



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

TO: Board of County Commissioners
Mark McCauley, County Administrator

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

DATE: January 8, 2024

SUBJECT: Agenda Item – Consolidated Contracts Amendment #17 with the Department of Health; January 1 2022 – December 31, 2024; additional \$526,784 for a total of \$8,075,501

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #17 between JCPH and State of Washington Department of Health (DOH); January 1, 2022 – December 31, 2024; additional \$526,784 for a total of \$8,075,501.

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:

- Foundational Public Health Services (core services which the governmental public health system is responsible for providing in a consistent and uniform way in every community in Washington); corrects BARS expenditure code type and updates Master Index Code Chart of Accounts Title
- Infectious Disease-Syndemic Prevention; provides SOW (funding of \$178,500)
- Office of Immunization provides funding to conduct COVID-19 Vaccine activities; revision adds specific requirements in re: unallowable costs and updates Master Index Codes
- Office of Immunization contracts with local health to conduct immunization activities; revision adds specific requirements in re: unallowable costs
- Office of People Services provides funding to establish, train and sustain Local Health Jurisdiction (LHJ) public health workforce (funding of \$200,000)
- Sexual & Reproductive Health Program; revision extends funding period (additional \$42,926)
- WIC Nutritional Program; extends funding period and increases caseload (additional \$105,358)

FISCAL IMPACT/COST BENEFIT ANALYSIS :

Total consideration for this Contract Amendment is an increase of \$526,784 for a total of \$8,075,501. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

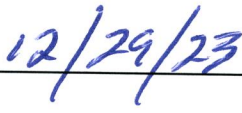
RECOMMENDATION:

JCPH Management recommends BOCC approval of Consolidated Contract Amendment #17; January 1 2022 – December 31, 2024; additional \$526,784 for a total of \$8,075,501.

REVIEWED BY:



Mark McCauley, County Administrator



Date

CONTRACT REVIEW FORM
(INSTRUCTIONS ARE ON THE NEXT PAGE)

Clear Form

CONTRACT WITH: State of WA Dept of Health

Contract No: CC-22-002-A17

Contract For: Consolidated Contracts, Amendment 17

Term: 1/1/2022 - 12/31/2024

COUNTY DEPARTMENT: Public Health
Contact Person: Veronica Shaw
Contact Phone: x 409
Contact email: veronica@co.jefferson.wa.us

AMOUNT: Additional \$526,784 for a total of \$8,075,501

Revenue: \$526,784

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

Dec. 28, 2023

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

Dec. 28, 2023

Date

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

Electronically approved by Risk Management on 12/28/2023.

Amendment to a state agreement - cannot change.

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

Electronically approved as to form by PAO on 12/28/2023.

PAO Approval as to form. 12.28/2023

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
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31013**AMENDMENT NUMBER: 17**

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/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 - Infectious Disease-Syndemic Prevention Services-SSP - Effective January 1, 2024
 - Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2024
 - ☒ Amends Statements of Work for the following programs:
 - Foundational Public Health Services (FPHS) - Effective July 1, 2023
 - Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
 - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
 - Sexual & Reproductive Health Program - Effective January 1, 2022
 - WIC Nutrition Program - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-17 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-16 Allocations as follows:
 - ☒ Increase of **\$526,784** for a revised maximum consideration of **\$8,075,501**.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

_____, Chair

_____, Date

_____, Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General

Barbara D. Ehrlichman 12/28/2023

Barbara D. Ehrlichman,
Civil Deputy Prosecuting Attorney

_____, Date

Page 1 of 1

Jefferson County Public Health

EXHIBIT B-17
ALLOCATIONS

Contract Term: 2022-2024

Page 2 of 46
Contract Number: CLH31013

Date: **December 1, 2023**

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health

Fiscal Year 2023 through December 31, 2023: 35.85% Public Health												
Chart of Accounts Program Title		Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHI 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			
FFY24 USDA BFPC Prog Mgmt	NGA Not Received		Amnd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$37,651	\$37,651	
FFY23 USDA BFPC Prog Mgmt	7WA700WA1		Amnd 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$28,238	\$37,651	\$118,691
FFY23 USDA BFPC Prog Mgmt	7WA700WA1		Amnd 8, 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$9,413		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1		Amnd 1, 17	10.557	333.10.55	01/01/22	09/30/24	10/01/21	09/30/24	\$43,389	\$43,389	
FFY25 USDA WIC Client Sys Contracts	NGA Not Received		Amnd 17	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$26,268	\$26,268	\$351,810
FFY24 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 17	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$79,090	\$106,828	
FFY24 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$2,500		
FFY23 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 10, 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$25,238		
FFY23 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 15	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$11,657	\$132,338	
FFY23 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 12	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$21,218		
FFY23 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$75,713		
FFY22 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$23,750		
FFY22 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 7	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$5,600	\$86,376	
FFY22 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 5	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$6,726		
FFY23 USDA WIC Client Sys Contracts	7WA700WA7		Amnd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$74,050		
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7		Amnd 10	10.557	333.10.55	01/01/23	09/30/23	10/01/22	09/30/23	\$2,800	\$2,800	\$2,800
FFY23 USDA FMNP Prog Mgmt	7WA810WA7		Amnd 15	10.572	333.10.57	06/01/23	09/30/23	10/01/22	09/30/23	\$496	\$496	\$1,012
FFY22 USDA FMNP Prog Mgmt	7WA810WA7		Amnd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$516	\$516	
FFY24 LHI COVID-19 ARPA	SLFRP0002		Amnd 15	21.027	333.21.02	07/01/23	06/30/24	07/01/23	06/30/25	\$46,740	\$46,740	\$46,740
LHI COVID-19 Gap Supplemental	SLFRP0002		Amnd 13	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	\$35,651	\$35,651	\$35,651
PS SSI 1-5 OSS Task 4	01J18001		Amnd 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$30,000	\$263,844	\$263,844
PS SSI 1-5 OSS Task 4	01J18001		Amnd 7, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	(\$1,654)		
PS SSI 1-5 OSS Task 4	01J18001		Amnd 2, 5, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$235,498		
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301		Amnd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$15,000	\$15,000	\$30,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301		Amnd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	
FFY23 PHEP BP5 LHI Funding	NU90TP922043		Amnd 15	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$34,384	\$34,384	\$82,522
FFY22 PHEP BP4 LHI Funding	NU90TP922043		Amnd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$34,384	\$34,384	
FFY21 PHEP BP3 LHI Funding	NU90TP922043		Amnd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$13,754	\$13,754	
FFY23 OD2A OID CDC	NU17CE010218		Amnd 17	93.136	333.93.13	01/01/24	08/31/24	09/01/23	08/31/24	\$98,000	\$98,000	\$98,000
FFY22 Title X Dire Needs	FPHPA006495		Amnd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$4,066	\$4,066	\$4,066

Jefferson County Public Health

EXHIBIT B-17
ALLOCATIONS

Contract Term: 2022-2024

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health

Page 3 of 46
Contract Number: CLH31013
Date: December 1, 2023

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHI Funding Period Start Date End Date	DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
						Chart of Accounts Funding Period Start Date End Date	Chart of Accounts Funding Period End Date			
FFY23 Title X Family Planning	FPHPA006560	Amnd 14	93.217	333.93.21	04/01/23 03/31/24	04/01/23 03/31/24	03/31/24	\$30,822	\$30,822	\$57,959
FFY22 Title X Family Planning	FPHPA006560	Amnd 5	93.217	333.93.21	04/01/22 03/31/23	04/01/22 03/31/23	03/31/23	\$27,137	\$27,137	
COVID19 Vaccines	NH23IP922619	Amnd 4	93.268	333.93.26	01/01/22 06/30/24	07/01/20 06/30/24	06/30/24	\$278,114	\$278,114	\$278,114
COVID19 Vaccines R4	NH23IP922619	Amnd 4	93.268	333.93.26	01/01/22 06/30/24	07/01/20 06/30/24	06/30/24	\$354,803	\$709,606	\$709,606
COVID19 Vaccines R4	NH23IP922619	Amnd 1	93.268	333.93.26	01/01/22 06/30/24	07/01/20 06/30/24	06/30/24	\$354,803		
FFY24 CDC VFC Ops	NH23IP922619	Amnd 15	93.268	333.93.26	07/01/23 06/30/24	07/01/23 06/30/24	06/30/24	\$560	\$6,160	\$6,160
FFY24 CDC VFC Ops	NH23IP922619	Amnd 14	93.268	333.93.26	07/01/23 06/30/24	07/01/23 06/30/24	06/30/24	\$5,600		
FFY23 VFC Ops	NH23IP922619	Amnd 5	93.268	333.93.26	07/01/22 06/30/23	07/01/22 06/30/23	06/30/23	\$5,600	\$5,600	\$11,200
FFY22 VFC Ops	NH23IP922619	Amnd 3	93.268	333.93.26	01/01/22 06/30/22	07/01/21 06/30/22	06/30/22	\$5,600	\$5,600	
FFY19 COVID CARES	NU50CK000515	Amnd 2	93.323	333.93.32	01/01/22 04/22/22	04/23/20 07/31/24	07/31/24	\$14,664	\$14,664	\$14,664
FFY19 ELC COVID Ed LHI Allocation	NU50CK000515	Amnd 7	93.323	333.93.32	01/01/22 10/18/22	05/19/20 10/18/22	10/18/22	(\$2,281)	\$1,737	\$1,737
FFY19 ELC COVID Ed LHI Allocation	NU50CK000515	Amnd 4	93.323	333.93.32	01/01/22 10/18/22	05/19/20 10/18/22	10/18/22	(\$78,694)		
FFY19 ELC COVID Ed LHI Allocation	NU50CK000515	Amnd 2	93.323	333.93.32	01/01/22 10/18/22	05/19/20 10/18/22	10/18/22	\$82,712		
FFY20 ELC EDE LHI Allocation	NU50CK000515	Amnd 9	93.323	333.93.32	01/01/22 07/31/23	01/15/21 07/31/24	07/31/24	(\$6,375)	\$341,822	\$341,822
FFY20 ELC EDE LHI Allocation	NU50CK000515	Amnd 4, 9	93.323	333.93.32	01/01/22 07/31/23	01/15/21 07/31/24	07/31/24	(\$90,842)		
FFY20 ELC EDE LHI Allocation	NU50CK000515	Amnd 2, 9	93.323	333.93.32	01/01/22 07/31/23	01/15/21 07/31/24	07/31/24	\$439,039		
FFY21 CDC COVID-19 PHWFD-LHI	NU907TP922181	Amnd 16	93.354	333.93.35	07/01/23 06/30/24	07/01/23 06/30/24	06/30/24	\$200,000	\$200,000	\$200,000
FFY22 NEHA Climate & Health Grant	NU380T000300	Amnd 9	93.421	333.93.42	04/11/22 12/31/22	04/01/22 12/31/22	12/31/22	\$11,000	\$22,000	\$22,000
FFY22 NEHA Climate & Health Grant	NU380T000300	Amnd 5	93.421	333.93.42	04/11/22 12/31/22	04/01/22 12/31/22	12/31/22	\$11,000		
FFY22 PH Infrastructure Comp AI-LHI	NE110E000053	Amnd 17	93.967	333.93.96	01/01/24 12/31/24	12/01/22 06/30/25	06/30/25	\$200,000	\$200,000	\$200,000
FFY24 HRSA MCHBG LHI Contracts	NGA Not Received	Amnd 15	93.994	333.93.99	10/01/23 09/30/24	10/01/23 09/30/24	09/30/24	\$36,700	\$36,700	\$56,566
FFY23 HRSA MCHBG LHI Contracts	B04MC47453	Amnd 15	93.994	333.93.99	10/01/22 09/30/23	10/01/22 09/30/23	09/30/23	(\$16,834)	\$19,866	
FFY23 HRSA MCHBG LHI Contracts	B04MC47453	Amnd 7	93.994	333.93.99	10/01/22 09/30/23	10/01/22 09/30/23	09/30/23	\$36,700		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amnd 15	93.994	333.93.99	10/01/22 09/30/23	10/01/22 09/30/23	09/30/23	\$16,834	\$16,834	\$16,834
FFY22 MCHBG LHI Contracts	B04MC45251	Amnd 1	93.994	333.93.99	01/01/22 09/30/22	10/01/21 09/30/22	09/30/22	\$27,525	\$27,525	\$27,525
SFY25 SBHC Proviso		Amnd 14	N/A	334.04.90	07/01/24 12/31/24	07/01/24 06/30/25	06/30/25	\$62,000	\$62,000	\$207,000
SFY24 SBHC Proviso		Amnd 16	N/A	334.04.90	07/01/23 06/30/24	07/01/23 06/30/24	06/30/24	\$35,000	\$145,000	
SFY24 SBHC Proviso		Amnd 14	N/A	334.04.90	07/01/23 06/30/24	07/01/23 06/30/24	06/30/24	\$110,000		

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS		Statement of Work		DOH Use Only		Amount	Funding		Chart of Accounts Total
				Revenue Code**	LHJ Funding Period	Start Date	End Date	Start Date	End Date		Period SubTotal	Account Total	
SFY23 School Based Health Centers		Amend 5	N/A	334.04.90	07/01/22	06/30/23	07/01/22	06/30/23		\$150,000	\$150,000		\$150,000
SFY24 Sexual & Rep Hlth Cost Share		Amend 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24		\$42,926	\$85,852		\$209,961
SFY24 Sexual & Rep Hlth Cost Share		Amend 15, 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24		\$42,926			
SFY23 Sexual & Rep Hlth Cost Share		Amend 10	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23		\$40,357	\$80,009		
SFY23 Sexual & Rep Hlth Cost Share		Amend 7, 10	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23		\$39,652			
SFY22 Sexual & Rep Hlth Cost Share		Amend 5	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22		\$5,880	\$44,100		
SFY22 Sexual & Rep Hlth Cost Share		Amend 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22		\$38,220			
SFY25 Drug User Health Program		Amend 17	N/A	334.04.91	07/01/24	12/31/24	07/01/24	06/30/25		\$40,250	\$40,250		\$88,000
SFY24 Drug User Health Program		Amend 17	N/A	334.04.91	01/01/24	06/30/24	07/01/23	06/30/24		\$40,250	\$40,250		
SFY24 Drug User Health Program		Amend 14	N/A	334.04.91	07/01/23	12/31/23	07/01/23	06/30/24		\$7,500	\$7,500		
State Drug User Health Program		Amend 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23		\$15,000	\$15,000		\$22,500
State Drug User Health Program		Amend 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23		\$7,500			
Rec Shellfish/Biototoxin		Amend 14	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25		\$11,100	\$11,100		\$28,600
Rec Shellfish/Biototoxin		Amend 9	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23		\$7,000	\$17,500		
Rec Shellfish/Biototoxin		Amend 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23		\$10,500			
Small Onsite Management (ALEA)		Amend 14	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25		\$33,333	\$33,333		\$104,166
Small Onsite Management (ALEA)		Amend 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25		\$33,333	\$33,333		
Small Onsite Management (ALEA)		Amend 12	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23		\$9,375	\$24,375		
Small Onsite Management (ALEA)		Amend 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23		\$15,000			
Small Onsite Management (ALEA)		Amend 12	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23		(\$9,375)	\$13,125		
Small Onsite Management (ALEA)		Amend 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23		\$22,500			
Small Onsite Management (GFS)		Amend 16	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25		(\$31,970)	\$0		\$0
Small Onsite Management (GFS)		Amend 14	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25		\$31,970			
SFY25 Wastewater Management-GFS		Amend 16	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25		\$31,970	\$31,970		\$61,970
Wastewater Management-GFS		Amend 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23		\$30,000	\$30,000		
SFY23 FPHS-LHJ-GFS		Amend 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23		\$1,433,000	\$1,433,000		\$1,433,000
SFY24 FPHS-LHJ-Funds-GFS		Amend 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25		\$900,000	\$2,333,000		\$2,333,000
SFY24 FPHS-LHJ-Funds-GFS		Amend 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25		\$1,433,000			
FPHS-LHJ-Proviso (YR2)		Amend 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23		(\$550,000)	\$0		\$445,181
FPHS-LHJ-Proviso (YR2)		Amend 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23		\$550,000			

Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health
Indirect Rate January 1, 2023 through December 31, 2023: 35.85% Public Health

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS		Statement of Work		DOH Use Only		Amount	Funding		Chart of Accounts Total
				Revenue Code**		Start Date	End Date	Start Date	End Date		Period	Sub Total	
FPHS-LHJ-Propviso (YR1)		Amd 10	N/A	336.04.25		01/01/22	06/30/22	07/01/21	06/30/23	\$32,681		\$445,181	
FPHS-LHJ-Propviso (YR1)		Amd 4	N/A	336.04.25		01/01/22	06/30/22	07/01/21	06/30/23	(\$137,500)			
FPHS-LHJ-Propviso (YR1)		Amd 1	N/A	336.04.25		01/01/22	06/30/22	07/01/21	06/30/23	\$550,000			
YR 25 SRF - Local Asst (15%) SS		Amd 16	N/A	346.26.64		01/01/24	12/31/24	07/01/23	06/30/25	\$1,800		\$1,800	\$5,400
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64		01/01/23	12/31/23	01/01/23	12/31/23	\$2,200		\$2,200	
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64		01/01/22	12/31/22	07/01/21	06/30/23	\$1,400		\$1,400	
Sanitary Survey Fees SS-State		Amd 16	N/A	346.26.65		01/01/22	12/31/24	07/01/21	12/31/24	\$1,800		\$5,400	\$5,400
Sanitary Survey Fees SS-State		Amd 11, 16	N/A	346.26.65		01/01/22	12/31/24	07/01/21	12/31/24	\$2,200			
Sanitary Survey Fees SS-State		Amd 1, 11, 16	N/A	346.26.65		01/01/22	12/31/24	07/01/21	12/31/24	\$1,400			
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66		01/01/23	12/31/23	01/01/23	12/31/23	\$1,000		\$1,000	\$2,000
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66		01/01/22	12/31/22	07/01/21	06/30/23	\$1,000		\$1,000	
TOTAL										\$8,075,501		\$8,075,501	
Total consideration:												GRAND TOTAL	\$8,075,501
GRAND TOTAL												Total Fed	\$2,979,323
												Total State	\$5,096,178

*Catalog of Federal Domestic Assistance

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

Local Health Jurisdiction Name: Jefferson County Public Health

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

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

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.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
SFY24 FPHS-LHJ FUNDS-GFS	99210840	N/A	336.04.25	07/01/23	06/30/24	2,333,000	0	2,333,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						2,333,000	0	2,333,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	PPHS 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions 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 Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$80,000
15	EPH Core Team – Water System Capacity – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000
16	EPH Core Team – System-Wide Data Management Improvement – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$63,000
17	EPH Core Team – Homelessness Response – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$55,000

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 LHI 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 (LHI) 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 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 LHI, even if the expenditure occurred before the LHI'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, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

Disbursement of FPHS funds to LHJs – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHI 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

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 LHI:****1. FPHS Funds to Each LHI**

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHI 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 LHI:

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**
Support LHI 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 LHI 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: ~~526-16~~-562.16
8. **FC - NEW SFY 24 Public Health Communications (FPHS definitions L.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: ~~526-13~~-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 Exhibit A, Statement of Work

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 – Water System Capacity

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

- Use BARS expenditure code: 562.43 or 53.

16. 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.

17. EPH Core Team – Homelessness Response

This Core Team will develop one or more model program(s) for a scalable response to homelessness-related public health concerns.

- Use BARS expenditure code: 562.40

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease-Syndemic Prevention Services-
SSP - Effective January 1, 2024

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

Period of Performance: January 1, 2024 through December 31, 2024

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

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). Awarded through OID's 2024 Syndemic RFA.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change (+)	Total Allocation
SFY24 DRUG USER HEALTH PROGRAM	12405140	N/A	334.04.91	01/01/24	06/30/24	0	40,250	40,250
SFY25 DRUG USER HEALTH PROGRAM	12405150	N/A	334.04.91	07/01/24	12/31/24	0	40,250	40,250
FFY23 OD2A OID CDC	12405231	93.136	333.93.13	01/01/24	08/31/24	0	98,000	98,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	178,500	178,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Syringe Services Programs (SSP): Support for Operations Provide comprehensive 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	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 based on funding split below. \$40,250 for 1/1/24-6/30/24 \$40,250 for 7/1/24-12/31/24

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 unhouseed 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.	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 (including medications	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 \$98,000 \$98,000 for 1/1/24-8/31/24

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	for opiate use disorder, or MOUTD); 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 LHI must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

Program Specific Requirements

Special Requirements, Terms and Conditions

1. Definitions

- ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- 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.
- 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.
- HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- 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).
- 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.
- YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

2. Submission of Invoice Vouchers

- On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and 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, 2025. 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 OIG 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:

- 1) 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")
- 2) Alcohol pads
- 3) Non-latex tourniquets
- 4) Sterile water
- 5) Sterile saline
- 6) Cookers
- 7) Cottons and/or cellulose filters
- 8) Bandages/gauze
- 9) Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- 10) Naloxone
- 11) 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 1 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 July 1, 2024.
- 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 \(allianceforclas.org\)](http://nationalstandardsforculturallyandlinguisticallyappropriateservices.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 programs
 - 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 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.

- 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 Early Intervention Program (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 Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.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).
 - 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 OJD 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/ps12-2-1201/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: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine -
Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 5

Period of Performance: January 1, 2022 through June 30, 2024

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs and update Master Index Codes.

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
COVID19 Vaccines R4	74310259	93.268	333.93.26	01/01/22 06/30/24	709,606	0	709,606
COVID19 CDC Vaccines	74310236	93.268	333.93.26	01/01/22 06/30/24	278,114	0	278,114
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					987,720	0	987,720

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary. Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD), planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31 and June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act).

The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

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

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

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

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

Unallowable Costs:

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

Local Health Jurisdiction Name: Jefferson County Public Health

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

Contract Number: CLH31013

Period of Performance: July 1, 2023 through June 30, 2024

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

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

Revision Purpose: The purpose of this revision is to add Program Specific Requirements in reference to unallowable costs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	6,160	0	6,160
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						6,160	0	6,160

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods) <u>Examples of qualitative & quantitative methods/measures:</u> - Surveys, Questionnaires, Interviews - Immunization coverage rates expressed in percentages - Observations (i.e., feedback from surveys/interviews, social media posts comments) - Analytic tools (i.e., google analytics measuring website traffic, page views etc.)	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	August 1, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Unallowable Costs:

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

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition

- *Legislative/lobbying activities*
- *Interest on loans for the acquisition and/or modernization of an existing building*
- *Payment of a bad debt, collection of improper payments*
- *Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)*
- *Purchase of food/meals (unless part of required travel per diem costs)*
- *Vehicle Purchase*

Local Health Jurisdiction Name: Jefferson County Public Health

SOW Type: Original

Period of Performance: January 1, 2024 through December 31, 2024

NOTE: The funding allocation in this SOW is for the period of January 1, 2024 through June 30, 2025. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. DOH intends to include any unspent funding in a new SOW in the next consolidated contract term beginning January 1, 2025 for continuation of this project through June 30, 2025.

Revision Purpose: N/A

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHI staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by March 15, 2024, and any changes within 30 days of the change.	March 15, 2024 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	June 30, 2024, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Submit plan to the DOH Program Contract for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses. Funding is intended to establish, expand, train, and sustain public health staff to support LHI prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased hiring of diverse public health staff, increased retention of existing public health staff, and improved workforce systems and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes. Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees. Allowable costs include: • Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHI. • Costs of contractors and contracted staff. Notes: • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)	Requests for approval of contracts and/or equipment.	As needed	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Data collection, as applicable, based on activities LHHJ has completed during the reporting period. Data collection includes: • Total new hires • Describe challenges or experiences that have impacted progress toward achieving set hiring goals. • Describe promising practices or activities that should be considered for sustained funding. • Explain your approach and mitigation plans to address challenges in meeting these hiring goals. • Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. • Existing Staff budget for this funding. Note: Reporting periods are - January 1, 2024–June 30, 2024, July 1, 2024–December 31, 2024, and January 1, 2025–June 30, 2025.	Data on form provided by DOH.	July 10, 2024 January 10, 2025 July 10, 2025	

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

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 LHHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

Program Specific Requirements

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200
Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards
[eCFR, 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).

- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

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

Note: Preapproval is no longer required for paying overtime.

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

BILLING

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

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

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Sexual & Reproductive Health Program -
Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health

SOW Type: Revision **Revision # (for this SOW)** 7

Contract Number: CLH31013

Period of Performance: January 1, 2022 through December 31, 2024

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

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 1-3 of the contract, which runs January 1, 2022 – March 31, 2025.

For state funding, due dates after June 30, 2024 are for reporting only. LHJs may not bill under this contract for work done after June 30, 2024.

Revision Purpose: The purpose of this revision is to extend the funding period for SFY24 Sexual & Rep Hlth Cost Share from 12/31/23 to 06/30/24 and add \$42,926 for the extended period. No changes were made to the language in this revision.

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
SFY22 Sexual & Rep Hlth Cost Share	78430120	N/A	334.04.91	01/01/22 06/30/22	44,100	0	44,100
FFY22 Title X Dire Needs	78430222	93.217	333.93.21	01/14/22 03/31/22	4,066	0	4,066
FFY22 Title X Family Planning	78430225	93.217	333.93.21	04/01/22 03/31/23	27,137	0	27,137
SFY23 Sexual & Rep Hlth Cost Share	78430130	N/A	334.04.91	07/01/22 06/30/23	80,009	0	80,009
FFY23 Title X Family Planning	78430241	93.217	333.93.21	04/01/23 03/31/24	30,822	0	30,822
SFY24 Sexual & Rep Hlth Cost Share	78430140	N/A	334.04.91	07/01/23 06/30/24	42,926	42,926	85,852
					0	0	0
					0	0	0
TOTALS					229,060	42,926	271,986

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.	No more than monthly and no less than quarterly.	Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements table).

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 Dashboard that includes Title X Assurance of Compliance 1. Compile all National Provider Identifier (NPI) billing numbers for SRHP services and submit to DOH. DOH will compile and send to Health Care Authority (HCA) in order for LHI to qualify for the Medicaid Enhanced rate. C. Provide medical services, community education and outreach, and staff training, consistent with state requirements: 1. LHI 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. LHI must have an Information & Education (I&E) committee with no fewer than five (5) members and up to as many members as the LHI determines; be broadly representative of the population or community for which materials are intended; review all educational materials for clients; 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 understands the services available. Focus your outreach efforts on increasing equity.	• All reports described in Reporting Requirements table below. • 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.	As described in Reporting Requirements table below. As requested by DOH 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 table). • 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. Provide all services in accordance with: • DOH SRHP & Title X Manual • Other state and federal requirements • LHJ's Current Scope Report (defined under 3. Reporting Requirements below) 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 normal 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. 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 SOW 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 last day of the next 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 table). 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 Dashboard	Information required at the beginning of this SOW period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides. In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements regarding client fees, required services, requirements are met. It also provides other information to assist 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. It will include: Information about your agency contacts and your organization's staffing A. Head of Organization B. Head of Finance C. Medical Director D. NPI numbers used to bill Medicaid E. The following (one person might fill more than one role) a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information Information regarding sexual and reproductive health related services offered at each clinic site: A. 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 no more than three years prior to the start date of this SOW. B. Sliding fee schedule that includes all services required in the SRH Manual. Additional Task 1 SRH-related services may also be included on LHJ's sliding fee schedule. a. Sliding fee schedule must be based on cost analysis described above.	April 30th during each year of this contract. AND As needed or requested to maintain accuracy of information.	
			Submit an updated income conversion	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		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. In the first year LHJ must assess, document and disseminate community health needs assessment, this process must include the following steps: A. Define the populations LHJ serves and identify opportunities to expand reach within those populations and to unreached populations in each community it serves. B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. C. Gather available data and current assessments (secondary data) D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data) E. Aggregate secondary and primary data and analyze aggregated data F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities G. Document and disseminate the community health needs assessment to LHJ's SRH consultant and appropriate stakeholders Information related to billing and client fees Cost analysis: How LHJ determines appropriate expenses for the purpose of billing DOH. If LHJ cost analysis was approved by DOH at the beginning of the contract period, LHJ does not have to resubmit unless changes were made. LHJ does need to	table by March 15 of each year of the contract.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		email DOH contract manager informing them that no changes were made.		
2.	Progress Summary Report Summary of activities from previous SRHP services SOW. It 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 the previous SOW: A. Community education and outreach strategies and activities and a discussion of their effectiveness. B. Staff training.	As requested by DOH	
3.	Family Planning Annual Report (FPAR) Information DOH is requesting to develop trend data. All information is for calendar year 2023 (January through December 2023). 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 - 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 03-31-24 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)	Data to be collected annually through the end of the grant (2027).	
4.	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 last day of the next month Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.		
5.	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 for: April 2023- March 2024 due through the end of this contract period 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)

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

LHI 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://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- LHI's approved Agency Information Dashboard.

Billing Requirements:

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

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 target 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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2022

Local Health Jurisdiction Name: Jefferson County Public Health
Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 8

Period of Performance: January 1, 2022 through December 31, 2024

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

Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: To add FFY24 and FFY25 USDA WIC CLIENT SVS CONTRACTS funds and increase caseload. Also, to extend the funding end date for FFY22 USDA BFPC PROG MGMT (MI 76214231) from 09/30/22 to 09/30/24 and the funding end date for FFY23 USDA BFPC PROG MGMT (MI 76214241) from 09/30/23 to 12/31/24.

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
FFY22 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	07/01/22 09/30/22	86,376	0	86,376
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22 09/30/23	132,338	0	132,338
FFY22 USDA BFPC PROG MGMT	76214231	10.557	333.10.55	01/01/22 09/30/24	43,389	0	43,389
FFY22 USDA FMNP PROG MGMT	76540237	10.572	333.10.57	05/01/22 09/30/22	516	0	516
FFY23 USDA BFPC PROG MGMT	76214241	10.557	333.10.55	10/01/22 12/31/24	37,651	0	37,651
FFY23 USDA WIC PROG MGMT CSS	76101242	10.557	333.10.55	01/01/23 09/30/23	2,800	0	2,800
FFY24 USDA WIC CLIENT SVS CONTRACTS	7610124B	10.557	333.10.55	10/01/23 09/30/24	27,738	79,090	106,828
FFY23 USDA FMNP MGMT	76540248	10.572	333.10.57	06/01/23 09/30/23	496	0	496
FFY24 USDA BFPC PROG MGMT	7621424A	10.557	333.10.55	10/01/23 09/30/24	37,651	0	37,651
FFY25 USDA WIC CLIENT SVS CONTRACTS	76101251	10.557	333.10.55	10/01/24 12/31/24	0	26,268	26,268
TOTALS					368,955	105,358	474,313

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program			See "Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = <u>250</u>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines.		Revised authorized participating caseload for January 2023 through December 2024 = <u>265</u> <i>Revised authorized caseload for January 2024 through December 2024 = <u>270</u></i>	
1.2	Submit the annual Nutrition Services Plan for each year of the contract.	Nutrition Services Plan	First year due 9/30/22 Second year due 9/30/23	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the contract.	Nutrition Services Expenditure Report	11/30/22 11/30/23	Payment withheld if not received by due date.
1.4	Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.5	Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Issue WIC benefits while assuring adequate WIC card security and reconciliation.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.8a	Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract	Budget Workbook	First year due 9/30/22 Second year due 9/30/23	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19	Revenue and Expense Report and A-19	First year due monthly through December 31, 2022 Second year due monthly through December 31, 2023	
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan.	First year due 11/30/22 Second year due 11/30/23	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects:	Documentation must be available for review by WIC monitor staff. Status report of chosen activities in Nutrition Services Plan.	Biennial WIC Monitor First year due 8/30/22 Second year due 8/30/23	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Provide staff, health care providers and community partners virtual breastfeeding training resources. - Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. - Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. - Provide participants access to lactation consultants. Other projects will need pre-approval from the State WIC Office	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
3	Breastfeeding Peer Counseling Program (BFPC)			See "Billing Requirements" below.
3.1	Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year.	First year due 12/31/22 Second year due 12/31/23	
		Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022 and by Oct. 1, 2023	
			Biennial WIC Monitor	

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 LHI must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHI and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References:

Exhibit A, Statement of Work

The LHJ shall be responsible for providing services according to rules, regulations and other information contained in the following:

- WIC Federal Regulations, USDA, and FNS 7CFR Part 246.
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Office of Management and Budget, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200
- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the contract

Staffing Requirements:

The LHJ shall:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine participant eligibility, prescribe an appropriate food package and offer nutrition education based on the participants' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk participants, to include development of a high-risk care plan. The RD is also responsible for quality assurance of WIC nutrition services. See WIC Policy for qualifications for a Registered Dietitian and other qualified nutritionist.
- Assign a qualified person to be the Breastfeeding Coordinator to organize and direct local agency efforts to meet federal and state policies regarding breastfeeding promotion and support. The Breastfeeding Coordinator must be an International Board-Certified Lactation Consultant or attend an intensive lactation management course, or other state approved training.

Restrictions on Funds:

The LHJ shall follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special References:

What is the WIC program?

1. The WIC program in the state of Washington is administered by the Department of Health.
2. The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.
3. Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program. These regulations define the rights, responsibilities, and legal procedures of WIC employees, participants, persons acting on behalf of a participant, and retailers. They are designed to promote:
 - a. High quality nutrition services;
 - b. Consistent application of policies and procedures for eligibility determination;
 - c. Consistent application of policies and procedures for food benefit issuance and delivery; and
 - d. WIC program compliance.
4. The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.
5. The WIC program may impose sanctions against WIC participants for not following WIC program rules stated on the WIC rights and responsibilities.
6. The WIC program may impose monetary penalties against persons who misuse WIC benefits or WIC food but who are not WIC participants.

Monitoring Visits:

Program and fiscal monitoring are done on a biennial (every two years) basis and are conducted onsite. The LHJ must maintain on file and have available for review, audit and evaluation:

- All criteria used for certification, including information on income, nutrition risk eligibility and referrals
- Program requirements

- Nutrition education
- All financial records

Assurances/Certifications:

1. Computer Equipment Loaned by the Department of Health WIC Nutrition Program

In order to perform WIC program activities, the Department requires computer equipment, such as computers, signature pads, document scanners, card readers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by the Department and loaned to the local agency (Contractor). The Loaned Equipment is supported by the Department. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

An inventory of Loaned Equipment is kept by the Department. Each time Loaned Equipment is changed, the parties shall complete the Equipment Transfer Form and the Department updates the inventory. A copy of the Transfer Form will be provided to the contractor. Copies of the updated inventory list may be requested at any time.

The LHJ agrees to:

- Defend, protect and hold harmless the Department or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
 - Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation. The Department may enforce this by:
 - Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
 - Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by the Department), or
 - Assertion of a lien against the Contractor's property.
 - Notify the Department immediately of any damage to Loaned Equipment.
 - Notify the Department prior to moving or replacing any Loaned Equipment.
- The Department recommends Contractors carry insurance against possible loss or theft.

2. Civil Rights Assurance

- The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance.
- "The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the Program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
- "By accepting this assurance, the Program applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the Program applicant."

3. 2CFR 200

The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 2CFR part 200, the debarment and suspension requirements of 2CFR part 200.213, if applicable, the lobbying restrictions of 2CFR part 200.245, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Billing Requirements:

1. Definitions

Exhibit A, Statement of Work

Contract Period: January 1, 2022 - December 31, 2024

Contract Budget Period: The time period for which the funding is budgeted.

- There are four federal budget periods

January 1, 2022 through September 30, 2022;
October 1, 2022 through September 30, 2023;
October 1, 2023 through September 30, 2024;
October 1, 2024 through December 31, 2024.

2. Billing Information:

- Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- A-19s are submitted monthly and must be received by the Department within 60 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within 90 days of the close of the federal budget period.
- Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.
- Payments are limited to the amounts allocated for the budget period for each budget category.
- Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHI and available for inspection by the Department or other appropriate authorities.
- Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

Special Instructions:

The LHI shall:

- Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.
- Provide, as necessary, a single audit in accordance with the provisions of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This circular requires all recipients and sub-recipients of federal funds to have a single audit performed should they spend \$750,000 or more of federal grants or awards from all sources. Contractors spending less than \$750,000 in federal grants or awards may also be subject to audit.
- Use Breastfeeding Peer Counseling (BPPC) Program funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC participants. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs. The priority use of BPPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants.

SPECIAL REQUIREMENTS

Contract Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$2,800	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.
January 2023 - September 2023	January 2023 - September 2023	\$2,800	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits or contractor), and other approved WIC training expenses.

October 2023 - September 2024	October 2023 - September 2024	\$2,500	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits for part-time or contractors), and other approved WIC training expenses.
-------------------------------	-------------------------------	---------	--

Other:

Any program requirements that are not followed may be subject to corrective action and may result in monetary fines or repayment of funds.