Ryan White Part B Dashboard and HRSA/HAB reports are up to date when submitted.
  - 4) Develop and conduct a satisfaction survey specific to Ryan White Part B Services.  
CONTRACTOR may solicit additional client feedback through the implementation of focus groups and/or Client Advisory Boards (CAB).
  - 5) Establish an internal process and procedure to ensure continuous Quality Improvement/Quality Assurance activities are completed monthly.  
Ensure client profiles are properly closed out within 30 days in the event of;
    - a) Client relocation out of state
    - b) Client no longer meeting eligibility requirements
    - c) Client declines or disengages with services
    - d) Client is deceased
4. **Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information
- a. Clients must apply for Ryan White eligibility within 30 days of intake.
  - b. Client eligibility must be recertified annually.
5. **Participation in Program Monitoring Activities** –
- a. DOH will conduct on-site annual programmatic monitoring in the following areas:
    - i. Ryan White Part B case management and supportive services
    - ii. Title XIX case management
    - iii. Housing

- iv. Clinical quality management
- v. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit

b. **Corrective Action Plans –**

**§ 200.339 Remedies for noncompliance.**

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in [§ 200.208](#). If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

- (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Federal award.
- (d) Initiate suspension or debarment proceedings as authorized under [2 CFR part 180](#) and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

6. **Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities. Ryan White is a payer of *Last Resort* and Title XIX must be billed monthly unless prior approval for a different frequency of billing is granted by DOH – Reference the [HCS Manual](#)
7. **Participation in Quality Management/Improvement activities** – Reference the task description for CQM or the [HCS Manual](#) for more information. For information not available in the HCS manual, contact the CQM Coordinator or your OID Contract Manager.
8. **HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data **entered into** the Provide™ Database System. See tasks descriptions for timeframe requirements.
9. **Data Sharing Agreement (DSA)** – The CONTRACTOR must enter into written data sharing agreements when sharing category 3 or category 4 data outside the agency unless otherwise prescribed by law. The CONTRACTOR must identify and evaluate the risks of sharing their data and must enter into a data sharing agreement that documents the relationship and includes appropriate terms to mitigate identified risks.
  - a. **Category 3 Data – Confidential Information** is information that is specifically protected from either release or disclosure by law. This includes but is not limited to:
    - i. Personal information as defined in [RCW 42.56.590](#) and [RCW 19.255.010](#).
    - ii. Information about public employees as defined in [RCW 42.56.250](#).
    - iii. Lists of individuals for commercial purposes as defined in [RCW 42.56.070\(8\)](#)
    - iv. Information about the infrastructure and security of computer and telecommunication networks as defined in [RCW 42.56.420](#).
  - b. **Category 4 Data – Confidential Information Requiring Special Handling** is information that is specifically protected from disclosure by law and for which:
    - i. Especially strict handling requirements are dictated, such as by statutes, regulations, agreements, or other external compliance mandates.
    - ii. Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.
10. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](#)

### 11. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services

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

### 12. Participation in Data-to-Care/Lost-to-Care activities – WA residents that are reported to have an HIV infection and be living with HIV $\geq$ 12 months and meet one of the following lab result criteria:

- a. **Not-In-Care (NIC):** This person has no CD4 count, or viral load (VL) result reported in past 15 months, but who had a VL or CD4 in Washington State, in the last 5 years.
- b. **Not-Virally-Suppressed (NVS):** This person has had a VL conducted in the previous 15 months, but a VL  $>$ 200 copies/mL, at the time of last report. DOH will provide the CONTRACTOR with a list of Provide Client ID's who meet the above criteria, at least quarterly, to assist in outreach and engagement.

### 13. Training and Orientation Requirements – Reference the [HCS Manual](#) for more information.

### 14. Contract Management – Reference the [HCS Manual](#) for more information

- a. **Fiscal Guidance** – Reference the OID Fiscal Manual for more detailed information.
  - i. **Funding** – The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
  - ii. **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and OID Expense Summary form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
    - 1) The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or identified by DOH program staff to determine allowability of Ryan White related expenses. Risk assessments are completed at the beginning of a new contract. Contact your contract manager if you are unaware of your assigned risk level.
    - 2) DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
  - iii. **Allocating Costs and Indirect** –
    - 1) **Cost Allocation Plan** - If allocating costs, the CONTRACTOR must have a documented allocation methodology that is reviewed and approved by DOH Staff. DOH is not able to reimburse allocated costs without an approved plan on file.
    - 2) **Federally Negotiated Indirect Rate** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or
    - 3) **10% De Minimus Certification** of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
  - iv. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
  - v. **Payer of Last Resort** – Ryan White Part B Funds is considered the payor of last resort, and as such, funds may not be used for any item or service “to the extent that payment has been made, or can reasonably be expected to be made under...any State compensation program, under an insurance policy, or under any Federal or State health benefits program..., or by an entity that provides health services on a pre-paid basis.”
  - vi. **Cost of Services – Costs** must be necessary and reasonable to carry out approved contract activities.
  - vii. **Allowable Costs** – All expenditures incurred, and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars: 2 CFR 200 (State, Local and Indian Tribal governments) at:

<https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

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

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

- viii. **Duplication of EIP Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP, Medicaid, or other Insurance Provider.
- ix. **Ryan White Part B** may not be used for prevention activities.
- x. **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- xi. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer store gift cards or voucher programs to assure that recipients cannot readily convert vouchers into cash.
  - 1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
  - 2) General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
  - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- xii. **Travel** – Out of state travel requires prior approval from DOH and must follow [GSA guidelines](#). Reference the OID Fiscal Manual for more information.
- xiii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.  
It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational, or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.
- xiv. **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. “Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices <https://watech.wa.gov/policies>.”

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

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

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

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

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

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

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

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

**b. Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH. Any exceptions require pre-approval from DOH.
  - a) **Local Health Jurisdiction (LHJ) Contractors** – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
  - b) **Non-LHJ Contractors** – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and contract end dates. Amendments must be signed prior to the end of the FFY and/or SFY end date.  
EX. FFY end date is 6/30, contract amendment requests due to contract manager by 4/31

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

**d. Written Agreements**

The CONTRACTOR should execute written agreements with partners to document how services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- 1) HIV service providers providing case management, outreach services, or other support services.

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

Technical assistance is available through DOH.

- 15. Youth and Peer Outreach Workers** – For purposes of this agreement, the term “youth” applies to persons under the age of 18. All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.
- 16. Confidentiality Requirements** – Reference the [HCS Manual](#) for more information
- 17. Whistleblower**
- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
  - b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
    - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program.
    - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
    - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

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

**DOH Program Name or Title:** Injury & Violence Prevention-LHJ Opioid Campaign  
Proviso – Effective January 1, 2025

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

**Contract Number:** CLH32054

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2025 through June 30, 2025

**Statement of Work Purpose:** Opioid abatement settlement account—state appropriation is provided solely for the department to administer grants to local health jurisdictions for opioid and fentanyl awareness, prevention, and education campaigns.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY25 LHJ OPIOID CAMPAIGN PROVISIO	77550853	N/A	334.04.93	01/01/25	06/30/25	0	31,526	31,526
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>31,526</b>	<b>31,526</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	The LHJ will purchase 80 t-shirts from the International Overdose Awareness website to be used to support International Overdose Awareness Day.	<ul style="list-style-type: none"> <li>Timeline of receiving the shirts.</li> <li>Show finished product.</li> </ul>	Monthly progress reports to DOH for updates on the implementation of all tasks.  Due Dates: January due February 1, 2025. February due March 1, 2025 March due April 1, 2025 April due May 1, 2025 May due June 1, 2025 All June due June 30, 2025	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Total of all invoices will not exceed \$31,526 through June 30, 2025.
2	The LHJ will purchase posters from the International Overdose Awareness website to post and distribute around the community.	<ul style="list-style-type: none"> <li>Timeline on receipt of posters?</li> <li>Areas where posters are being distributed and posted.</li> <li>Audience the posters are reaching.</li> </ul>		
3	The LHJ will purchase marketing video billboard spots for the Ferry Docks at the Bremerton/Seattle and Bainbridge Island/Seattle to show awareness of addiction and stigma related to Opioid and Fentanyl use.	<ul style="list-style-type: none"> <li>What kinds of messaging will be developed?</li> <li>How many and how long will this messaging be played? Is it monthly, weekly?</li> </ul>		



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>What source is the messaging coming from?</li> <li>The progress on creating the marketing video billboards.</li> </ul>		
4	The LHJ will purchase 2 billboards in Kitsap for marketing and share materials with Outfront media for display.	<ul style="list-style-type: none"> <li>What kinds of messaging will be developed?</li> <li>How many and how long will this messaging be played? Is it monthly, weekly?</li> <li>What source is the messaging coming from?</li> <li>The progress on creating the marketing video billboards.</li> </ul>		

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

### **Program Specific Requirements**

#### **Billing Requirements:**

DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher. DOH must receive all complete final invoices within 60 days of the end of the budget period for this statement of work.

#### **Special Instructions:**

This SOW is the Consolidated Contracts period 2025-2027 that ends on June 30, 2025. Activities and due dates in this SOW are for the state fiscal year 25 that ends on 6/30. The budget allocation in this contract reflects a portion of the total budget shown in the below budget table.

### **Budget Table**

Line Item	Allocation	Justification
Salaries	\$9,333	0.2 FTE for liaison staff for 8 months
Benefits	\$4,200	45% of salaries
Goods and Services	\$29,995	
T-Shirts	\$1,920	For OD awareness day. 80 shirts x \$24 each
Pre-paid marketing	\$75	For OD awareness day. 5 posters x \$15 each
LCD Screens	\$10,000	At the Bremerton & Bainbridge/ Seattle Kitsap ferry terminal

Billboards	\$10,000	2 billboards x \$5,000 each
Targeted ads for parents	\$7,500	Google display ads for \$2,500; Outfront media targeted mobile ads for \$5,000
Printed materials	\$500	From Blu Sky printing for school district specific resources
Administrative costs/indirect	\$12,519	28.76% indirect rate
TOTAL	\$56,046	

The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget.

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

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

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

**Contract Number:** CLH32054

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

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

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

**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:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	0	119,891	119,891
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>119,891</b>	<b>119,891</b>

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				See Program Specific Requirements and Special Billing Requirements.
<b>Implementation</b>				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
3a	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program’s entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025	

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

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

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

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

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

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

**Program Specific Requirements**

**Special Requirements:**

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

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

CYSHCN Information and Resources:

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

[Health Services Authorization \(HSA\) Form](#)

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

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

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

Check-ins with DOH Community Consultant as needed.

**Billing Requirements:**

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

**Special Instructions:**

Contact DOH Community Consultant for approval of expenses not reflected in approved budget workbook.

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

**DOH Program Name or Title:** Office of Drinking Water Group A Program - Effective January 1, 2025

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

**Contract Number:** CLH32054

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

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

**Period of Performance:** January 1, 2025 through January 1, 2027

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	7,000	7,000
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	2,000	2,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>9,000</b>	<b>9,000</b>

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

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

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



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

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

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

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

**Program Specific Requirements****Data Sharing**

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

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

**Special References:**

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

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

**Special Billing Requirements**

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

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

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

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

**Special Instructions****Task 1**

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

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

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

**Task 2**

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

**Task 3**

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

**Task 4**

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

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

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

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

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

**Contract Number:** CLH32054

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2025 through June 30, 2025

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide financial support to LHJs implementing local Group B water systems programs.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY2 GFS – GROUP B	24110853	N/A	334.04.90	01/01/25	06/30/25	0	25,877	25,877
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>25,877</b>	<b>25,877</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Implement a MEMORANDUM of AGREEMENT Group B water system program. [Reference DOH MOA #CLH23660-0]	An executed Memorandum of Agreement (MOA) with DOH identifying responsibilities of a full Group B program through a Local Ordinance.	January 1, 2025 thru June 30, 2025	Lump sum payment (See Special Billing Requirements)

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

**Special Billing Requirements:**

For January 1, 2025 thru June 30, 2025, LHJ shall submit one invoice no later than June 30, 2025 and payment cannot exceed a maximum cumulative fee of \$25,877.

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

**DOH Program Name or Title:** Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025

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

**Contract Number:** CLH32054

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

<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, 2025 through June 30, 2025

**Statement of Work Purpose:** The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC PPHF OPS	74310246	93.268	93.268	01/01/25	06/30/25	0	5,000	5,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>5,000</b>	<b>5,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Within six (6) months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remaining funds.	January 15, 2025	
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> <li>▪ Increased partner knowledge on immunization guidelines</li> <li>▪ Change in attitudes about childhood vaccines</li> </ul>	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].  (Template will be provided)	June 16, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>▪ Increase in school district immunization coverage rates</li> </ul>			

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

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

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

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

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

**Program Specific Requirements**

**Unallowable Costs:**

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

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

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

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

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

**Contract Number:** CLH32054

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

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

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

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

This Statement of Work includes 40% of the total allocation of these funds. Once all invoices from the July - December 2024 Statement of Work have been submitted and paid, any funds remaining from the previously awarded 60% will be added in an amendment to this January - June 2025 Statement of Work.

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

**Revision Purpose:** NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	01/01/25	06/30/25	0	118,138	118,138
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>118,138</b>	<b>118,138</b>

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>1</b> <b>Contact Information</b>  Framework 2 – Enhance Partnerships	Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit any changes within 30 days of the change.  End-of-year reports on template provided by DOH. Note any changes or no changes.	Within 30 days of the change.  June 30, 2025	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>2 LHJ Performance Measures</b>  Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
<b>3 Additional Information Required by CDC</b>  Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements.  Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
<b>4 Risk Assessment</b>  Framework 1 – Develop threat-specific approach  Framework 3 – Expand local support  Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ.  DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
<b>5 Planning</b>  Framework 4 – Improve administrative and budget preparedness systems  Framework 8 –	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners.  Engage partners to incorporate health equity principles.  Including (but not limited to): <ul style="list-style-type: none"> <li>• Administrative preparedness plans.</li> <li>• Recovery operations.</li> <li>• Incident response improvement plan data elements.</li> </ul>	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
Incorporate health equity practices				
<b>6 Planning - IPPW</b>  Framework 2 – Enhance Partnerships  Framework 5 – Build workforce capacity  Framework 10 – Prioritize community recovery efforts	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.  Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	End-of-year reports on template provided by DOH.  Participation in IPPW.	June 30, 2025	
<b>7 Communication &amp; Planning</b>  Framework 7 – Strengthen risk communication activities	Develop or update crisis and emergency risk communication and information dissemination plans.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>8 Training</b>  Framework 5 – Build workforce capacity	Complete training to ensure baseline competency and integration with preparedness requirements.  Participate in at least one public health emergency preparedness, response, or recovery training.  Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.  Work with Public Health Emergency Response Coordinators to review public health preparedness and response plans and identify gaps, priorities, and training needs.  Integrate administrative and budget preparedness recommendations into training.	End-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	June 30, 2025	



Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>Recommended Training:</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"><li>• Incident Command System (ICS) 100: Introduction to ICS</li><li>• ICS 700: An Introduction to the National Incident Management System (NIMS)</li><li>• ICS 800: National Response Framework. An Introduction</li><li>• IS-120.C: An Introduction to Exercise</li><li>• IS-2900.A: National Disaster Recovery Framework (NDRE) Overview</li><li>• Homeland Security Exercise and Evaluation Program</li><li>• Preparation for Resource Providers</li></ul> <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"><li>• ICS 200: Basic ICS for Initial Response</li><li>• Independent Study (IS)-2200: Basic Emergency Operations Center Functions</li></ul> <p>Staff with designated response roles:</p> <ul style="list-style-type: none"><li>• ICS 300: Intermediate ICS for Expanding Incidents</li><li>• Crisis and Emergency Risk Communication (CERC)</li></ul> <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"><li>• ICS 400: Advanced ICS</li></ul> <p>Notes: Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<p><b>9 Exercising</b></p> <p>Framework 2 – Enhance Partnerships</p> <p>Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies</p>	<p>Participate in at least one exercise by June 30, 2025.</p> <ul style="list-style-type: none"> <li>• Include critical response and recovery partners.</li> <li>• Engage partners to incorporate health equity principles.</li> <li>• Integrate administrative and budget preparedness recommendations.</li> <li>• Complete AAR/IP for the exercise by June 30th, 2025.</li> </ul> <p>Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.</p>	<p>End-of-year reports on template provided by DOH.</p> <p>Improvement Plans available upon request.</p>	June 30, 2025	
<p><b>10 Communication &amp; Exercising</b></p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Identify and implement communication monitoring media relations, and digital communication strategies in exercises.</p> <p>Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.</p>	End-of-year reports on template provided by DOH.	June 30, 2025	
<p><b>11 MCM</b></p> <p>Framework 1 – Develop threat-specific approach</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Maintain ability to procure, store, manage, and distribute medical materiel.</p> <p>Maintain ability to dispense and administer medical countermeasures (MCM).</p> <p>Attend an MCM quarterly meeting for the non-CRI LHJs.</p> <p>Continue to show capabilities by submitting updated MCM plans as needed.</p>	End-of-year reports on template provided by DOH.	June 30, 2025	
<p><b>12 DOH Duty Officer</b></p> <p>Framework 7 – Strengthen risk communications activities</p>	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep</p>	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>			
<p><b>13 WASECURES</b></p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.</p> <p>Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Registered users must log in (or respond to an alert) quarterly at a minimum.</li> <li>• DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>• LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.</li> </ul>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	
<p><b>14 Communication &amp; Communities of Focus</b></p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.</p> <p>DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.</p>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	
<p><b>15 Healthcare Coalition (HCC) Participation</b></p> <p>Framework 3 – Expand local support</p>	<p>During each reporting period (Jul – Dec and Jan- Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA):</p> <ul style="list-style-type: none"> <li>• Meetings</li> <li>• Communication</li> <li>• Planning</li> <li>• Training</li> <li>• Exercises</li> </ul>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>Additional Request Activities 1</b>	Provide consultation and grant support to Clallam and Jefferson Public Health Emergency Response Coordinators as requested. Provide consultation to DOH on behalf of PHEP Region 2 as requested.	End-of-year reports on templates provided by DOH.	June 30, 2025	
<b>Additional Request Activities 2</b>	<p>Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHI websites.</p> <p>Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.</p>	End-of-year reports on templates provided by DOH.	June 30, 2025	
<b>Additional Request Activities 3</b>	Coordinate and maintain a jointly shared Medical Reserve Corps (MRC) program with the Kitsap County Department of Emergency Management.	End-of-year reports on templates provided by DOH.	June 30, 2025	

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

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

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

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

**Program Specific Requirements**

**Special Requirements:**

**Guidance Documents** - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work:

*Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.*  
DOH will provide a copy.

*Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations*  
[Implementing Public Health Response Readiness Framework | State and Local Readiness | CDC](#)

*Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*  
[Public Health Emergency Preparedness and Response Capabilities | State and Local Readiness | CDC](#)

*2024 PHEP Cooperative Agreement Guidance/Budget Period 1*

[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC](#)

**Follow all Federal requirements for use of Federal funds:**

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

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

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

**The following expenses are not allowable with these funds:**

- Clothing (except for vests to be worn during exercises or responses).
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

**Preapproval from DOH is required to use these funds for:**

- Contracting.
- Purchasing food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

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

**BILLING:**

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

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

- If invoices include indirect costs, there must be a DOH approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

**DOH Program Name or Title:** Perinatal Program-Blue Band Nurse Family Partnership - Effective January 1, 2025

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

**Contract Number:** CLH32054

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

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

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

**Statement of Work Purpose:** Maternal health and birth outcomes are associated with a population’s access to quality medical care, public health policies and practices, as well as social, economic, and environmental conditions that influence a person’s health. The Washington State Department of Health funds multiple communities and facilities around Washington State to provide holistic, culturally appropriate approaches to improving the health of mothers and babies. This statement of work is to support the county health district to continue to treat maternal hypertension during delivery and post-partum.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 STATE MH INNOVATION PROG STATE MAT	78410240	93.110	333.93.11	01/01/25	09/29/25	0	5,000	5,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>5,000</b>	<b>5,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Support the Hypertension program (Blue Band) in the County-based program [Nurse Family Partnership (NFP)]. <ul style="list-style-type: none"> <li>Obtain supplies for the program.</li> <li>Provide culturally appropriate services including translation and translation of materials.</li> <li>Provide programming and supplies for programming for pregnant and postpartum families in the program.</li> </ul>	Provide DOH with a policy/procedure that has been integrated into your program.  Provide DOH with any (unidentified) data related to the hypertension in pregnancy program (Blue Band).	Due September 30, 2025	Reimbursement for actual costs up to \$5,000

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

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

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

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

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

- This contract contains federal funds. Services shall be provided in accordance with applicable federal regulations and be consistent with the intent of federal guidelines and policies.
- Contract funds are available for the budget periods and tasks specified in the contract budget. Budget time frames are determined by the funding sources and may be different for different contract tasks. Funds unexpended at the end of their budget periods will no longer be available.

**Billing Requirements:**

- Payment will be based on reimbursement for allowable costs. Documentation of costs must accompany each invoice.
- LHJ will invoice no more than monthly and no less than quarterly.
- LHJ shall maintain documentation to support billings for actual expenditures.
- Indirect expenses are allowed if the LHJ has a federally approved indirect rate or methodology.
- The final invoice for the budget period is due no later than 60 days after the end of the budget period which is 9/29/25.
- Invoices will be submitted on A19 provided by DOH.
- The LHJ may bill incrementally for progress on tasks, but the entire product will be delivered for the amount specified regardless of time spent on the task.

**Special Instructions:**

- Deliverables will be sent via email.
- Deliverables must be labeled with contract number and date.
- Deliverables are subject to review by contract manager.
- Changes to deliverable dates (within the timeframe of this statement of work) must have prior email approval from the DOH contract manager.

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

**DOH Program Name or Title:** Recreational Shellfish Activities - Effective January 1, 2025

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

**Contract Number:** CLH32054

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

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

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	01/01/25	06/30/25	0	6,700	6,700
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>6,700</b>	<b>6,700</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Biotoxin Monitoring</b> <ul style="list-style-type: none"> <li>Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected.</li> <li>Conduct emergency biotoxin sampling when needed.</li> <li>Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed.</li> <li>Issue biotoxin news releases during biotoxin closures in Kitsap County.</li> <li>This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.</li> </ul>	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 18, 2025  (See Special Instructions below.)	\$6,400



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<b>Outreach</b> <ul style="list-style-type: none"> <li>• Staff educational booths at local events.</li> <li>• Distribute safe shellfish harvesting information.</li> </ul>	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 18, 2025  (See Special Instructions below.)	\$200
3	<b>Other</b> Maintain a 24-hour toll free recreational shellfish hotline	Report the number of phone calls received.	Email Report to DOH by February 18, 2025  (See Special Instructions below.)	\$100

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### **Program Specific Requirements**

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

Department of Health's Biotoxin Monitoring Plan

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

Chapter 246-280 WAC

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

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

#### **Special Instructions:**

Report for work performed in 2024 must be submitted via email to Liz Maier ([liz.maier@doh.wa.gov](mailto:liz.maier@doh.wa.gov)) by February 18, 2025.

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

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

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

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

**Contract Number:** CLH32054

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

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

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

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 SNAP ED PROG MGNT ADMIN IAR	76701950	10.561	333.10.56	01/01/25	09/30/25	0	63,344	63,344
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>63,344</b>	<b>63,344</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>1</b>	<b>WA SNAP-ED STATE PLAN EXECUTION</b>			<b>See "Billing Requirements" below.</b>
<b>1.0</b>	Develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient's project work plan approved by Department of Health (DOH).	1. Project(s) provide(s) 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences. 2. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan. 3. Satisfactory progress towards State SNAP-Ed project(s) selected by	Ongoing - entire contract period	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Subrecipient is demonstrated and reported.</p> <p>Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.</p>		
<b>1.1</b>	Be in full compliance with the approved WA SNAP-Ed Federal Fiscal Year (FFY) 24-26 State Plan and the USDA SNAP-Ed Plan Guidance. DOH reserves the right to complete any additional monitoring activities deemed necessary in the contract year to ensure full compliance with the program.			Payment withheld if not received by due date.
<b>1.1a</b>	Maintain communication with DOH	<p>Be available for regular and intermittent meetings, both in-person and virtual, with DOH SNAP-Ed, as agreed upon or as needed.</p> <p>Respond to all DOH and SNAP-Ed Statewide initiative requests within the timeline requested.</p> <p>Submit updates to DOH following any change in contact information for the project coordinator, fiscal agent, contract signatory, or any SNAP-Ed funded staff within 10 business days of the change.</p>	Ongoing	Payment withheld if not received by due date.
<b>1.1b</b>	Follow the budget amendment guidance in the SNAP-Ed LIA Handbook. Changes to the work plan or budget must be approved by DOH in accordance with DSHS and/or USDA Guidance.	Workplan and budget are up-to-date and approved.	Ongoing	
<b>1.1c</b>	Conduct all work in accordance with local health guidance including that for COVID-19 and other environmental or public health hazards.		Ongoing	
<b>1.2</b>	Develop relationships with and engage partners and members of the SNAP-Ed audience in developing, implementing, and evaluating culturally relevant SNAP-Ed programs, messages, and educational activities.	<p>Work plan includes a plan to engage partners and members of the SNAP-Ed audience in developing, implementing, and evaluating culturally relevant SNAP-Ed programs, messages, and educational activities.</p> <p>Document work engaging partners and members of the SNAP-Ed audience in PEARS.</p>	Ongoing	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.3	Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences.	Document all sites and the data that indicates that sites are eligible on your work plan(s).	Ongoing	
2	<b>PAYMENT AND FISCAL RESPONSIBILITIES</b>			
2.1	Submit timely invoice vouchers for SNAP-Ed specific activities. Use current approved SNAP-Ed Contractor budget workbook budget line items and amounts to track expenses with each invoice.	Prepare and submit an invoice using the A19-1A Invoice Vouchers and include supporting documentation, if applicable. <ul style="list-style-type: none"> <li>Total costs billed will not exceed the USDA-approved budget amount.</li> <li>Bills must only be for SNAP-Ed specific activities.</li> </ul>	Monthly: due no later than thirty (30) days after the end of the preceding month. (e.g., October invoice submitted no later than November 30 and so on.) Final invoice is due October 30, 2025.	Payment withheld if not received by due date.
2.2	Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.	Documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit with corresponding reports, where applicable. Fiscal monitoring completed in person, web conference, phone, or via email, as needed.	Every other year: can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.	See "Billing Requirements" below.
3	<b>DOH and State-wide Reporting, Calls and Meetings, and Training</b>			
3.1	Fully cooperate with DOH SNAP-Ed to implement all related program activities and report progress on all activities.	Prepare and submit four (4) quarterly reports, due to DOH. Prepare and submit an (1) annual report, due to DOH. Report SNAP-Ed activities and progress in PEARS.	Quarter Reports: First quarter report due by Wednesday, January 8, 2025. Second quarter report due by Wednesday, April 9, 2025. Third quarter report due by Wednesday, July 9, 2025. Fourth quarter report due by Wednesday, September 17, 2025. Annual Report: The annual report	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<p>deadline is set by DSHS and LIAs will be notified by email as soon as the date is known.</p> <p>PEARS: Update Direct Education in the Program Activity Module within two weeks of delivery. Update all other SNAP-Ed work monthly, no later than the last business day of the following month.</p>	
3.2	Fully cooperate with the statewide SNAP-Ed Curriculum, Training and Website Team to implement consistent <a href="#">evidence-based curricula</a> .	Train for and implement direct education curricula in accordance with defined requirements		
3.3	Fully cooperate with the statewide SNAP-Ed Evaluation team and follow the <i>most up to date</i> SNAP-Ed Evaluation Guidance to meet programmatic outcomes and reporting measures.	Collect and submit program data in accordance with defined requirements.		
3.4	Participate in DOH, DSHS, Evaluation Team, Curriculum Training & Website Team conference calls and meetings.	Participate in scheduled Coordinator calls, Statewide SNAP-Ed Forum.	<ul style="list-style-type: none"> <li>• Coordinator calls – monthly.</li> <li>• Statewide Forum – as scheduled by DSHS.</li> </ul>	
3.5	Participate in DOH, DSHS, Evaluation team, or Curriculum Training & Website Team trainings, as relevant to your program and skill development. Agencies will conduct, manage, and record all trainings. If agencies cannot access training, they will contact DOH.	Document required trainings on the Contractor Required Training Tracking Sheet.		
3.5a	<p>Complete and document required Civil Rights Training. If training is not documented the agency will have to repeat training.</p> <p>This training is required for all SNAP-funded staff.</p> <p>Frequency: Annually, for each Federal Fiscal Year (Oct-Sept).</p> <p>Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.</p>	Document completed Civil Rights Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	Due December 31 each calendar year for all SNAP-Ed funded staff. New hires to complete within 30 days of hire.	Payment withheld if not received by due date.

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

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

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

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

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

**Program Specific Requirements**

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

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

The Subrecipient must meet the required set of acceptable deliverables/outcomes and adhere to contractual obligations. The contract's acceptable deliverables/outcomes along with specified due dates will be determined by the DOH SNAP-Ed program and provided to the Subrecipient in writing. Based on contract performance (as documented in progress reviews, progress reports, project monitoring reports, and fiscal monitoring reports) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see <https://www.govregs.com/regulations/2/200.207>), DOH reserves the right to withhold up to 10% of funds from the next applicable payment to the Subrecipient for deliverables/outcomes that are documented as consistently incomplete; continually late (without approved extension by DOH in writing); found to be unacceptable or unsatisfactory according to the standards of acceptable deliverables/outcomes outlined in the Statement of Work; or, not carried out sufficiently or consistently and documented as such. After DOH SNAP-Ed provides documentation of the issue(s) and outlines the appropriate corrective action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the Subrecipient. If satisfactory corrective action is completed within 60 days, the funds withheld will be released to the Subrecipient. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each subsequent monthly payment until the appropriate corrective action is completed. If satisfactory corrective action is completed after the 60-day window, the initial 10% of funds withheld will not be provided as reimbursement to the Subrecipient as penalty. The subsequent monthly withholdings (of up to 5% per month) will be reimbursed to the Subrecipient upon satisfactory completion of the corrective action. The Subrecipient may request reconsideration by submitting a letter to Washington Department of Health SNAP-Education, PO Box 47886, Olympia, WA 98504-7886, or in writing via email to [snap-ed@doh.wa.gov](mailto:snap-ed@doh.wa.gov).

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

**Additional Details Regarding Deliverables**

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

**Monitoring Expectations**



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

### **Staff Requirements**

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

### **Project Coordinator Requirements**

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

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

### **Communication Requirements**

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

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

### **SNAP-Ed Assurances:**

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

- The Subrecipient is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Programming is provided to approved SNAP-Ed eligible audiences.

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

### **SNAP-Ed Statewide Initiatives**

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

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

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

### **Health and Safety**

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

### **Audits**

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

### **Indirect Rate/Allocation Plan**

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

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

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

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

### **Travel**

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

### **Amendments**

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

### **Overtime**

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

### **Special Funding Requirements**

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

### **Special Billing Requirements**

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
  - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher.
  - A SNAP-Ed specific A19-1A must be submitted to the subrecipient's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
  - A Subrecipient may request pre-approval to bill every 2 months instead, in which case, that Subrecipient is required to adhere to the billing due dates provided by DOH.
3. The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a Subrecipient is unable to submit the SNAP-Ed A-19-1A on the due date, the Subrecipient is required to submit a request for an exception to the DOH no later than 7 days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
  - At the very least this means a copy of a Subrecipient's financial expanded/detailed general ledger level report.

- Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
5. If a Subrecipient meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH.
- All new SNAP-Ed Subrecipients within their 1<sup>st</sup> fiscal year.
  - Subrecipients with current fiscal findings.
  - Subrecipients who have not submitted adequate or accurate backup documentation within the last year.
  - Subrecipients who receive a rating of “High” from the DOH Federal Subrecipient Risk Assessment Tool.

<b>BUDGET</b>	
<b>Source</b>	<b>Amount</b>
USDA	63,344

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

**DOH Program Name or Title:** Youth Cannabis & Commercial Tobacco Prevention Program - Effective January 1, 2025

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

**Contract Number:** CLH32054

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

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

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

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

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

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC)	77410240	93.387	333.94.38	01/01/25	04/28/25	0	5,281	5,281
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	77410650	N/A	334.04.93	01/01/25	06/30/25	0	26,161	26,161
SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410850	N/A	334.04.93	01/01/25	06/30/25	0	50,265	50,265
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	77420650	N/A	334.04.93	01/01/25	06/30/25	0	123,755	123,755
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>205,462</b>	<b>205,462</b>

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

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

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

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

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

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

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

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

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

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Maintain a regional network of prevention partners.
  - i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
  - ii. **Minimum Requirements for A Network** (See Implementation Guide for further guidance):
    - 1) A Network Coordinator (minimum of 1.0 FTE)
    - 2) Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
    - 3) A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
    - 4) A Network Administrative Plan
3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
  - i. YCCTPP quarterly meetings, tentatively scheduled: March 11, 2025, and May 20-22, 2025.
  - ii. Monthly check-ins with contract manager
  - iii. Contractor will participate in a DOH site visit once per biennium.
  - iv. Optional: Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
  - v. Optional: Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.
4. Contractor will serve as YCCTTP Representative of their region/population for Washington State.
5. Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

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

1. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
2. Submit an Annual Budget according to the deadlines in Section E below.



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

**DOH will support Contractor by providing:**

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

**Subcontractor Requirements:**

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

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

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

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

**EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -**

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

**Consolidated Contracts (LHJs):**

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

**Payment**

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: January 1, 2025 – April 28, 2025 & January 1, 2025 – June 30, 2025, Billings for services on a monthly fraction of the budget will not be accepted or approved.
- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.
- Final expenditure projections must be submitted by the 15<sup>th</sup> of June for state funds and the 15<sup>th</sup> of April for federal funds to allow DOH to appropriately accrue funds to make final payments.
- **The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year to assure reimbursement of approved costs.**
- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.

**Evaluation of YCCTPP Contractor's Performance**

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

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

**Dedicated Cannabis Account Restrictions:**

- A. Recipients may not use funds for clinical care.
- B. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- C. Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- D. Recipients may not use funding for construction or other capital expenditures.
- E. The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.
- F. Reimbursement of pre-award costs is not allowed.

**Please see YCCTPP Implementation Guide for further restricts on each funding stream.**

**Special Requirements:**

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

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

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