



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: July 24, 2023

SUBJECT: Agenda Item – Consolidated Contracts Amendment #14 with the Department of Health; January 1 2022 – December 31, 2024; additional \$1,758,658 for a total of \$6,166,503

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #14 between JCPH and State of Washington Department of Health (DOH); January 1, 2022 – December 31, 2024; additional \$1,758,658 for a total of \$6,166,503.

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) – funding to increase the availability of FPHS services statewide (\$1,433,000)
- Infectious Disease Prevention Services – for syringe services program (\$7,500)
- Office of Drinking Water – for conducting sanitary surveys and providing technical assistance to small water systems
- Office of Immunization – to conduct activities to improve immunization coverage rates (\$5,600)
- On-site Sewage System Local Management Plan – changes period of performance
- On-site Sewage System Local Management Plan (LMP) – funding implementation of LMP (\$98,636)
- Recreational Shellfish Activities – provides funds for shellfish harvesting safety (\$11,100)
- School-Based Health Centers Program (SBHC) – formalizes grant to JCPH for SBHC operations (\$172,000)
- Sexual & Reproductive Health Program – revises SOW (removing one task) and reallocates and increases funding (additional \$30,822)

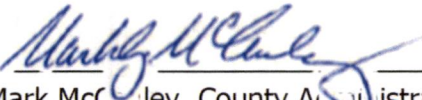
FISCAL IMPACT/COST BENEFIT ANALYSIS :

Total consideration for this Contract Amendment is an increase of \$1,758,658 for a total of \$6,166,503. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

RECOMMENDATION:

JCPH Management recommends BOCC approval of Consolidated Contract Amendment #14; January 1 2022 – December 31, 2024; additional \$1,758,658 for a total of \$6,166,503.

REVIEWED BY:



Mark McCauley, County Administrator

July 20, 2023
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-A14

Contract For: Consolidated Contracts, Amendment 14

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 \$1,758,656 for a total of \$6,166,503

Revenue: \$1,758,656

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

July 17, 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

July 17, 2023

Date

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

Electronically approved by Risk Management on 7/18/2023.

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

Electronically approved as to form by PAO on 7/18/2023.
State language - cannot change.

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: 14

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 - Foundational Public Health Services (FPHS) - Effective July 1, 2023
 - Infectious Disease Prevention Services-SSP - Effective July 1, 2023
 - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
 - OSS LMP Implementation - Effective July 1, 2023
 - Recreational Shellfish Activities - Effective July 1, 2023
 - School-Based Health Centers Program – Effective July 1, 2023
 - ☒ Amends Statements of Work for the following programs:
 - Office of Drinking Water Group A Program - Effective January 1, 2022
 - OSS LMP Implementation - Effective January 1, 2022
 - Sexual & Reproductive Health Program - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-14 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-13 Allocations as follows:
 - ☒ Increase of \$1,758,658 for a revised maximum consideration of \$6,166,503.
 - ☐ 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

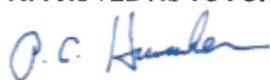
Greg Brotherton, Chair

Date

Date

APPROVED AS TO FORM ONLY:

APPROVED AS TO FORM ONLY
Assistant Attorney General



July 18, 2023

Philip C. Hunsucker,
Chief Civil Deputy Prosecuting Attorney

Date

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 Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period	LHJ Funding Period	Chart of Accounts	Chart of Accounts			
					Start Date	End Date	Start Date	End Date			
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$28,238	\$37,651	\$81,040
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$9,413		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$43,389	\$43,389	
FFY24 USDA WIC Client Svs Contracts	NGA Not Received	Amd 10	10.557	333.10.55	10/01/23	12/31/23	10/01/23	12/31/23	\$25,238	\$25,238	\$232,295
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 12	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$21,218	\$120,681	
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$75,713		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$23,750		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 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 Svs Contracts	7WA700WA7	Amd 5	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$6,726		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 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	Amd 10	10.557	333.10.57	01/01/23	09/30/23	10/01/22	09/30/23	\$2,800	\$2,800	\$2,800
FFY22 USDA FMNP Prog Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$516	\$516	\$516
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 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	Amd 7	66.123	333.66.12	01/01/22	06/30/23	07/01/17	06/30/23	(\$1,654)	\$233,844	\$233,844
PS SSI 1-5 OSS Task 4	01J18001	Amd 2, 5	66.123	333.66.12	01/01/22	06/30/23	07/01/17	06/30/23	\$235,498		
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 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	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$34,384	\$34,384	\$48,138
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$13,754	\$13,754	
FFY22 Title X Dire Needs	FPHPA006495	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$4,066	\$4,066	\$4,066
FFY23 Title X Family Planning	NGA Not Received	Amd 14	93.217	333.93.21	04/01/23	03/31/24	04/01/23	03/31/24	\$30,822	\$30,822	\$57,959
FFY22 Title X Family Planning	FPHPA006560	Amd 5	93.217	333.93.21	04/01/22	03/31/23	04/01/22	03/31/23	\$27,137	\$27,137	
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$278,114	\$278,114	\$278,114
COVID19 Vaccines R4	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803	\$709,606	\$709,606
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803		
FFY24 CDC VFC Ops	NGA Not Received	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$5,600	\$5,600	\$5,600
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$5,600	\$5,600	\$11,200
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$5,600	\$5,600	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHH 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			
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$14,664	\$14,664	\$14,664
FFY19 ELC COVID Ed LHH Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$2,281)	\$1,737	\$1,737
FFY19 ELC COVID Ed LHH Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$78,694)		
FFY19 ELC COVID Ed LHH Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$82,712		
FFY20 ELC EDE LHH Allocation	NU50CK000515	Amd 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$6,375)	\$341,822	\$341,822
FFY20 ELC EDE LHH Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$90,842)		
FFY20 ELC EDE LHH Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$439,039		
FFY22 NEHA Climate & Health Grant	NU38OT000300	Amd 9	93.421	333.93.42	04/11/22	12/31/22	04/01/22	12/31/22	\$11,000	\$22,000	\$22,000
FFY22 NEHA Climate & Health Grant	NU38OT000300	Amd 5	93.421	333.93.42	04/11/22	12/31/22	04/01/22	12/31/22	\$11,000		
FFY23 MCHBG LHH Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$36,700	\$36,700	\$64,225
FFY22 MCHBG LHH Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$27,525	\$27,525	
SFY25 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/24	12/31/24	07/01/24	06/30/25	\$62,000	\$62,000	\$172,000
SFY24 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/23	06/30/24	07/01/23	06/30/24	\$110,000	\$110,000	
SFY23 School Based Health Centers		Amd 5	N/A	334.04.90	07/01/22	06/30/23	07/01/22	06/30/23	\$150,000	\$150,000	\$150,000
SFY23 Sexual & Rep Hlth Cost Share		Amd 10	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23	\$40,357	\$80,009	\$124,109
SFY23 Sexual & Rep Hlth Cost Share		Amd 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		Amd 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		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$38,220		
SFY24 Drug User Health Program		Amd 14	N/A	334.04.91	07/01/23	12/31/23	07/01/23	12/31/23	\$7,500	\$7,500	\$7,500
State Drug User Health Program		Amd 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		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$7,500	\$7,500	
Rec Shellfish/Biotoxin		Amd 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/Biotoxin		Amd 9	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$7,000	\$17,500	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,500		
Small Onsite Management (ALEA)		Amd 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)		Amd 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)		Amd 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)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000		
Small Onsite Management (ALEA)		Amd 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)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500		

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 Revenue Code**	Statement of Work LHM Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
Small Onsite Management (GFS)		Amd 14	N/A	334.04.93	07/01/24	12/31/24	07/01/23	07/01/25	\$31,970	\$31,970	\$31,970
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000
SFY23 FPHS-LHJ-GFS		Amd 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
FPHS-LHJ-Proviso (YR2)		Amd 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)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$550,000		
FPHS-LHJ-Proviso (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-Proviso (YR1)		Amd 4	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	(\$137,500)		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$550,000		
FPHS-Local Health Jurisdiction		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,433,000	\$1,433,000	\$1,433,000
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$2,200	\$2,200	\$3,600
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,400	\$1,400	
Sanitary Survey Fees (FO-SW) SS-State		Amd 11	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$2,200	\$3,600	\$3,600
Sanitary Survey Fees (FO-SW) SS-State		Amd 1, 11	N/A	346.26.65	01/01/22	12/31/23	07/01/21	12/31/23	\$1,400		
YR 25 SRF - Local Asst (15%) (FO-SW) 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
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	
TOTAL									\$6,166,503	\$6,166,503	
Total consideration:	\$4,407,845									GRAND TOTAL	\$6,166,503
	\$1,758,658										
GRAND TOTAL	\$6,166,503									Total Fed	\$2,175,277
										Total State	\$3,991,226

*Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) -
Effective July 1, 2023

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FPHS-LOCAL HEALTH JURISDICTION	99200840	N/A	336.04.25	07/01/23 06/30/24	0	1,433,000	1,433,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	1,433,000	1,433,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$520,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse – Infrastructure & 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	Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
6	EPH Core Team – Safe and Healthy Communities – 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>	\$47,000
7	EPH Core Team – Climate Change Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$80,000
8	EPH Core Team – Water System Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000
9	EPH Core Team – System-Wide Data Management Improvement – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$63,000
10	EPH Core Team – Homelessness Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$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 LHJ questions about the use of funds:
 - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
 - Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171

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

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 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 LHJ are disbursed each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

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

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

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD

40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

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

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

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

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

Targeted Investments to Each LHJ:

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

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

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

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

4. **Lifecourse – Infrastructure & Workforce Capacity (FPHS definitions D, E, F)**

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.

Targeted Investments to Select LHJs – Assuring FPHS Available for/in Multiple Jurisdictions:

5. **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

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:

6. **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

7. **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.

8. **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.

9. **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.

10. **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 Prevention Services-SSP -
Effective July 1, 2023

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

Period of Performance: July 1, 2023 through December 31, 2023

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide a syringe services program (SSP)

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY24 DRUG USER HEALTH PROGRAM	12401140	N/A	334.04.91	07/01/23 12/31/23	0	7,500	7,500
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	7,500	7,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Syringe Service Program (SSP)	To provide comprehensive Syringe Service Program (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. SSP programs will operate during scheduled hours to provide new harm reduction supplies and syringes to prevent transmission of disease. SSP will offer referrals to address social determinants of health. The contractor will enter all deliverable data into DOH provided database for tracking SSP activities.	All data is entered into DOH provided database for tracking SSP activities monthly.	Data is entered into database by the 15th of the following month.	\$7,500– MI 12405100 - State Drug User Health \$7,500 for 7/1/23-12/31/23

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

PROGRAM SPECIFIC REQUIREMENTS

1. Definitions

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.

2. Contract Management –

a. Fiscal Guidance

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by January 31, 2024 DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19 invoice vouchers amounts billable to DOH under this statement of work and Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month.
 - The CONTRACTOR must provide all backup documentation as required based on the assigned risk level. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- iii) **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.
- 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 voucher programs to assure that recipients cannot readily convert vouchers into cash.
- v) **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the 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 agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

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

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

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

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

b. Contract Modifications

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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Drinking Water Group A Program -
Effective January 1, 2022.

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

Period of Performance: January 1, 2022 through December 31, 2023

Funding Source ☒ Federal Contractor ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☐ Reimbursement ☒ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: The purpose of this revision is to identify Data Sharing Information.

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
SANITARY SURVEY FEES (FO-SW) SS-STATE	24232522	N/A	346.26.65	01/01/22	12/31/23	3,600	0	3,600
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22	12/31/22	1,400	0	1,400
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22	12/31/22	1,000	0	1,000
YR 25 SRF - LOCAL ASST (15%) (FO-SW) SS	24239225	N/A	346.26.64	01/01/23	12/31/23	2,200	0	2,200
YR 25 SRF - LOCAL ASST (15%) (FO-SW) TA	24239225	N/A	346.26.66	01/01/23	12/31/23	1,000	0	1,000
						0	0	0
TOTALS						9,200	0	9,200

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: - Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. - Completed Small Water System checklist. - Updated Water Facilities Inventory (WFI). - Photos of water system with text identifying features	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.		Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$7,200 for Task 1**, and **\$2,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

Special Instructions

Task 1

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

- No more than **1** surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than **3** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than **4** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.

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

Task 2

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

Task 3

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

Task 4

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

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

**Exhibit A
Statement of Work
Contract Term: 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

Contract Number: CLH31013

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

Period of Performance: July 1, 2023 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
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Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	0	5,600	5,600
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	5,600	5,600

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](https://www.usaspending.gov) by DOH as required by P.L. 109-282.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OSS LMP Implementation - Effective January 1, 2022

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

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

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

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to fund implementation of the on-site sewage system (OSS) local management plan (LMP).

Revision Purpose: The purpose of this revision is to change the period of performance from December 31, 2023 to June 30, 2023 to close out this concon for the end of the 21-23 biennium.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	01/01/22	06/30/22	13,125	0	13,125
WASTEWATER MANAGEMENT - GFS	26701100	N/A	334.04.93	07/01/22	06/30/23	30,000	0	30,000
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/22	06/30/23	24,375	0	24,375
						0	0	0
						0	0	0
						0	0	0
TOTALS						67,500	0	67,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Program/Local Management Plan Implementation - Enforcement for system deficiencies found during Operations, Maintenance and Monitoring (O&M) inspections - O&M program administration - Onsite Sewage System (OSS) complaint response - O&M data reports about deficiencies	Electronic copy of progress report and mapping data to include: - Number of systems with known system type. - Number of septic systems with current inspections. - Number of septic failures.	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$6,750
2	Investigation Identification of "unknown" systems to "known" status: There are approximately 3,250 properties that may be developed for which the LHJ does not have records. Focus is in the Hood Canal Watershed which is a part of the marine recovery area	- Number of Pollution Identification and Correction (PIC) surveys completed - Number of systems going from Unknown to Known status	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023	\$8,387

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	(MRA). The goal is to clarify/determine the status of twenty-five (25).	- Number of operations and maintenance (O&M) inspections received on previously unknown systems - Number of pumpers' reports on systems not previously documented/known	Task is ongoing throughout the project period.	
3	Follow-up on Operating and Maintenance (O&M) Inspections and Pumper Reports Awareness/ Warning and compliance letters sent to owners where deficiencies were identified during an O&M inspection. Audit inspection will be conducted to verify corrections for major issues. Utilize recording of Notice of Non-compliance for OSS where corrective actions were required and not completed. The notices will be placed for items that indicate system failure including leaking septic tanks and surfacing sewage. Per county procedure/policy our standard methods of enforcement will be conducted prior to filing a notice to property.	- Report Summary of activities and evaluation of reports where corrective actions were required - Number of Failures identified, and corrective action taken - Report number of Notice of Non-compliance filed due to lack of completion of corrective actions required	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$4,725
4	Data Management Coordinate management of the permitting and O&M database with the improvements and changes in the County GIS system that is being upgraded over the next two years and the Assessors database that was new in 2014.	- Assure that the required information for mapping is incorporated into the Permitting and O&M database from the Assessor database. - Continue to 'clean-up' the existing data to reflect information obtained through monitoring inspections, pumping reports and sanitary surveys. - Improve documentation of corrections of deficient items identified during monitoring inspections. - Develop Application Program Interface (API) between database and Online-RME.	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period	\$11,863
5	On-site Sewage Systems (OSS) Professional Training Conduct OSS professional industry meetings. Meetings will focus on current OSS issues, inspection standardization and consistency in reporting.	- Meeting agenda and attendance tracking - Retain consistency in reporting	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$5,750

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	Public Outreach Communicate via website, mailings, public presentations the requirements and benefits of regular system monitoring.	- Document postings on website and information provided via newsletters and public presentations - Track attendance at public presentations and 'hits' on the Resources for Homeowners webpage at the Jefferson County Public Health (JCPH) website - Improve compliance with OSS monitoring inspection requirements - Improve completion of deficiencies identified during OSS monitoring inspections. - Continue to provide information on funding to repair and upgrade existing OSS.	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$3,025
7	Monitoring Inspection Incentives/Rebates Priority will be given to sites that have never had a monitoring inspection and others in the MRA. Rebates issued will be up to \$150 for monitoring inspections and \$100 for risers.	Provide rebates for monitoring inspections and access risers to grade. Target is thirty (30) incentives each (60 total).	Report Due Date: June 15, 2022 January 15, 2023 June 15, 2023 December 31, 2023 Task is ongoing throughout the project period.	\$27,000

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.

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 Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements

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

These funds can NOT be used for local match to federal grants.

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

WAC 246-272A and RCW 70A.110

State funds from the Aquatic Lands Enhancement Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Definitions:

Failure: A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

Maintenance and Monitoring: The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

Billing Requirements:

1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

Special Instructions:

Semi-annual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to Roger.Parker@doh.wa.gov and taylor.warren@doh.wa.gov. Progress Report Due Dates: January 15, 2022, June 15, 2022, December 31, 2022 June 15, 2023 and December 31, 2023.

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OSS LMP Implementation - Effective July 1, 2023

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: July 1, 2023 through December 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP).

Note: Statements of work with GFS funds must exhaust those funds before billing ALEA funds. GFS funds in the 07/01/23-06/30/24 funding period cannot roll over into the next funding period. This funding allocation is for the 2023-2025 state biennium. New statements of work with a period of performance of January 1, 2025 to June 30, 2025 will be issued in the next consolidated contract term.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/23	06/30/24	0	33,333	33,333
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/24	12/31/24	0	33,333	33,333
SMALL ONSITE MANAGEMENT (GFS)	26701100	N/A	334.04.93	07/01/24	12/31/24	0	31,970	31,970
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	98,636	98,636

GOALS & MEASURABLE OBJECTIVES

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported on an ongoing basis in the semiannual progress reports.

Description (e.g., "OSS compliance")	Units (e.g., "systems")	Starting Amount	Targets
OSS compliant with inspections in Marine Recovery Areas (MRAs)	Number of OSS	486	550
OSS compliant with inspections countywide	Number of OSS	1693	1900
OSS failures identified/corrected in MRA	Number of OSS failures identified/ number of OSS failures with completed repairs	9/2	12/6

OSS failures identified/corrected countywide	Number of OSS failure identified/ number of OSS failures with completed repairs	25/8	32/16
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Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1. Grant Administration This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program.				
1.1	Bi-monthly Invoicing and Progress Reports DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. LHJ will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices.	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period.	Reimbursement up to \$4,104 based on actual costs.
1.2	Semi-Annual Progress Reports Reporting periods are semi-annually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.	Data about the following: - Qualitative: - Summary of work. - Barriers to LMP Implementation. - Quantitative: - OSS inventory metrics. - Enforcement actions. - Outreach and Education efforts.	Due July 15 and December 31 for the duration of the contract period.	
Task 2. Local Management Plan Implementation This task includes all work done to implement the county’s LMP excluding grant management tasks and inspection rebates/incentives.				
2.1	Database Maintenance and Quality Assurance/Quality Control (QA/QC) Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: - Continue to ‘clean-up’ the existing data post data conversion in Energov permitting database - Configure Energov database for SOM workflows, reports, automation tasks. - Develop Application Program Interface (API) between database and Online-RME. - Develop replacement Homeowner Inspector Authorization website	a. Provide narrative of data clean-up tasks completed and in-progress. b. Provide narrative of progress on configuring Energov database for SOM workflows, reports, automation tasks. c. Provide narrative of API development tasks completed and in-progress. d. Provide narrative of Homeowner Inspector Authorization website tasks completed and in-progress.	a-d. Report in semi-annual progress report in Subtask 1.2.	Reimbursement up to \$58,394 based on actual costs.

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Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.2	Operations and Maintenance (O&M) Program Administration - Mail inspection reminders to homeowners as needed. - Inspection Compliance tracking/mapping. - Failure and repair tracking/mapping. - Compliance enforcement. - Complaint response. - O&M data reports about inventory and deficiencies.	a. Enforcement Protocol. b. Data on the following: - Number of OSS with current inspections - Number of OSS failures and calculated risk using DOH-provided risk assessment. - Number of repairs.	a. September 1, 2023. b. Report in semi-annual progress report in Subtask 1.2.	
2.3	Education and Outreach Education and outreach is conducted for OSS owners, realtors, etc. Specific tasks include: - Communicate via social media, website, and mailings - Provide in-person homeowner septic inspector classes for property owners - Provide online homeowner inspector training and authorization for property owners	a. Track number of social media posts and mailings b. Track attendance of in-person homeowner septic inspector classes c. Track number of homeowner inspectors trained and authorized online	a-c. Report in semi-annual progress report in Subtask 1.2.	
2.4	Professional Development and Coordination - The LHJ will participate in LMP and West Side Coordinators Meetings and will network between counties. - The LHJ will support professional development through: - Attending DOH OSS Program trainings. - Environmental Health Conferences - Annual Education Conference (AEC) - Two (2) Staff members. - Washington On-Site Sewage Association (WOSSA) Conference - Two (2) Staff members.	a. Attendance and contribution at four (4) meetings per year. b. Conference and Training participation as available.	a-b. Report attendance semi-annually, as scheduled in Task 1.2.	
Task 3. Homeowner Inspection Rebates/Incentives Program Provide low-income rebates to homeowners. Provide inspection compliance incentives to homeowners in priority areas.				
3.1	Low-Income Homeowner Inspection Rebates The LHJ will provide rebates to homeowners for pumping, inspection and minor repairs. Rebates issued will be up to \$350.	a. Provide draft and final process/policy documents to DOH. b. Report number of rebates provided for pumping, monitoring inspections and access risers.	a. Prior to issuing any rebates. b. By grant closeout.	Reimbursement up to \$36,138 based on actual costs.
3.2	Homeowner Inspection Incentives Promote pumping, inspection and minor repairs with rebates to homeowners in priority areas. Rebates issued will be up to \$350.	a. Provide draft and final process/policy documents to DOH. b. Report number of rebates for pumping, monitoring inspections and access risers to grade provided to priority-area homeowners.	a. Prior to issuing any incentives. b. By grant closeout.	

Budget	
Category	Amount
Personnel/Salaries	\$28,775
Fringe Benefits	\$16,625
Travel	\$3,500
Supplies	
Contracts	
Other	
• Registration Fees	\$2,498
• Rebates/Incentives	\$36,138
Total Direct Charges	\$87,536
Indirect Charges (federally approved rate)	\$11,100
TOTAL – Not to Exceed	\$98,636

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Recreational Shellfish Activities -
Effective July 1, 2023

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

Period of Performance: July 1, 2023 through December 31, 2024

Funding Source ☐ Federal <Select One> ☒ State ☐ Other	Federal Compliance (check if applicable) ☐ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
REC. SHELLFISH /BIOTOXIN	26402600	N/A	334.04.93	07/01/23	12/31/24	0	11,100	11,100
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	11,100	11,100

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring - Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. - Conduct emergency biotoxin sampling when needed. - Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. - Issue biotoxin news releases during biotoxin closures in Jefferson County. - This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 15, 2024 (See Special Instructions below.)	\$10,600

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Outreach • Staff educational booths at local events. • Distribute safe shellfish harvesting information.	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 15, 2024 (See Special Instructions below.)	\$500

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

Department of Health's Biotxin Monitoring Plan

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

Chapter 246-280 WAC

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

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

Special Instructions:

Report for work performed in 2023 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2024.

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: School-Based Health Centers Program -
Effective July 1, 2023

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

Period of Performance: July 1, 2023 through December 31, 2024

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY24 SBHC PROVISIO	78310840	N/A	334.04.90	07/01/23	06/30/24	0	110,000	110,000
SFY25 SBHC PROVISIO	TBD	N/A	334.04.90	07/01/24	12/31/24	0	62,000	62,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	172,000	172,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	Implement sustainability plan. Create workplan that outlines tasks and activities for the project, including: • Exploration of expansion of Port Townsend SBHC services to Blue Heron Middle School • Securing funding for permanent Student Engagement/Equity Coordinator position	SBHC Operations project workplan Updated sustainability plan	September 30, 2023	\$25,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Workplan will identify the due date, staff that will work on each task, and staff's role for each task			
1b	Review and update sustainability workplan for 2024-2025 school year. Continue previous project/focus area or identify a new focus. Update tasks, activities, roles, and due dates.	SBHC Operations project workplan and sustainability plan updates	September 30, 2024	\$25,000
1c	Provide updates to DOH on progress of SBHC operations, project, and workplan completion. - Include status report of SBHC operations (hours of operation, staffing model, and services provided) - Include milestones, successes, challenges, and barriers	Quarterly report	Quarterly, October 15 January 15 April 15 July 15	\$24,000 (\$4,000 per report)
2	Attend bi-monthly contract meetings, starting by August 31, 2023, with DOH to discuss progress, support needs, barriers/challenges. Participate in at least one key training, support, and/or technical assistance activity per quarter, as recommended by DOH or WA School-Based Health Alliance (SBHA). Identify additional resources or training needed; collaborate with DOH to participate in and/or get access to resources, if needed.	Quarterly report that includes: - List of contract meetings attended during the reporting period - List of trainings and TA meetings attended during the reporting period - List of any additional resources or training needed	Quarterly, October 15 January 15 April 15 July 15	\$12,000 (\$2,000 per report)
3a	Update health equity plan each school year.	Updated health equity plan	September 30, 2023 September 30, 2024	\$20,000 (\$10,000 each)
3b	Implement health equity plan and provide progress updates: - Can include pictures, products, stories, and/or testimonials - Include successes, challenges, and any barriers to completing this activity	Quarterly report	Quarterly, October 15 January 15 April 15 July 15	\$15,000 (\$2,500 per report)
4a	In collaboration with DOH SBHC epidemiologist, draft SBHC evaluation plan for SBHC operations and identified project. Include reporting mechanism for identified evaluation measures.	Evaluation plan	September 30, 2023	\$11,000
4b	Provide updates on implementation of evaluation plan; review and update evaluation plan, as needed. Include successes, challenges, and any barriers to completing this activity.	Quarterly report	Quarterly, October 15 January 15 April 15 July 15	\$12,000 (\$2,000 per report)
4c	Collect and report on required performance measures, using provided DOH performance measure spreadsheet.	Quarterly performance measure report	Quarterly, October 15 January 15 April 15 July 15	\$18,000 (\$3,000 per report)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4d	Write plan that outlines steps, barriers, and resources needed for participation in SBHC statewide data platform.	Draft data reporting plan	March 30, 2024	\$10,000

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

Program Specific Requirements

Special Requirements: Quarterly progress reports will be submitted to the Department contract manager via email on a quarterly basis, using a provided template.

- Reports should include progress on deliverables to date, successes, barriers/challenges, and support needs and include:
 - General updates on the progress on other deliverables
 - Challenges/barriers to completing deliverables
 - Support needs from DOH
 - Specific deliverables/products requested
- Specific/separate reports should be submitted separately and on the specified due date.

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

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

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

Billing Requirements:

- The LHJ will invoice no more than monthly and no less than quarterly.
- Due dates and deliverables can be negotiated on and changed, as needed, with prior approval from the contract manager.
- Invoices will be submitted on the DOH A19-1A Invoice Voucher form with a copy of the general ledger (or grant budget and spending documentation) and agreed upon back-up documentation. Invoices must reference this contract number and provide detailed information as requested.
- All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. DOH will issue payment within 30 days of receiving a correct and complete invoice and approving the deliverable(s).
- DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance.
- The LHJ will not invoice for services if they are entitled to payment, have been, or will be paid by any other source for that service.
- The LHJ may bill incrementally for progress on objectives, but the entire product will be delivered for the amount specified regardless of time spent on the tasks for each objective.
- Quarterly report deadlines and invoice amounts are as follows (invoice amount listed below is an estimate and is flexible based on deliverables completed):
 - Year 1, Q1 deliverables (July-September) due by October 15, 2023: \$59,500

- Year 1, Q2 deliverables (October-December) due by January 15, 2024: \$13,500
- Year 1, Q3 deliverables (January-March) due by April 15, 2024: \$23,500
- Year 1, Q4 deliverables (April-June) due by July 15, 2024: \$13,500
- Year 2, Q1 deliverables (July-September) due by October 15, 2024: \$48,500
- Year 2, Q2 deliverables (October-December) due by January 15, 2025: \$13,500
- DOH must receive correct and complete invoices within 60 days of the contract expiration date. Late invoices will be paid at the discretion of DOH and are contingent upon the availability of funds.
 - Submit all final billings within 45 days of the end of the contract
 - Submit all required program reports and deliverables within 60 days

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

Contract Number: CLH31013

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

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2024

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 Year 1 and Year 2 of the contract, which runs January 1, 2022 – March 31, 2024

For state funding, due dates after June 30, 2023 are for reporting only. LHJs may not bill under this contract for work done after June 30, 2023.

Revision Purpose: The purpose of this revision is to add \$30,822 in Federal Title X Family Planning Funds for the period of 04/01/2023 - 03/31/2024, remove Task 2 and revise task activities.

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	0	30,822	30,822
					0	0	0
TOTALS					155,312	30,822	186,134

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 2022 SRHP Manual, federal Title X requirements and all state and federal laws. Also see Program	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 methodology analysis approved by DOH (see Reporting Requirements table).

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Manual, Handbook, Policy References under 3. 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 LHJ to qualify for the Medicaid Enhanced rate. C. Provide medical services, community education and outreach, and staff training, consistent with state requirements: 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. 2. Medical, laboratory, and other services related to abortion are not covered by this task. 3. Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with no fewer than five (5) members and up to as many members as the LHJ 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. Washington State Sexual and Reproductive Health Network priority populations are:	• 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 related to this 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 methodology <i>analysis</i> (see Reporting Requirements table). or • The amount remaining in the SOW divided by the number of months remaining in the funding

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• 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. • Any other change that might affect LHJ's ability to provide the sexual and	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.	source, plus one, whichever is less. Payment will be calculated by R&E provided by DOH (see Reporting Requirements table). All services through 06-30-23 must be billed by 07-30-23 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
	reproductive services described in this SOW.			
2.	Abortion and other surgical procedures related to SRHP A. LHI may choose to use up to 3% of its total SOW state funds for medical and surgical abortions and other SRHP related surgical procedures. B. LHI must notify the DOH contract manager prior to providing services with SOW state funds. DOH will move the appropriate amount to the appropriate funding source. This may or may not require an amendment. C. Comply with Washington State 2022 SRHP requirements and all state laws. Also see Program Manual, Handbook, Policy References section below. D. Eligible clients are those with incomes at or below 250% FPL. If LHI bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHI is responsible for ensuring that the outside provider does not seek additional payment from the client or any other person or organization. (Also see Payment column.)	Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Forms form for each visit billed. DOH will provide Surgical Services Summary forms and surgical A19s as part of R&E workbook for all LHJs who receive surgical funds.	No more than six (6) months after date service was provided.	DOH will only reimburse LHI for these services if this SOW includes state surgical funds outside of the Title X Project. DOH will pay for services at Health Care Authority (HCA) Medicaid reimbursement amounts. • This will be considered payment in full. LHI will not seek additional payment from the client or any other person or organization.
3. Reporting Requirements				
	1. Agency Information Dashboard Information required at the beginning of this SOW period. This information ensures that DOH has accurate information about LHI'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	This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 04-30-23 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)	04-30-23 April 30th during each year of this contract. AND As needed or requested to maintain accuracy of information.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and the Sexual & Reproductive Health Network as a whole.	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. b. LHJ may use the last fee schedule approved prior to this SOW as long it was approved later than 04-01-22. LHJ must email the DOH contract manager letting them know it is using a prior approved fee schedule. 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.	Submit 2023 income conversion chart by 03-15-23. Submit an updated income conversion table by March 15 of each year of the contract.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		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 methodology analysis: How LHJ determines appropriate expenses for the purpose of billing DOH. If LHJ cost methodology analysis was approved by DOH after 04-01-22 at the beginning of the contract period, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.		
	2. Progress Summary Report <i>Summary of activities from previous SRHP services SOW.</i> <i>It informs quality improvement of the Washington State SRH Network.</i>	<i>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:</i> <i>A. Community education and outreach strategies and activities and a discussion of their effectiveness.</i> <i>B. Staff training.</i>	<i>As requested by DOH</i>	
	3. Family Planning Annual Report (FPAR) Information DOH is requesting to develop trend data. All information is for calendar year 2022 2023 (January through December 2022 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	Data to be collected annually through the end of the contract period grant (2027) .	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		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 12-31-23 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)		
	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 <i>Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.</i>	The last day of the next month Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	
	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: January April 2023- June 2023 March 2024 due within 30 days after 06-30-23 due through the end of this	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<i>contract period must be billed within 60 days.</i>	

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf \(wa.gov\)](https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf) <https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf>). 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>)
- LHJ's approved ~~Current Scope Report~~ *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.