



**JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA REQUEST**

TO: Board of County Commissioners
Josh Peters, County Administrator

FROM: Apple Martine, JCPH Director
Veronica Shaw, JCPH Deputy Director

DATE: September 8, 2025

SUBJECT: Agenda Item – Consolidated Contracts Amendment #7 with the Department of Health; January 1, 2025 – December 31, 2027; \$2,446,631 additional

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #7 between JCPH and State of Washington Department of Health (DOH); January 1, 2025 – December 31, 2027; additional funding of \$2,446,631 for a total to date of \$5,736,053.

ANALYSIS/STRATEGIC GOALS/PROS and CONS:

The purpose of this agreement is to provide public health services to the people of Washington State. This Amendment adds and/or amends statements of work (SOW) and funding for the following programs:

- COVID-19 Response: this revision extends the period of performance and Local Health Jurisdiction (LHJ) Funding until December 31, 2025
- Foundational Public Health Services: these funds are to build governmental public health system's capacity and increase the availability of FPHS services statewide (funding of \$2,203,000)
- Maternal & Child Health Block Grant: this revision provides additional funding, adds activities and deliverable due dates, extends the period of performance and funding (additional funding of \$36,700)
- Office of Resiliency & Health Security-PHEP: this SOW sets funding and tasks for LHJs to prepare for, respond to, and recover from public health threats and emergencies (funding of \$19,527)
- School-Based Health Centers Program: this SOW formalizes a grant to JCPH for infrastructure and capacity building activities related to county SBHCs (funding of \$140,000)
- Sexual & Reproductive Health Program: this revision adds funds for the period 7/1/25 – 12/31/25 and updates billing language (additional funding of \$47,404)

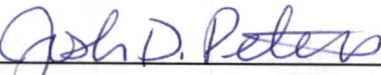
FISCAL IMPACT/COST BENEFIT ANALYSIS:

Total consideration for this Contract Amendment is \$2,446,631. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

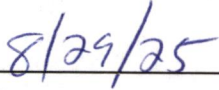
RECOMMENDATION:

JCPH Management recommends BoCC approval of Consolidated Contract Amendment #7 between JCPH and DOH; January 1, 2025 – December 31, 2027; additional funding of \$2,446,631.

REVIEWED BY:



Josh Peters, County Administrator



Date

CONTRACT REVIEW FORM

Clear Form

(INSTRUCTIONS ARE ON THE NEXT PAGE)

CONTRACT WITH: State of WA Dept of Health

Contract No: CC-25-001-A7

Contract For: Consolidated Contracts, Amendment 7

Term: 1/1/2025 - 12/31/2027

COUNTY DEPARTMENT: Public Health

Contact Person: Veronica Shaw

Contact Phone: x 409

Contact email: veronica@co.jefferson.wa.us

AMOUNT: \$2,446,631 additional, for a total of \$5,736,053

Revenue: \$2,446,631

Expenditure:

Matching Funds Required:

Sources(s) of Matching Funds

Fund # 127

Munis Org/Obj 12756220

PROCESS:

- ☒ Exempt from Bid Process
- ☐ Cooperative Purchase
- ☐ Competitive Sealed Bid
- ☐ Small Works Roster
- ☐ Vendor List Bid
- ☐ RFP or RFQ
- ☐ Other:

APPROVAL STEPS:

STEP 1: DEPARTMENT CERTIFIES COMPLIANCE WITH JCC 3.55.080 AND CHAPTER 42.23 RCW.

CERTIFIED: ☐ N/A: ☒

Signature

Date

STEP 2: DEPARTMENT CERTIFIES THE PERSON PROPOSED FOR CONTRACTING WITH THE COUNTY (CONTRACTOR) HAS NOT BEEN DEBARRED BY ANY FEDERAL, STATE, OR LOCAL AGENCY.

CERTIFIED: ☐ N/A: ☒

Signature

Date

STEP 3: RISK MANAGEMENT REVIEW (will be added electronically through Laserfiche):

Electronically approved by Risk Management on 8/22/2025.

STEP 4: PROSECUTING ATTORNEY REVIEW (will be added electronically through Laserfiche):

Electronically approved as to form by PAO on 8/22/2025.
Amendment No. 7 with all prior amendments and original included.

STEP 5: DEPARTMENT MAKES REVISIONS & RESUBMITS TO RISK MANAGEMENT AND PROSECUTING ATTORNEY(IF REQUIRED).

STEP 6: CONTRACTOR SIGNS

STEP 7: SUBMIT TO BOCC FOR APPROVAL

JEFFERSON COUNTY PUBLIC HEALTH 2025-2027 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH32053
AMENDMENT NUMBER: 7

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and JEFFERSON COUNTY PUBLIC HEALTH, a Local Health Jurisdiction, hereinafter referred to as "LHP", 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/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 Foundational Public Health Services - Effective July 1, 2025
 Office of Resiliency & Health Security-PHEP - Effective July 1, 2025
 School-Based Health Centers Program - Effective July 1, 2025
 - ☒ Amends Statements of Work for the following programs:
 DCHS - ELC COVID-19 Response - Effective January 1, 2025
 Maternal & Child Health Block Grant - Effective January 1, 2025
 Sexual & Reproductive Health Program - Effective January 1, 2025
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:
 - ☒ Increase of \$2,446,631 for a revised maximum consideration of \$5,736,053.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

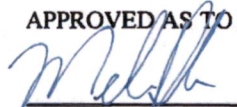
Heidi Eisenhour, Chair

Date

Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General

 for 08/22/2025
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

Indirect Rate January 1, 2025 through December 31, 2025: 27.38% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY25 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/24	09/30/26	\$28,238	\$28,238	\$28,238
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	(\$28,238)	\$0	
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 2	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	\$28,238		
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$3,975	\$148,117	\$148,117
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 2	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$144,142		
FFY25 USDA FMNP Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	01/01/25	09/30/25	10/01/24	09/30/25	\$637	\$637	\$637
FFY25 SWIMMING BEACH ACT IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$13,500	\$13,500	\$13,500
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 7	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$19,527	\$19,527	\$33,281
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	\$13,754	\$13,754	
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 6	93.136	333.93.13	07/01/25	08/31/25	09/01/24	08/31/25	\$16,333	\$16,333	\$97,889
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 2	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$32,556	\$81,556	
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 1	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$49,000		
FFY25 FPHPA Title X Family Plan	FPHPA006560	Amd 5	93.217	333.93.21	04/01/25	03/31/26	04/01/25	03/31/26	\$17,023	\$17,023	\$33,989
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 3	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,345	\$16,966	
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 21	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,621		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$10,000	\$10,000	\$10,000
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1, 7	93.323	333.93.32	01/01/25	12/31/25	01/15/21	07/31/26	\$15,580	\$15,580	\$15,580
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$51,330	\$51,330	\$51,330
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$150,300	\$150,300	\$150,300
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$27,525	\$27,525	\$27,525
FFY26 MCHBG LHJ Contracts HRSA YR1	NGA Not Received	Amd 7	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$36,700	\$36,700	\$36,700
SFY25 SBHC Proviso		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/24	06/30/25	\$59,000	\$59,000	\$59,000
SFY26 Sch Based Hlth Cent 1225 Proviso		Amd 7	N/A	334.04.90	07/01/25	06/30/26	07/01/25	06/30/26	\$140,000	\$140,000	\$140,000
SFY25 DUH Naloxone DDO HCA IAR		Amd 4	N/A	334.04.91	03/01/25	06/30/25	12/10/24	06/30/25	\$15,000	\$15,000	\$15,000

Indirect Rate January 1, 2025 through December 31, 2025: 27.38% Public Health

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			
SFY26 Drug User Health Program		Amd 6	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$80,500	\$80,500	\$120,750
SFY25 Drug User Health Program		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$40,250	\$40,250	
SFY26 Sexual & Rep Hlth Cost Share		Amd 7	N/A	334.04.91	07/01/25	12/31/25	07/01/25	06/30/26	\$47,404	\$47,404	\$95,397
SFY25 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$47,993	\$47,993	
SFY25 SSPS Opioid Harm Red Proviso		Amd 2	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$8,000	\$8,000	\$8,000
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$24,500	\$56,000	\$56,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500		
Rec Shellfish/Biotoxin		Amd 6	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$7,500	\$7,500	\$11,200
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,700	\$3,700	
Small Onsite Management (ALEA)		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,363	\$33,781	\$33,781
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$32,418		
SFY25 Wastewater Management-GFS		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$1,363)	\$9,239	\$9,239
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$10,602		
SFY26 FPHS-LHJ Funds-GFS		Amd 7	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$2,203,000	\$2,203,000	\$4,536,000
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$2,333,000	\$2,333,000	
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$1,800	\$1,800	\$1,800
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$2,200)	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$2,200		
YR 27 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$2,200)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$2,200		
Sanitary Survey Fees SS-State		Amd 6	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	(\$400)	\$1,800	\$1,800
Sanitary Survey Fees SS-State		Amd 1, 6	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$2,200		
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$1,000	\$1,000	\$1,000
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$1,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$1,000		
YR 27 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$1,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$1,000		

Indirect Rate January 1, 2025 through December 31, 2025: 27.38% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period				
							Start Date	End Date			
TOTAL									\$5,736,053	\$5,736,053	
Total consideration:	\$3,289,422									GRAND TOTAL	\$5,736,053
	\$2,446,631										
GRAND TOTAL	\$5,736,053									Total Fed	\$647,086
										Total State	\$5,088,967

*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: DCHS - ELC COVID-19 Response -
Effective January 1, 2025

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2025 through December 31, 2025

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

Revision Purpose: Extend Period of Performance and LHJ Funding End Date from June 30, 2025 to December 31, 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FFY20 ELC EDE LHJS CDC	1897140E	93.323	333.93.32	01/01/25	12/31/25	15,580	0	15,580
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						15,580	0	15,580

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and/or other preparedness and response activities for COVID-19. Examples of key activities include: • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting				

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
DCHS COVID-19 Response				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed: \$15,580 FFY20 ELC
2	1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH. a. Allocate enough funding to sustain modest local level capacity for prioritized case investigation and contact tracing for COVID-19. This includes efforts to conduct follow-up on outbreak/cluster investigations in prioritized high risk settings. i. Contact tracing 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.)	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	EDE LHJ ALLOCATION Funding (MI 1897140E) Funding end date <i>12/31/25</i> <i>6/30/2025</i>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations. vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings. f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine). i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population.	Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required. Report census numbers to include historic total by month and monthly total for current quarter to date		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.			
	iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.			

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

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

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

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

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

Program Specific Requirements

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

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

CDC Funding Regulations and Policies

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements:

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY26 FPHS - LHJ FUNDS - GFS	99210860	N/A	336.04.25	07/01/25	06/30/26	0	2,203,000	2,203,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	2,203,000	2,203,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$520,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$353,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$62,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$178,000
11	Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) – 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
12	EPH - NEW SFY 24 Social Work Support – 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	\$85,000
13	EPH Core Team – Safe and Healthy Communities – 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	\$47,000
14	EPH Core Team – Climate Change Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$80,000
15	EPH Core Team – System-Wide Data Management Improvement – 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	\$63,000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
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 for/in Multiple Jurisdictions:**11. Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)**

Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction**12. EPH - NEW SFY 24 Social Work Support (FPHS definitions B.1-3, B.6-7, D.1, D.2, D.4, E.2, E.4, F.2-3, J.1-2, K.1-2, L.3, L.5)**

This investment is intended to support non-traditional responses to environmental health complaints and challenges in the context of social work support and care coordination with social service providers. Activities include: assessment of complaints and challenges; identifying cases and circumstances for engaging in social work support and care coordination; and engagement with social service providers. Funds may be used to support these activities, as well as related staffing and training expenses. Use BARS expenditure codes: 562.14, 562.15, 562.40, 562.47, 562.48

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

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

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

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

13. **EPH Core Team – Safe & Healthy Communities**

This Core Team develops system capacity to advance EPH perspectives into planning processes such as State Environmental Policy Act (SEPA) work, Health Impact Assessments, Comprehensive Plans, and related environmental review opportunities. The Core Team will develop one or more model program(s) to provide scalable approaches to healthy community planning, which may include wastewater planning and treatment, seawater intrusion in drinking water, ventilation in public buildings, PFAS contamination, climate change challenges, and other emerging topics identified by the Core Team.

- Use BARS expenditure code: 562.40

14. **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.

15. **EPH Core Team – System-Wide Data Management Improvement**

This Core Team will identify and employ a strategy for data sharing, storage and consistency across the state.

- Use BARS expenditure code: 562.40.

**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: Jefferson County Public Health

Contract Number: CLH32053

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2025 through September 30, 2026

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2025 to September 30, 2026, for continuation of MCHBG related activities, and update Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	27,525	0	27,525
FFY26 MCHBG LHJ CONTRACTS HRSA YR1	78101261	93.994	333.93.99	10/01/25	09/30/26	0	36,700	36,700
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						27,525	36,700	64,225

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

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

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

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

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

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

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

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

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

Program Specific Requirements

Special Requirements:

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

Program Manual, Handbook, Policy References:

CYSHCN Information and Resources:

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

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

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

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

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

Check-ins with DOH Community Consultant as needed.

Billing Requirements:

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

Special Instructions:

Contact DOH Community Consultant for approval of expenses not reflected in ~~pre~~-approved ~~B~~udget ~~W~~orkbook.

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

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

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

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 PHEP BP2 - CDC- LHJ PARTNERS	31602254	93.069	333.93.06	07/01/25	06/30/26	0	19,527	19,527
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	19,527	19,527

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

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

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

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

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

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

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

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

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

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

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

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

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

Program Specific Requirements**Special Requirements:**

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

New Statement of Work Guidance Document (under development)

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

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

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

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

Follow all Federal requirements for use of Federal funds:

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

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

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

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

The following expenses are not allowable with these funds:

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

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing food or beverages is generally not allowable (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).

- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.
- Overtime pay for staff directly associated with this statement of work.
- Purchase of caches of vaccine for public health responders and their households to ensure the health and safety of the public health workforce.
- Purchase of caches of vaccine for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

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

BILLING

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

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

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: School-Based Health Centers Program -
Effective July 1, 2025

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

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

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to fulfill the legislative mandate, RCW 43.70.825, and formalize a grant award to Jefferson County Public Health for a school-based health center (SBHC) operations grant. A school-based health center is defined in the law as “a student-focused health center located in or adjacent to a school that provides integrated medical, behavioral health, and other health care services such as dental care.”

Jefferson County Public Health will complete infrastructure and capacity building tasks and activities outlined in the contract to operate, expand, and/or improve a school-based health center at Quilcene, Chimacum, and Port Townsend School Districts. Activities include participation in trainings, technical assistance, and contract meetings; expanding, sustaining, and/or improving SBHC services; and reporting on performance. This contract will be the fourth year of the grant award.

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
SFY26 SCH BASED HLTH CENT 1225 PROVISIO	78310860	N/A	334.04.90	07/01/25	06/30/26	0	140,000	140,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	140,000	140,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	Develop or update a grant implementation plan for maintaining, expanding, or improving SBHC services. Create a workplan that outlines tasks and activities for the project, including the due date, staff that will work on each task, and staff's role for each task.	SBHC operations grant implementation workplan	September 30, 2025	\$15,000
1b	Provide services in accordance with the SBHC Grant Requirements before or within three (3) months of the grant period.	Quarterly report – implementation	Quarterly, October 15 January 15 April 15	\$20,000 (\$5,000 per report)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Provide updates to DOH on progress of SBHC operations and workplan completion. •Include status report of SBHC operations (hours of operation, staffing model, and services provided) and grant spending •Include milestones, successes, challenges, and barriers		July 15	
2a	Attend bimonthly contract meetings, starting within two (2) months of contract execution, with DOH to discuss progress, support needs, barriers/challenges. Provide updates on grant implementation, including grant spending, relevant staffing changes, etc.	Quarterly report that includes list of dates of contract meetings attended during the reporting period	Quarterly, October 15 January 15 April 15 July 15	\$10,000 (\$2,500 per report)
2b	Participate in at least one key training, support, and/or technical assistance activity per quarter, as recommended by DOH or WA School-Based Health Alliance (WA SBHA). Identify additional resources or training needed; collaborate with DOH to participate in and/or get access to resources, if needed.	Quarterly report that includes: •List of trainings and TA meetings attended during the reporting period •List of any additional resources or training needed	Quarterly, October 15 January 15 April 15 July 15	\$10,000 (\$2,500 per report)
3a	Update the community engagement and/or communications plan for the 2025-2026 school year. Plan should include relationship-building activities, youth engagement, parent/guardian engagement, and advisory group meetings.	Community engagement plan	September 30, 2025	\$15,000
3b	Provide updates on implementation of community engagement and communications plans.	Quarterly report – community engagement	Quarterly, October 15 January 15 April 15 July 15	\$10,000 (\$2,500 per report)
4a	Provide integrated medical and behavioral health services that, at minimum, meet the DOH SBHC Grant Requirements. Collect and report on required performance measures, using provided DOH performance measure spreadsheet, for each SBHC site.	Quarterly performance measure report	Quarterly, October 15 January 15 April 15 July 15	\$20,000 (\$5,000 per report)
5a	Identify SBHC operations goals and draft evaluation plan, in collaboration with DOH SBHC epidemiologist. The plan will include, at minimum, goals addressing financial sustainability and health equity.	Evaluation plan	September 30, 2025	\$15,000
5b	Provide updates on progress of identified SBHC operations goals and implementation of evaluation plan. Participate in DOH SBHC grant program evaluation activities, as applicable.	Quarterly report – evaluation	Quarterly, October 15 January 15 April 15	\$10,000 (\$2,500 per report)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			July 15	
5c	Submit report on SBHC evaluation using measures and goals outlined in evaluation plan. Use provided DOH report template.	Evaluation report	June 30, 2026	\$15,000

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.

Program Specific Requirements

Special Requirements: Quarterly progress reports will be submitted to the DOH contract manager through an online link provided by DOH.

- Reports should include progress on deliverables to date, budget to actual report, successes, barriers/challenges, and support needs.
- Specific or separate reports should be submitted separately by email and on the specified due date.

Special References (i.e., RCWs, WACs, etc.): In accordance with RCW 43.70.825: Concerning School Based Health Centers (2021), the Washington State Department of Health (DOH) contemplates awarding a contract to Jefferson County Public Health (LHJ) to operate their school-based health centers.

Definitions: A school-based health center is defined in the law as “a student-focused health center located in or adjacent to a school that provides integrated medical, behavioral health, and other health care services such as dental care.” Upon execution of the contract, the SBHC must meet the [minimum requirements](#), including:

- Be open during regular school hours
- Provide on-site primary care services by a nurse practitioner, physician’s assistant, medical doctor, and/or doctor of osteopathy, at least once a week
- Coordinate clinic services
- Provide behavioral health care services by a behavioral health provider that is on-site, through telehealth, and/or through mobile units. If a behavioral health provider is not licensed, they must be supervised by a licensed behavioral health provider.

Billing Requirements:

- The grantee will invoice no later than 30 days after the month of service, or the submission date of deliverables with an associated cost, as specified in the Statement of Work (SOW). All invoices for the budget period must be submitted no later than 45 days after the end of the budget period.
- Due dates and deliverables can be negotiated on and changed, as needed, with prior approval from the contract manager.
- Invoices will be submitted on the DOH A-19 form. Invoices must reference this contract number and provide detailed information as requested.
- All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH reserves the right to withhold payment until grantee meets SBHC grant requirements or until an action plan is agreed upon. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. DOH will issue payment within 30 days of receiving a correct and complete invoice and approving the deliverable(s).
- DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance.
- The grantee will not invoice for services if they are entitled to payment, have been, or will be paid by any other source for that service.
- The grantee may bill incrementally for progress on objectives, but the entire product will be delivered for the amount specified regardless of time spent on the tasks for each objective.
- Report due dates and invoice amounts are as follows (invoice amount listed below is an estimate and is flexible based on deliverables completed):

- Q1 deliverables (July-September) due by October 15, 2025: \$65,000
 - Q2 deliverables (October-December) due by January 15, 2026: \$20,000
 - Q3 deliverables (January-March) due by April 15, 2026: \$20,000
 - Q4 deliverables (April-June) due by July 15, 2026: \$35,000
 - DOH must receive correct and complete invoices within 45 days of the budget period. Late invoices will be paid at the discretion of DOH and are contingent upon the availability of funds. Failure to submit a properly completed IRS form W-9 may result in delayed payments.
 - Submit all final billings within 45 days of the end of the contract
 - Submit all required program reports and deliverables within 45 days
-

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: Sexual & Reproductive Health Program -
Effective January 1, 2025

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

Period of Performance: January 1, 2025 through March 31, 2026

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

This Statement of Work spans Years 1-4 of the contract, which runs January 1, 2022 – March 31, 2026.

For state funding, due dates after December 31, 2025 are for reporting only. LHJs may not bill under this contract for work done after December 31, 2025.

For federal funding, due dates after March 31, 2026 are for reporting only. LHJs may not bill federal funds under this contract for work done after March 31, 2026.

Revision Purpose: The purpose of this revision is to add \$47,404 in Sexual and Reproductive Health Cost Share funding for the period of 07/01/2025 - 12/31/2025 and to update billing and payment language.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 FHPA TITLE X FAMILY PLAN	78430240	93.217	333.93.21	01/01/25	03/31/25	16,966	0	16,966
SFY25 SEXUAL & REP HLTH COST SHARE	78430150	N/A	334.04.91	01/01/25	06/30/25	47,993	0	47,993
FFY25 FHPA TITLE X FAMILY PLAN	78430250	93.217	333.93.21	04/01/25	03/31/26	17,023	0	17,023
SFY26 SEXUAL & REP HLTH COST SHARE	78431160	N/A	334.04.91	07/01/25	12/31/25	0	47,404	47,404
						0	0	0
						0	0	0
TOTALS						81,982	47,404	129,386

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Sexual and Reproductive Health Program (SRHP) & Title X (TX) Services—excluding abortion and other surgical procedures related to SRHP. A. Comply with Washington State SRHP Manual, federal Title X requirements and all	- A19 invoice vouchers submitted in a timely manner accompanied by an R&E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy. - All reports described in Reporting Requirements below.	As described in Task 6: Revenue and Expense Reports in the Reporting Requirements section below. As requested by DOH	Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements below).

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	state and federal laws. Also see Program Manual, Handbook, Policy References under Reporting Requirements (below). B. Complete required Agency Information Request including Title X Assurance of Compliance and National Provider Identifier (NPI) billing numbers C. Provide medical services, community education and outreach, and staff training, consistent with state requirements: 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. 2. Medical, laboratory, and other services related to abortion are not covered by this task. 3. Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with five (5) or more members that is broadly representative of the population or community for which materials are intended. The committee must review a batch of patient-facing materials annually (at least 15 products or 15% of the total number of materials, whichever is smaller); meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6]) 4. Outreach is to ensure all populations in your community understand the services available. Focus your outreach efforts on increasing equity.	• Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH/TX site visits—appropriate staff and documentation readily available prior to and during review. DOH performs site visits. Follow-up site visits are performed until identified issues are resolved. • Site review directed by DOH SRHP. Follow-up site visits as needed until identified issues are resolved. • Submit documentation to DOH SRHP as requested for a desk review prior to site visit. • Appropriate staff and documentation readily available to DOH SRHP prior to and during site visit.		DOH reserves the right to withhold payment until: • Compliance issues or a previous SOW are resolved in a way accepted by DOH • Current data is submitted to, and accepted by, Ahlers. • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. Payment is limited to the maximum funds available for funding source. DOH will reimburse for: • Actual allowable costs according to your approved cost analysis (see Reporting Requirements below). or • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Washington State Sexual and Reproductive Health Network priority populations are: • Teens • People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) • Rural communities • Hispanic • Black, Indigenous, People of Color Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.			<i>Payment will be calculated by R&E provided by DOH (see Reporting Requirements below).</i>
	5. Provide all services in accordance with: • DOH SRHP & Title X Manual • Other state and federal requirements • Reporting Requirements (see below)			<i>All services through the end of this contract period must be billed within 60 days.</i> <i>DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. *SEE INVOICES and PAYMENTS that follows this table for details.</i>
	D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual. 1. Maintain a computer system that includes safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.	CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. • Data for each month • Corrected CVR data	The 15th of the following month. Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager.	<i>Payment is limited to the maximum funds available for funding source. DOH will reimburse for actual allowable costs as calculated by the R&E workbook (see Reporting Requirements table)</i>
	E. Notify DOH contract manager of all: • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SRHP/Title X funding.	Email briefly describing change.	As needed to keep information current.	<i>All services must be billed within 40 days of the budget period, 60 days for all other billing. Specific dates noted in Reporting Requirements, Activity 5, Revenue and Expense Reports.</i>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. - Any other change that might affect LHJ's ability to provide the sexual and reproductive services described in this SOW.			
Reporting Requirements				
1	Agency Information Request DOH SRHP requires updated information from all members of the SRHP Network to ensure accurate records of LHJ's organization and the services it provides. In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements including client fees and required services are met. The updated information also assists DOH to manage this SOW and the Sexual & Reproductive Health Network as a whole.	This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by April 30th during each year of this contract. Requested information will include: Information about your agency contacts and your organization's staffing - Head of Organization - Head of Finance - Medical Director - NPI numbers used to bill Medicaid - The following (one person might fill more than one role) - Contract Coordinator - Clinical representative - Billing contact - Outreach and education contact - Contact for CVR data - Contact for EHR information Information regarding sexual and reproductive health related services offered at each clinic site: - Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ within three years prior to the start date of this SOW. <u>If contractor cost analysis was approved by DOH at the beginning of the contract period, LHJ does not have to resubmit unless changes are made. LHJ must email DOH contract manager informing them that no changes were made.</u>	April 30th during each year of this contract. AND As needed or requested to maintain accuracy of information.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		B. Sliding fee schedule that includes all services required in the SRH Manual. Additional SRH-related services as outlined in Task 1 may also be included on LHJ's sliding fee schedule. a. Sliding fee schedule must be based on cost analysis described above. b. Fee schedule must be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc. c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH. d. Income conversion tables must be updated annually and approved by DOH Information related to current Community Outreach Plan: LHJ's community outreach plan follows a 5-year cycle. This process must include the following steps: A. Utilize the state level priority populations, county level demographic data, and agency profile to identify unmet need in the community served. B. Determine objectives and activities to expand sexual and reproductive health to reach populations in need of services in the community served. C. Measure completion of the objectives and activities.	Submit an updated income conversion table by March 15 of each year of the contract.	
2	Program Updates Summary of ongoing activities related to the SRH Program. This informs quality improvement of the Washington State SRH Network.	This information must be reported using the template or format provided by DOH. It will include information about contractor's work during current and past SOWs: A. Community education and outreach strategies and activities and a discussion of their effectiveness. B. Staff training.	During quarterly check ins and as requested by DOH	
4	Family Planning Annual Report (FPAR) Information DOH is requesting to develop trend data. All information is for the calendar year (January through December). The subsequent	Organization-level data on clinical services emailed to DOH SRH data manager Number of: A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result	Data to be collected annually through the end of the grant (2027).	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance.	C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide sexual and reproductive health services: - Physicians - Physician assistants + nurse practitioners + certified nurse midwives - Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. Financial data emailed to DOH Contract Manager R&E showing Other Revenue through the end of the grant as described below. Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR due 01-31 annually through 2027)		
5	Clinic Visit Reports (CVRs)	Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf. CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. - Each month's CVR data - Corrected CVR data	The 15th of the following month. Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	
6	Revenue and Expense Reports (R&E)	Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH. A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.	Invoices (A19's) and R&Es that support services through the end of this contract must be billed following the required deadlines: - March Invoices and R&Es are due by May 10th - June Invoices and R&Es are due by August 10th - December Invoices and R&Es are due by February 10th	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			All remaining months must be billed within 60 days.	

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

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

LHJ must comply with all state, federal, DOH SRHP, and Title X requirements, policies, and regulations and with their DOH approved Agency Information Dashboard.

Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf \(wa.gov\)](#) Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://doh.wa.gov/sites/default/files/2024-10/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information Request.

Billing Requirements:

See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements table).

~~DOH reserves the right to withhold payment until:~~

- ~~• Compliance issues or a previous SOW are resolved in a way accepted by DOH.~~
- ~~• Current data is submitted to, and accepted by, Ahlers.~~
- ~~• A19 back-up documentation required by DOH has been submitted and approved.~~
- ~~• Other deliverables have been met.~~

~~Billing/invoicing for reimbursement shall happen no more than monthly as costs are incurred and no less than quarterly to best monitor spending plans.~~

~~Billings/invoices shall include copies of backup documentation for all expenses according to the contract's risk level as defined by A19 Backup Documentation Matrix.~~

~~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.~~

- ~~• Additional backup documentation may be requested if needed.~~
- ~~• Payments will not be made, and invoices will be returned to you if sufficient backup documentation is not provided within 30 days of our receipt of your request for reimbursement.~~

~~Payment is limited to the maximum funds available for funding source.~~

DOH will reimburse for:

- Actual allowable costs according to your approved cost analysis (see Reporting Requirements table). Or
- The amount remaining in the SOW, divided by the number of months remaining in the funding source, plus one, whichever is less.

Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).

Final reimbursement requests for completed contract activities must be received and approved for payment by DOH within 45 days of the end of the SOW period of performance.

INVOICES AND PAYMENT: Contractor will submit invoices to the DOH Contract Manager for all amounts to be paid within 30 days of the month of service, or the submission date of deliverables with an associated cost, as specified in the Statement of Work (SOW). Refer to the SOW, Exhibit A, for invoice due dates on any budget/funding period(s) that end during the contract period of performance. DOH must receive correct and complete FINAL invoices no later than 45 days after the contract expiration date. Invoices must reference the contract number and provide detailed information as required. All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld.

DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance. The Contractor will not invoice for services if they are entitled to payment, have been, or will be paid, by any other source for that service.

DOH will issue payment within 30 days of receiving a correct and complete invoice and approving the deliverable(s). Late invoices will be paid at the discretion of DOH and are contingent upon the availability of funds. Failure to submit a properly completed IRS form W-9 may result in delayed payments.

DOH reserves the right to withhold payment until:

- Compliance issues or a previous SOW are resolved in a way accepted by DOH.

Payment is limited to the maximum funds available for funding source.

DOH will reimburse for:

- Actual allowable costs according to your approved cost analysis (see Reporting Requirements table) and as calculated by the R&E workbook.

Special Instructions:

Accessibility of Services

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to priority populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must comply with the Americans with Disabilities Act.
 - Facilities must meet applicable standards established by the Federal, State, and local governments, including local fire, building, and licensing codes.
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be provided solely on a voluntary basis. Acceptance of SRH services must not be a prerequisite to eligibility for, or receipt of, services in any non-SRH programs of the LHJ.

Availability of Emergency Services

The LHJ must have written plans and procedures for the management of on-site medical emergencies, including emergencies that require transport and after-hours management of contraceptive emergencies. (See DOH SRH Manual)

If LHJ or DOH discontinues this contract:

See [SRHP Manual](#) for close out requirements and resources.

**JEFFERSON COUNTY PUBLIC HEALTH
2025-2027 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH32053

AMENDMENT NUMBER: 6

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and JEFFERSON COUNTY PUBLIC HEALTH, 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:

- 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/sitpages/home.aspx?c1:9a94688da2d94d3ea80ac7fbc32c4d7c>
 - ☒ Adds Statements of Work for the following programs:
 Infectious Disease Syndemic Prevention Services-SSP - Effective July 1, 2025
 Recreational Shellfish Activities - Effective July 1, 2025
 - ☒ Amends Statements of Work for the following programs:
 Office of Drinking Water Group A Program - Effective January 1, 2025
 - ☐ Deletes Statements of Work for the following programs:
- Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:
 - ☒ Increase of \$103,533 for a revised maximum consideration of \$3,289,422.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.
- Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

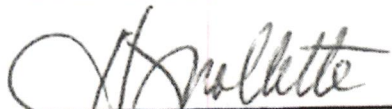
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

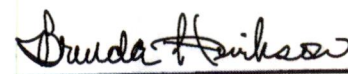
ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

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

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

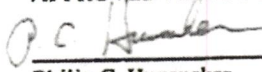
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

 8/4/25
 Heidi Eisenhour, Chair Date
 Heather Bailey-Noilette, Acting Chair

 08/05/2025
 Brenda Hunsucker Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General

 July 24, 2025
 Philip C. Hunsucker, Date
 Chief Civil Deputy Prosecuting Attorney

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Page 1 of 1

Indirect Rate January 1, 2025 through December 31, 2025: 27.38% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/24	09/30/26	\$28,238	\$28,238	\$28,238
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	(\$28,238)	\$0	
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 2	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	\$28,238		
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$3,975	\$148,117	\$148,117
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 2	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$144,142		
FFY25 USDA FMNP Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	01/01/25	09/30/25	10/01/24	09/30/25	\$637	\$637	\$637
FFY25 SWIMMING BEACH ACT IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$13,500	\$13,500	\$13,500
FFY24 PHEP BP1-CDC-LHHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$13,754	\$13,754	\$13,754
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 6	93.136	333.93.13	07/01/25	08/31/25	09/01/24	08/31/25	\$16,333	\$16,333	\$97,889
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 2	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$32,556	\$81,556	
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 1	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$49,000		
FFY25 FPHPA Title X Family Plan	FPHPA006560	Amd 5	93.217	333.93.21	04/01/25	03/31/26	04/01/25	03/31/26	\$17,023	\$17,023	\$33,989
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 3	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,345	\$16,966	
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 21	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,621		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$10,000	\$10,000	\$10,000
FFY20 ELC EDE LHHJs CDC	NU50CK000515	Amd 1	93.323	333.93.32	01/01/25	06/30/25	01/15/21	07/31/25	\$15,580	\$15,580	\$15,580
FFY21 CDC COVID-19 PHWFD-LHHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$51,330	\$51,330	\$51,330
FFY22 PH Infrastructure Comp A1-LHHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$150,300	\$150,300	\$150,300
FFY25 HRSA MCHBG LHHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$27,525	\$27,525	\$27,525
SFY25 SBHC Proviso		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/24	06/30/25	\$59,000	\$59,000	\$59,000
SFY25 DUH Naloxone DDO HCA IAR		Amd 4	N/A	334.04.91	03/01/25	06/30/25	12/10/24	06/30/25	\$15,000	\$15,000	\$15,000
SFY26 Drug User Health Program		Amd 6	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$80,500	\$80,500	\$120,750
SFY25 Drug User Health Program		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$40,250	\$40,250	
SFY25 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$47,993	\$47,993	\$47,993
SFY25 SSPS Opiod Harm Red Proviso		Amd 2	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$8,000	\$8,000	\$8,000

Jefferson County Public Health

EXHIBIT B-6
ALLOCATIONS
Contract Term: 2025-2027

Page 3 of 19
Contract Number: CLH32053
Date: July 1, 2025

Indirect Rate January 1, 2025 through December 31, 2025: 27.38% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Work End Date	Funding Start Date	Period End Date			
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$24,500	\$56,000	\$56,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500		
Rec Shellfish/Biotoxin		Amd 6	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$7,500	\$7,500	\$11,200
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,700	\$3,700	
Small Onsite Management (ALEA)		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,363	\$33,781	\$33,781
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$32,418		
SFY25 Wastewater Management-GFS		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$1,363)	\$9,239	\$9,239
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$10,602		
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$2,333,000	\$2,333,000	\$2,333,000
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$1,800	\$1,800	\$1,800
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$2,200)	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$2,200		
YR 27 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$2,200)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$2,200		
Sanitary Survey Fees SS-State		Amd 6	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	(\$400)	\$1,800	\$1,800
Sanitary Survey Fees SS-State		Amd 1, 6	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$2,200		
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$1,000	\$1,000	\$1,000
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$1,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$1,000		
YR 27 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$1,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$1,000		
TOTAL									\$3,289,422	\$3,289,422	
Total consideration:	\$3,185,889									GRAND TOTAL	\$3,289,422
	\$103,533										
GRAND TOTAL	\$3,289,422									Total Fed	\$590,859
										Total State	\$2,698,563

*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: Infectious Disease Syndemic Prevention Services-
SSP - Effective July 1, 2025

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: July 1, 2025 through June 30, 2026

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH)

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY26 DRUG USER HEALTH PROGRAM	12405160	N/A	334.04.91	07/01/25	06/30/26	0	80,500	80,500
FFY24 OD2A OID CDC PREVENT	12405241	93.136	333.93.13	07/01/25	08/31/25	0	16,333	16,333
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	96,833	96,833

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Syringe Services Programs: Support for Operations: Provide comprehensive Syringe Services Programs (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of disease and overdose. SSPs will offer referrals to address social determinants of health.	SSP operations outcomes include delivering services and tracking: - number of sterile syringes distributed - number of naloxone kits distributed - number of participant encounters - number of referrals to health and social services Submit Performance Objectives & Work Plan within the first six months of contract period that will include: - Outcomes aligned with program strategies and activities.	Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.	Reimbursement of actual costs incurred, not to exceed \$80,500 for 07/01/25 – 06/30/26

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Priority populations for Syringe Services Programs include people who use drugs, with a focus on: • People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region. • People who are unhoused or unstably housed. • People engaged in sex work. • People involved in the criminal legal system. • Gender expansive/transgender individuals. • Gay, bi, and other men who have sex with men. NOTE: See Special Requirements, Terms and Conditions – Section 4 Syringe Services Programs: Support for Operations Program Requirements for additional task information. Syringe Services Programs: Clinical Services Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use disorder. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services. NOTE: See Special Requirements, Terms and Conditions – Section 6 Syringe Services Program, Clinical Services Requirements for additional task information.	• SMART objectives aligned with performance targets • Activities aligned with program outcomes • Timeline for implementation (including staffing of the proposed program, training, etc.) • Anticipated capacity building or technical assistance needs. NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives & Workplans for additional deliverable information SSP Clinical services outcomes may include, but are not limited to, delivering services and tracking: • Number of wound care sessions • Number of infectious disease tests conducted (hepatitis C, HIV, gonorrhea-chlamydia, syphilis) • % positive of infectious disease tests (hepatitis C, HIV, gonorrhea-chlamydia, syphilis) • Number of participants started on hepatitis C treatment • Number of participants inducted on medications for opioid use disorder		
2	Syringe Services Programs: Harm Reduction Service Navigation Provide appropriate referrals to SSP participants; facilitate access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment	Harm reduction care navigation outcomes include delivering services and tracking: • number of participants enrolled in care navigation services • number of care navigation sessions • number of referrals to health and social services	Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.	Reimbursement of actual costs incurred, not to exceed \$16,333 for 07/01/25 – 08/31/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	(including medications for opiate use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification. NOTE: See Special Requirements, Terms and Conditions – Section 5 Syringe Services Program, Harm Reduction Care Navigation Requirement for additional task information	- number of linkages to care for health and social services - number of outreach attempts per participant		

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

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

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

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

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

Program Specific Requirements

Special Requirements, Terms and Conditions

1. Definitions

- a. ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- b. CAPACITY BUILDING- 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.
- c. 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.
- d. HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- e. INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- f. SOCIAL DETERMINANTS OF HEALTH - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- g. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

2. Submission of Invoice Vouchers –

- a. 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 the corresponding OID Expense Summary backup 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.

- i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
- ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2026. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

3. Program Organization – CONTRACTOR must

- 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 new positions funded through the original contract funds, must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.
 - i. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

4. Syringe Services Program: Support for Operations Program Requirements

- a. Operate for a minimum of 8 hours per week and 2 days per week.
- b. Provide mobile and/or street outreach (note: programs must have a vehicle for mobile outreach.)
- c. Offer safer injection supplies (see list of required safer injection supplies below).
- d. Submit monthly SSP data in accordance with DOH standards.
- e. Attend required capacity building/training opportunities provided by DOH.
- f. Participate in annual site visits with DOH staff.
- g. Demonstrate structure for receiving and incorporating participant feedback about services.
- h. Partner with relevant local agencies to ensure effective outreach and service provision. (See Scope of Work narrative below for details on MOUs required.)
- i. Develop and maintain a Universal Precautions and Sharps Handling policy and procedure, including clear, written policies on handling biohazardous waste, avoiding unnecessary handling of sharps, and potential needle stick injuries to staff, volunteers, and participants. Programs should follow the universal precaution guidelines established by the CDC and OSHA. SSPs may need to adapt those precautions to accommodate the circumstances of their work (e.g., mobile and outreach settings). Programs should also anticipate the potential of needlestick injury and have a “post-exposure-prophylaxis” protocol included in this document.
- j. All staff and volunteers working directly with participants/clients must complete CPR certification within the first 3 months after contract start date (if not already complete).

5. Syringe Services Program, Harm Reduction Care Navigation Requirements

- a. Includes all requirements for Syringe Service Program operations (see above)
- b. Attend Harm Reduction Care Navigation training provided by DOH.
- c. Support participant transportation (e.g., through the provision of bus passes, cab vouchers, or direct transportation).
- d. Accompany participants to appointments or provide “warm hand-offs.”
- e. Full-time care navigators (1.0 FTE) shall not exceed a case load greater than 25 individuals.
- f. Submit monthly outcome data in accordance with DOH standards.

6. Syringe Services Program, Clinical Services Requirements

- a. Includes all requirements for Syringe Service Program operations (see above)
- b. Must have clinical staff licensed to practice in the state of Washington to provide clinical services (e.g., RN, PA, ARNP, LCSW).
- c. If providing advanced level clinical services (e.g., PA, ARNP, CNM), programs must have appropriate clinical oversight.

Note: Clinical services can be provided through sub-contractor arrangement or MOU with a Federally Qualified Health Center or other clinical partner if there is a justification the relationship will support efforts to reach people who use drugs and provide onsite and/or mobile clinical services. Clinical services can also be provided using telemedicine services with appropriate description of why in-person services cannot be provided and who the telemedicine partner(s) will be.

NOTE: Funds from this contract may not be used to purchase basic safer injection supplies (listed below) – Instead, DOH will provide Contractors with supplies.

Below is the list of required supplies for SSP to be provided to Contractors by DOH:

- a. Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
- b. Alcohol pads
- c. Non-latex tourniquets
- d. Sterile water
- e. Sterile saline
- f. Cookers
- g. Cottons and/or cellulose filters
- h. Bandages/gauze
- i. Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- j. Naloxone
- k. Amber bags

The exceptions to these supplies are vendor or manufacturer supply shortages. If a program expects to run out of one of these items, please contact DOH immediately.

7. Performance Objectives & Work Plan:

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the first year of the contract period. The work plan should incorporate related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.
- b. The applicant should address the following outline in their work plan:
 - i. Contract Year 2 Detailed Work Plan (For each funded service category)
 - ii. Program strategies and activities
 - iii. Outcomes aligned with program strategies and activities
 - iv. SMART objectives aligned with performance targets
 - v. Activities aligned with program outcomes
 - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
 - vii. Anticipated capacity building or technical assistance needs.
- c. Performance Objectives & Work Plans should be submitted by December 31, 2025.
- d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
- e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

8. Participation in program evaluation activities – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.

9. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services

- a. 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.
- b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
- c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.

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 Program Monitoring Activities –

- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
 - i. Integrated testing
 - ii. Syndemic service navigation
 - iii. PrEP Housing
 - iv. Syringe Service Programs
 - v. Mail-order naloxone distribution program
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 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

12. Contract Management –

a. Fiscal Guidance

- i. **Indirect-** If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or De Minimis certification of file with DOH. DOH is not able to reimburse indirect costs without an approved indirect cost rate or De Minimis certification of file.

- ii. **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.
- iii. **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.
- iv. **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 gift cards 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.
- v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi. **Travel** – Out of staff travel requires prior approval from DOH and must follow GSA guidelines and reimbursement rates.
- vii. **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.
- viii. **Small and Attractive items** – Each Contractor 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. The Contractor 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 Contractor shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the Contractor should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Contractor 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)

- ix. **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 these meetings. 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. The CONTRACTOR shall follow Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health when purchasing food and refreshments for approved meetings.
2. Food for staff meetings/training 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

- x. **Reimbursement of disallowed costs** – 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 services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendment from DOH.
 1. Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
 2. Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).
 - a. Amendments must be signed prior to the end of the FFY or SFY end date.

EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1

13. Content Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health
PO Box 47841
Olympia, WA 98504-7841
Phone: 360-810-1880
Email: Michael.Barnes@doh.wa.gov

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs <https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf>

14. Youth and Peer Outreach Workers

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. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and 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.

15. Whistleblower

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

16. 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 CFR200 (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)

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: Jefferson County Public Health

Contract Number: CLH32053

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☒ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Fixed Price
☐ 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 funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: To change the MI code for Sanitary Survey Fees SS - State from 24232522 to 24112522 and extend the funding period end date from 06/30/25 to 12/31/27, remove 1 Sanitary Survey for 3 or more connections (\$800), and change the Chart of Accounts Master Index Title from YR 28 SRF - LOCAL ASST (15%) to YR1 STIMULUS - LOCAL ASST (10% OF 15%) for SS and TA.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Decrease (-)	Total Allocation
SANITARY SURVEY FEES SS-STATE	24112522	N/A	346.26.65	01/01/25	12/31/27	2,200	-400	1,800
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	12/31/25	0	0	0
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	12/31/25	0	0	0
YR 28 SRF - LOCAL ASST (15%) SS	24119228	N/A	346.26.64	01/01/25	12/31/27	2,200	-2,200	0
YR1 STIMULUS - LOCAL ASST(10% OF 15%) SS	24144240	N/A	346.26.64	01/01/25	12/31/27	0	1,800	1,800
YR 28 SRF - LOCAL ASST (15%) TA	24119228	N/A	346.26.66	01/01/25	12/31/27	1,000	-1,000	0
YR1 STIMULUS - LOCAL ASST(10% OF 15%) TA	24144240	N/A	346.26.66	01/01/25	12/31/27	0	1,000	1,000
						0	0	0
						0	0	0
TOTALS						5,400	-800	4,600

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.	2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.		paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$4,400~~ ~~\$3,600~~ for **Task 1**, and **\$1,000** 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 sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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 3 surveys of non-community systems with three or fewer connections be completed between January 1, 2025, and December 31, 2025.
- No more than 4 3 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: Recreational Shellfish Activities -
Effective July 1, 2025

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: July 1, 2025 through June 30, 2026

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	07/01/25	06/30/26	0	7,500	7,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	7,500	7,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring - 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. - Conduct emergency biotoxin sampling when needed. - Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. - Issue biotoxin news releases during biotoxin closures in Jefferson County. - This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 15, 2026 (See Special Instructions below.)	\$7,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Outreach • Staff educational booths at local events. • Distribute safe shellfish harvesting information.	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 15, 2026 (See Special Instructions below.)	\$500

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

Program Specific Requirements

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 2025 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2026.

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

**JEFFERSON COUNTY PUBLIC HEALTH
2025-2027 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH32053

AMENDMENT NUMBER: 5

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and JEFFERSON COUNTY PUBLIC HEALTH, 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/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☐ Adds Statements of Work for the following programs:
 - ☒ Amends Statements of Work for the following programs:
Sexual & Reproductive Health Program - Effective January 1, 2025
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-5 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-4 Allocations as follows:
 - ☒ Increase of \$17,023 for a revised maximum consideration of \$3,185,889.
 - ☐ Decrease of _____ for a revised maximum consideration of _____
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Heidi Eisenhour, Chair

Date

Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General

Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

Indirect Rate January 1, 2025 through December 31, 2025: 27.38% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	DOH Use Only				Amount	Funding Period SubTotal	Chart of Accounts Total
					Statement of Work LHHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
FFY25 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/24	09/30/26	\$28,238	\$28,238	\$28,238
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	(\$28,238)	\$0	
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 2	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	\$28,238		
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$3,975	\$148,117	\$148,117
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 2	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$144,142		
FFY25 USDA FMNP Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	01/01/25	09/30/25	10/01/24	09/30/25	\$637	\$637	\$637
FFY25 SWIMMING BEACH ACT IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$13,500	\$13,500	\$13,500
FFY24 PHEP BP1-CDC-LHHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$13,754	\$13,754	\$13,754
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 2	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$32,556	\$81,556	\$81,556
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 1	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$49,000		
FFY25 FPHPA Title X Family Plan	FPHPA006560	Amd 5	93.217	333.93.21	04/01/25	03/31/26	04/01/25	03/31/26	\$17,023	\$17,023	\$33,989
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 3	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,345	\$16,966	
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 21	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,621		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$10,000	\$10,000	\$10,000
FFY20 ELC EDE LHHJs CDC	NU50CK000515	Amd 1	93.323	333.93.32	01/01/25	06/30/25	01/15/21	07/31/25	\$15,580	\$15,580	\$15,580
FFY21 CDC COVID-19 PHWFD-LHHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$51,330	\$51,330	\$51,330
FFY22 PH Infrastructure Comp A1-LHHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$150,300	\$150,300	\$150,300
FFY25 HRSA MCHBG LHHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$27,525	\$27,525	\$27,525
SFY25 SBHC Proviso		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/24	06/30/25	\$59,000	\$59,000	\$59,000
SFY25 DUH Naloxone DDO HCA IAR		Amd 4	N/A	334.04.91	03/01/25	06/30/25	12/10/24	06/30/25	\$15,000	\$15,000	\$15,000
SFY25 Drug User Health Program		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$40,250	\$40,250	\$40,250
SFY25 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$47,993	\$47,993	\$47,993
SFY25 SSPS Opioid Harm Red Proviso		Amd 2	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$8,000	\$8,000	\$8,000
SFY25 LHHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$24,500	\$56,000	\$56,000
SFY25 LHHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500		

Indirect Rate January 1, 2025 through December 31, 2025: 27.38% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	DOH Use Only				Amount	Funding Period SubTotal	Chart of Accounts Total
					Statement of Work LHHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,700	\$3,700	\$3,700
Small Onsite Management (ALEA)		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,363	\$33,781	\$33,781
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$32,418		
SFY25 Wastewater Management-GFS		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$1,363)	\$9,239	\$9,239
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$10,602		
SFY25 FPHS-LHH Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$2,333,000	\$2,333,000	\$2,333,000
YR 28 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$2,200	\$2,200	\$2,200
YR 27 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$2,200)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$2,200		
Sanitary Survey Fees SS-State		Amd 1	N/A	346.26.65	01/01/25	06/30/25	07/01/23	12/31/27	\$2,200	\$2,200	\$2,200
YR 28 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$1,000	\$1,000	\$1,000
YR 27 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$1,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$1,000		
TOTAL									\$3,185,889	\$3,185,889	
Total consideration:	\$3,168,866									GRAND TOTAL	\$3,185,889
	\$17,023										
GRAND TOTAL	\$3,185,889									Total Fed	\$574,526
										Total State	\$2,611,363

*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: Sexual & Reproductive Health Program -
Effective January 1, 2025

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

Period of Performance: January 1, 2025 through March 31, 2026

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

This Statement of Work spans Years 1-4 of the contract, which runs January 1, 2022 – March 31, 2026.

For state funding, due dates after June 30, 2025 are for reporting only. LHJs may not bill under this contract for work done after June 30, 2025.

For federal funding, due dates after March 31, 2026 are for reporting only. LHJs may not bill federal funds under this contract for work done after March 31, 2026.

Revision Purpose: The purpose of this revision is to add \$17,023 in Title X federal funding for the period of 04/01/2025 - 03/31/2026, extend the SOW period of performance from 06/30/2025 to 03/31/2026, and revise language in task table and Program Specific Requirements section.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 FPHPA TITLE X FAMILY PLAN	78430240	93.217	333.93.21	01/01/25	03/31/25	16,966	0	16,966
SFY25 SEXUAL & REP HLTH COST SHARE	78430150	N/A	334.04.91	01/01/25	06/30/25	47,993	0	47,993
FFY25 FPHPA TITLE X FAMILY PLAN	78430250	93.217	333.93.21	04/01/25	03/31/26	0	17,023	17,023
						0	0	0
						0	0	0
						0	0	0
TOTALS						64,959	17,023	81,982

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Sexual and Reproductive Health Program (SRHP) & Title X (TX) Services—excluding abortion and other surgical procedures related to SRHP. A. Comply with Washington State SRHP Manual, federal Title X requirements and all state and	- A19 invoice vouchers submitted in a timely manner accompanied by an R&E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy. - All reports described in Reporting Requirements below.	No more than monthly and no less than quarterly. As described in <i>Task 6: Revenue and Expense Reports in the</i>	Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements below).

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	federal laws. Also see Program Manual. Handbook, Policy References under Reporting Requirements (below). B. Complete required Agency Information Request including Title X Assurance of Compliance and National Provider Identifier (NPI) billing numbers C. Provide medical services, community education and outreach, and staff training, consistent with state requirements: 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. 2. Medical, laboratory, and other services related to abortion are not covered by this task. 3. Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with five (5) or more members that is broadly representative of the population or community for which materials are intended. The committee must review a batch of patient-facing materials annually (at least 15 products or 15% of the total number of materials, whichever is smaller); meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6]) 4. Outreach is to ensure all populations in your community understand the services available. Focus your outreach efforts on increasing equity. Washington State Sexual and Reproductive Health Network priority populations are: • Teens	• Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH/TX site-visits—appropriate staff and documentation readily available prior to and during review. DOH performs site visits. Follow-up site visits are performed until identified issues are resolved.	Reporting Requirements <i>section</i> below. As requested by DOH	DOH reserves the right to withhold payment until: • Compliance issues or a previous SOW are resolved in a way accepted by DOH • Current data is submitted to, and accepted by, Ahlers. • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. Payment is limited to the maximum funds available for funding source. DOH will reimburse for: • Actual allowable costs according to your approved cost analysis (see Reporting Requirements below). or • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) - Rural communities - Hispanic - Black, Indigenous, People of Color Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories. 5. Provide all services in accordance with: - DOH SRHP & Title X Manual - Other state and federal requirements - Reporting Requirements (see below) D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual. - Maintain a computer system that includes safety precautions against loss of information. - Ensure data entry personnel protect confidentiality of CVR data. - Have ability to retrieve all information for auditing and monitoring by DOH or its designee. E. Notify DOH contract manager of all: - Key staff and organizational changes. - Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SRHP/Title X funding. - Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site.	CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. - Data for each month - Corrected CVR data Email briefly describing change.	The 15th of the following month. Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager. As needed to keep information current.	Payment will be calculated by R&E provided by DOH (see Reporting Requirements below). All services through the end of this contract period must be billed within 60 days.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Any other change that might affect LHJ's ability to provide the sexual and reproductive services described in this SOW.			
Reporting Requirements				
1	Agency Information Request DOH SRHP requires updated information from all members of the SRHP Network to ensure accurate records of LHJ's organization and the services it provides. In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements including client fees and required services are met. The updated information also assists DOH to manage this SOW and the Sexual & Reproductive Health Network as a whole.	This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by April 30th during each year of this contract. Requested information will include: Information about your agency contacts and your organization's staffing - Head of Organization - Head of Finance - Medical Director - NPI numbers used to bill Medicaid - The following (one person might fill more than one role) - Contract Coordinator - Clinical representative - Billing contact - Outreach and education contact - Contact for CVR data - Contact for EHR information Information regarding sexual and reproductive health related services offered at each clinic site: - Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ within three years prior to the start date of this SOW. <u>If contractor cost analysis was approved by DOH at the beginning of the contract period, LHJ does not have to resubmit unless changes are made. LHJ must email DOH contract manager informing them that no changes were made.</u> - Sliding fee schedule that includes all services required in the SRH Manual. Additional SRH-related services as outlined in Task 1 may also be included on LHJ's sliding fee schedule.	April 30th during each year of this contract. AND As needed or requested to maintain accuracy of information.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		a. Sliding fee schedule must be based on cost analysis described above. b. Fee schedule must be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc. c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH. d. Income conversion tables must be updated annually and approved by DOH Information related to current Community Outreach Plan: LHJ's community outreach plan follows a 5-year cycle. This process must include the following steps: A. Utilize the state level priority populations, county level demographic data, and agency profile to identify unmet need in the community served. B. Determine objectives and activities to expand sexual and reproductive health to reach populations in need of services in the community served. C. Measure completion of the objectives and activities.	Submit an updated income conversion table by March 15 of each year of the contract.	
2	Program Updates Summary of ongoing activities related to the SRH Program. This informs quality improvement of the Washington State SRH Network.	This information must be reported using the template or format provided by DOH. It will include information about contractor's work during current and past SOWs: A. Community education and outreach strategies and activities and a discussion of their effectiveness. B. Staff training.	During quarterly check ins and as requested by DOH	
4	Family Planning Annual Report (FPAR) Information DOH is requesting to develop trend data. All information is for the calendar year (January through December). The subsequent agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance.	Organization-level data on clinical services emailed to DOH SRH data manager Number of: A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide sexual and reproductive health services: • Physicians	Data to be collected annually through the end of the grant (2027).	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		- Physician assistants + nurse practitioners + certified nurse midwives - Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. Financial data emailed to DOH Contract Manager R&E showing Other Revenue through the end of the grant as described below. Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR due 01-31 annually through 2027)		
5	Clinic Visit Reports (CVRs)	Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf. CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. - Each month's CVR data - Corrected CVR data Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.	The 15th of the following month. Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	
6	Revenue and Expense Reports (R&E)	Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH. A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.	Submitted with each invoice (A19). No more than monthly and no less than quarterly. R&E showing all sources of revenue that support services must be billed within 45 days of the budget period. December billings must be submitted by February 10th. <i>Invoices (A19's) and R&Es that support</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			services through the end of this contract must be billed following the required deadlines: • March Invoices and R&Es are due by May 10th • June Invoices and R&Es are due by August 10th • December Invoices and R&Es are due by February 10th • All remaining months must be billed within 60 days.	

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

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

LHJ must comply with all state, federal, DOH SRHP, and Title X requirements, policies, and regulations and with their DOH approved Agency Information Dashboard.

Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf \(wa.gov\)](#) Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://doh.wa.gov/sites/default/files/2024-10/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information Request.

Billing Requirements:

See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements table).

DOH reserves the right to withhold payment until:

- *Compliance issues or a previous SOW are resolved in a way accepted by DOH.*
- *Current data is submitted to, and accepted by, Ahlers.*
- *A19 back up documentation required by DOH has been submitted and approved.*
- *Other deliverables have been met.*

Billing/invoicing for reimbursement shall happen no more than monthly as costs are incurred and no less than quarterly to best monitor spending plans.

Billings/invoices shall include copies of backup documentation for all expenses according to the contract's risk level as defined by A19 Backup Documentation Matrix.

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.

- *Additional backup documentation may be requested if needed.*
- *Payments will not be made, and invoices will be returned to you if sufficient backup documentation is not provided within 30 days of our receipt of your request for reimbursement.*

Payment is limited to the maximum funds available for funding source.

DOH will reimburse for:

- *Actual allowable costs according to your approved cost analysis (see Reporting Requirements table). Or*
- *The amount remaining in the SOW, divided by the number of months remaining in the funding source, plus one, whichever is less.*

Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).

Final reimbursement requests for completed contract activities must be received and approved for payment by DOH within 45 days of the end of the SOW period of performance.

Special Instructions:**Accessibility of Services**

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to priority populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must comply with the Americans with Disabilities Act.
 - Facilities must meet applicable standards established by the Federal, State, and local governments, including local fire, building, and licensing codes.
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be provided solely on a voluntary basis. Acceptance of SRH services must not be a prerequisite to eligibility for, or receipt of, services in any non-SRH programs of the LHJ.

Availability of Emergency Services

The LHJ must have written plans and procedures for the management of on-site medical emergencies, including emergencies that require transport and after-hours management of contraceptive emergencies. (See DOH SRH Manual)

If LHJ or DOH discontinues this contract:

See SRHP Manual for close out requirements and resources.

Signature:

Email: ggilbert@co.jefferson.wa.us

Signature:

Email: Brenda.Henrikson@DOH.WA.GOV