



**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:** *May 12, 2025*

**SUBJECT:** Agenda Item – Consolidated Contracts Amendment #4 with the Department of Health; January 1, 2025 – December 31, 2027; \$19,612 additional

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**STATEMENT OF ISSUE:**

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #4 between JCPH and State of Washington Department of Health (DOH); January 1, 2025 – December 31, 2027; additional funding of \$19,612, for a total to date of \$3,168,866.

**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:

- Infectious Disease-Syndemic Prevention Services-SSP: this revision adds a new task (syringe dispensing machines) and funding for Syringe Services Programs (additional \$15,000)
- Office of Drinking Water Group A Program provides funding to the local health jurisdiction (LHJ) for conducting sanitary surveys and providing technical assistance to small community water systems: this amendment reallocates funds
- Office of People Services-HR-Public Health Infrastructure Grant provides funding to establish, expand, train and sustain LHJ public health workforce: this amendment updates program specific requirements
- OSS LMP Implementation funds implementation of on-site sewage system (OSS) local management plans (LMP): this amendment updates goals, deliverables, measurable objectives and payment amounts
- WIC Nutrition Program funds Women, Infants, and Children (WIC) Nutrition Program services (additional \$4,612)

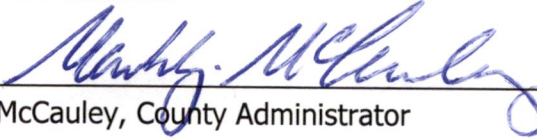
**FISCAL IMPACT/COST BENEFIT ANALYSIS:**

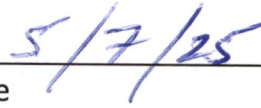
Total consideration for this Contract Amendment is \$19,612. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

**RECOMMENDATION:**

JCPH Management recommends BoCC approval of Consolidated Contract Amendment #4 between JCPH and DOH; January 1, 2025 – December 31, 2027; additional funding of \$19,612.

**REVIEWED BY:**

  
\_\_\_\_\_  
Mark McCauley, County Administrator

  
\_\_\_\_\_  
Date



**CONTRACT REVIEW FORM**  
(INSTRUCTIONS ARE ON THE NEXT PAGE)

Clear Form

**CONTRACT WITH:** State of WA Dept of Health Contract No: CC-25-001-A4  
Contract For: Consolidated Contracts, Amendment 4 Term: 1/1/2025 - 12/31/2027

|                           |                             |
|---------------------------|-----------------------------|
| <b>COUNTY DEPARTMENT:</b> | Public Health               |
| <b>Contact Person:</b>    | Veronica Shaw               |
| <b>Contact Phone:</b>     | x 409                       |
| <b>Contact email:</b>     | veronica@co.jefferson.wa.us |

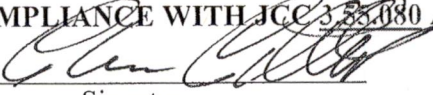
**AMOUNT:** \$19,612 additional, for a total of \$3,168,866  
Revenue: \$277,495  
Expenditure: \_\_\_\_\_  
Matching Funds Required: \_\_\_\_\_  
Sources(s) of Matching Funds: \_\_\_\_\_  
Fund # 127  
Munis Org/Obj 12756220

**PROCESS:**

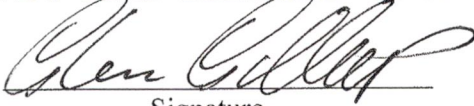
|                                     |                         |
|-------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> | Exempt from Bid Process |
| <input type="checkbox"/>            | Cooperative Purchase    |
| <input type="checkbox"/>            | Competitive Sealed Bid  |
| <input type="checkbox"/>            | Small Works Roster      |
| <input type="checkbox"/>            | Vendor List Bid         |
| <input type="checkbox"/>            | RFP or RFQ              |
| <input type="checkbox"/>            | Other: _____            |

**APPROVAL STEPS:**

**STEP 1:** DEPARTMENT CERTIFIES COMPLIANCE WITH JCC 3.35.080 AND CHAPTER 42.23 RCW.

**CERTIFIED:** ☐ N/A: ☒  May 6, 2025  
Signature Date

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

**CERTIFIED:** ☐ N/A: ☒  May 6, 2025  
Signature Date

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

Electronically approved by Risk Management on 5/7/2025.

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

Electronically approved as to form by PAO on 5/6/2025.  
Amendment No. 4 amends statement of work and an increase in contract amount. Prior amendments and original attached.

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

**STEP 6:** CONTRACTOR SIGNS

**STEP 7:** SUBMIT TO BOCC FOR APPROVAL

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

CONTRACT NUMBER: CLH32053

AMENDMENT NUMBER: 4

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ca80ac7fbc32e4d7c>

- ☐ Adds Statements of Work for the following programs:
- ☒ Amends Statements of Work for the following programs:
- Infectious Disease-Syndemic Prevention Services-SSP - Effective January 1, 2025  
Office of Drinking Water Group A Program - Effective January 1, 2025  
Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025  
OSS LMP Implementation - Effective January 1, 2025  
WIC Nutrition Program - Effective January 1, 2025
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-4 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-3 Allocations as follows:

- ☒ Increase of **\$19,612** for a revised maximum consideration of **\$3,168,866**.
- ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

JEFFERSON COUNTY WASHINGTON  
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

\_\_\_\_\_  
Heidi Eisenhour, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED AS TO FORM ONLY

 for 05/06/2025

Philip C. Hunsucker,  
Chief Civil Deputy Prosecuting Attorney

APPROVED AS TO FORM ONLY  
Assistant Attorney General



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

| Chart of Accounts Program Title            | Federal Award Identification # | Amend #      | Assist List #* | BARS Revenue Code** | Statement of Work LHHJ Funding Period |                 | DOH Use Only Chart of Accounts Funding Period |                 | Amount            | Funding Period SubTotal | Chart of Accounts Total |
|--------------------------------------------|--------------------------------|--------------|----------------|---------------------|---------------------------------------|-----------------|-----------------------------------------------|-----------------|-------------------|-------------------------|-------------------------|
|                                            |                                |              |                |                     | Start Date                            | End Date        | Start Date                                    | End Date        |                   |                         |                         |
| <b>FFY25 USDA BFPC Prog Mgmt</b>           | <b>NGA Not Received</b>        | <b>Amd 4</b> | <b>10.557</b>  | <b>333.10.55</b>    | <b>01/01/25</b>                       | <b>09/30/26</b> | <b>10/01/24</b>                               | <b>09/30/26</b> | <b>\$28,238</b>   | <b>\$28,238</b>         | <b>\$28,238</b>         |
| <b>FFY24 USDA BFPC Prog Mgmt</b>           | <b>7WA700WA1</b>               | <b>Amd 4</b> | <b>10.557</b>  | <b>333.10.55</b>    | <b>01/01/25</b>                       | <b>09/30/26</b> | <b>10/01/23</b>                               | <b>09/30/26</b> | <b>(\$28,238)</b> | <b>\$0</b>              |                         |
| FFY24 USDA BFPC Prog Mgmt                  | 7WA700WA1                      | Amd 2        | 10.557         | 333.10.55           | 01/01/25                              | 09/30/26        | 10/01/23                                      | 09/30/26        | \$28,238          |                         |                         |
| <b>FFY25 USDA WIC Client Svs Contracts</b> | <b>7WA700WA7</b>               | <b>Amd 4</b> | <b>10.557</b>  | <b>333.10.55</b>    | <b>01/01/25</b>                       | <b>09/30/25</b> | <b>10/01/24</b>                               | <b>09/30/25</b> | <b>\$3,975</b>    | <b>\$148,117</b>        | <b>\$148,117</b>        |
| FFY25 USDA WIC Client Svs Contracts        | 7WA700WA7                      | Amd 2        | 10.557         | 333.10.55           | 01/01/25                              | 09/30/25        | 10/01/24                                      | 09/30/25        | \$144,142         |                         |                         |
| <b>FFY25 USDA FMNP Mgmt</b>                | <b>7WA810WA7</b>               | <b>Amd 4</b> | <b>10.572</b>  | <b>333.10.57</b>    | <b>01/01/25</b>                       | <b>09/30/25</b> | <b>10/01/24</b>                               | <b>09/30/25</b> | <b>\$637</b>      | <b>\$637</b>            | <b>\$637</b>            |
| FFY25 SWIMMING BEACH ACT IAR (ECY)         | 01J74301                       | Amd 2        | 66.472         | 333.66.47           | 03/01/25                              | 10/31/25        | 01/01/25                                      | 11/30/25        | \$13,500          | \$13,500                | \$13,500                |
| FFY24 PHEP BP1-CDC-LHHJ Partners           | NU90TU000055                   | Amd 1        | 93.069         | 333.93.06           | 01/01/25                              | 06/30/25        | 07/01/24                                      | 06/30/25        | \$13,754          | \$13,754                | \$13,754                |
| FFY24 OD2A OID CDC Prevent                 | NU17CE010218                   | Amd 2        | 93.136         | 333.93.13           | 01/01/25                              | 06/30/25        | 09/01/24                                      | 08/31/25        | \$32,556          | \$81,556                | \$81,556                |
| FFY24 OD2A OID CDC Prevent                 | NU17CE010218                   | Amd 1        | 93.136         | 333.93.13           | 01/01/25                              | 06/30/25        | 09/01/24                                      | 08/31/25        | \$49,000          |                         |                         |
| FFY24 FPHPA Title X Family Plan            | FPPHA006560                    | Amd 3        | 93.217         | 333.93.21           | 01/01/25                              | 03/31/25        | 04/01/24                                      | 03/31/25        | \$8,345           | \$16,966                | \$16,966                |
| FFY24 FPHPA Title X Family Plan            | FPPHA006560                    | Amd 21       | 93.217         | 333.93.21           | 01/01/25                              | 03/31/25        | 04/01/24                                      | 03/31/25        | \$8,621           |                         |                         |
| FFY24 CDC PPHF Ops                         | NH23IP922619                   | Amd 1        | 93.268         | 333.93.26           | 01/01/25                              | 06/30/25        | 07/01/23                                      | 06/30/25        | \$10,000          | \$10,000                | \$10,000                |
| FFY20 ELC EDE LHHJs CDC                    | NU50CK000515                   | Amd 1        | 93.323         | 333.93.32           | 01/01/25                              | 06/30/25        | 01/15/21                                      | 07/31/25        | \$15,580          | \$15,580                | \$15,580                |
| FFY21 CDC COVID-19 PHWFD-LHHJ              | NU90TP922181                   | Amd 3        | 93.354         | 333.93.35           | 01/01/25                              | 06/30/25        | 07/01/23                                      | 06/30/25        | \$51,330          | \$51,330                | \$51,330                |
| FFY22 PH Infrastructure Comp A1-LHHJ       | NE11OE000053                   | Amd 3        | 93.967         | 333.93.96           | 01/01/25                              | 11/30/27        | 12/01/22                                      | 11/30/27        | \$150,300         | \$150,300               | \$150,300               |
| FFY25 HRSA MCHBG LHHJ Contracts            | B04MC54583                     | Amd 1        | 93.994         | 333.93.99           | 01/01/25                              | 09/30/25        | 10/01/24                                      | 09/30/25        | \$27,525          | \$27,525                | \$27,525                |
| SFY25 SBHC Proviso                         |                                | Amd 1        | N/A            | 334.04.90           | 01/01/25                              | 06/30/25        | 07/01/24                                      | 06/30/25        | \$59,000          | \$59,000                | \$59,000                |
| <b>SFY25 DUH Naloxone DDO HCA IAR</b>      |                                | <b>Amd 4</b> | <b>N/A</b>     | <b>334.04.91</b>    | <b>03/01/25</b>                       | <b>06/30/25</b> | <b>12/10/24</b>                               | <b>06/30/25</b> | <b>\$15,000</b>   | <b>\$15,000</b>         | <b>\$15,000</b>         |
| SFY25 Drug User Health Program             |                                | Amd 1        | N/A            | 334.04.91           | 01/01/25                              | 06/30/25        | 07/01/24                                      | 06/30/25        | \$40,250          | \$40,250                | \$40,250                |
| SFY25 Sexual & Rep Hlth Cost Share         |                                | Amd 1        | N/A            | 334.04.91           | 01/01/25                              | 06/30/25        | 07/01/24                                      | 06/30/25        | \$47,993          | \$47,993                | \$47,993                |
| SFY25 SSPS Opioid Harm Red Proviso         |                                | Amd 2        | N/A            | 334.04.91           | 01/01/25                              | 06/30/25        | 07/01/24                                      | 06/30/25        | \$8,000           | \$8,000                 | \$8,000                 |
| SFY25 LHHJ Opioid Campaign Proviso         |                                | Amd 3        | N/A            | 334.04.93           | 01/01/25                              | 06/30/25        | 07/01/24                                      | 06/30/25        | \$24,500          | \$56,000                | \$56,000                |
| SFY25 LHHJ Opioid Campaign Proviso         |                                | Amd 1        | N/A            | 334.04.93           | 01/01/25                              | 06/30/25        | 07/01/24                                      | 06/30/25        | \$31,500          |                         |                         |



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

| Chart of Accounts Program Title        | Federal Award Identification # | Amend #      | Assist List #* | BARS Revenue Code** | Statement of Work             |                             | DOH Use Only Chart of Accounts |                         | Amount             | Funding Period SubTotal | Chart of Accounts Total |
|----------------------------------------|--------------------------------|--------------|----------------|---------------------|-------------------------------|-----------------------------|--------------------------------|-------------------------|--------------------|-------------------------|-------------------------|
|                                        |                                |              |                |                     | LHJ Funding Period Start Date | LHJ Funding Period End Date | Funding Period Start Date      | Funding Period End Date |                    |                         |                         |
| Rec Shellfish/Biotoxin                 |                                | Amd 1        | N/A            | 334.04.93           | 01/01/25                      | 06/30/25                    | 07/01/23                       | 06/30/25                | \$3,700            | \$3,700                 | \$3,700                 |
| <b>Small Onsite Management (ALEA)</b>  |                                | <b>Amd 4</b> | <b>N/A</b>     | <b>334.04.93</b>    | <b>01/01/25</b>               | <b>06/30/25</b>             | <b>07/01/23</b>                | <b>06/30/25</b>         | <b>\$1,363</b>     | <b>\$33,781</b>         | <b>\$33,781</b>         |
| Small Onsite Management (ALEA)         |                                | Amd 3        | N/A            | 334.04.93           | 01/01/25                      | 06/30/25                    | 07/01/23                       | 06/30/25                | \$32,418           |                         |                         |
| <b>SFY25 Wastewater Management-GFS</b> |                                | <b>Amd 4</b> | <b>N/A</b>     | <b>334.04.93</b>    | <b>01/01/25</b>               | <b>06/30/25</b>             | <b>07/01/24</b>                | <b>06/30/25</b>         | <b>(\$1,363)</b>   | <b>\$9,239</b>          | <b>\$9,239</b>          |
| SFY25 Wastewater Management-GFS        |                                | Amd 3        | N/A            | 334.04.93           | 01/01/25                      | 06/30/25                    | 07/01/24                       | 06/30/25                | \$10,602           |                         |                         |
| SFY25 FPHS-LHJ Funds-GFS               |                                | Amd 1        | N/A            | 336.04.25           | 01/01/25                      | 06/30/25                    | 07/01/24                       | 06/30/25                | \$2,333,000        | \$2,333,000             | \$2,333,000             |
| <b>YR 28 SRF - Local Asst (15%) SS</b> |                                | <b>Amd 4</b> | <b>N/A</b>     | <b>346.26.64</b>    | <b>01/01/25</b>               | <b>12/31/27</b>             | <b>07/01/24</b>                | <b>06/30/29</b>         | <b>\$2,200</b>     | <b>\$2,200</b>          | <b>\$2,200</b>          |
| <b>YR 27 SRF - Local Asst (15%) SS</b> |                                | <b>Amd 4</b> | <b>N/A</b>     | <b>346.26.64</b>    | <b>01/01/25</b>               | <b>06/30/25</b>             | <b>07/01/23</b>                | <b>06/30/25</b>         | <b>(\$2,200)</b>   | <b>\$0</b>              |                         |
| YR 27 SRF - Local Asst (15%) SS        |                                | Amd 1        | N/A            | 346.26.64           | 01/01/25                      | 06/30/25                    | 07/01/23                       | 06/30/25                | \$2,200            |                         |                         |
| Sanitary Survey Fees SS-State          |                                | Amd 1        | N/A            | 346.26.65           | 01/01/25                      | 06/30/25                    | 07/01/23                       | 06/30/25                | \$2,200            | \$2,200                 | \$2,200                 |
| <b>YR 28 SRF - Local Asst (15%) TA</b> |                                | <b>Amd 4</b> | <b>N/A</b>     | <b>346.26.66</b>    | <b>01/01/25</b>               | <b>12/31/27</b>             | <b>07/01/24</b>                | <b>06/30/29</b>         | <b>\$1,000</b>     | <b>\$1,000</b>          | <b>\$1,000</b>          |
| <b>YR 27 SRF - Local Asst (15%) TA</b> |                                | <b>Amd 4</b> | <b>N/A</b>     | <b>346.26.66</b>    | <b>01/01/25</b>               | <b>06/30/25</b>             | <b>07/01/23</b>                | <b>06/30/25</b>         | <b>(\$1,000)</b>   | <b>\$0</b>              |                         |
| YR 27 SRF - Local Asst (15%) TA        |                                | Amd 1        | N/A            | 346.26.66           | 01/01/25                      | 06/30/25                    | 07/01/23                       | 06/30/25                | \$1,000            |                         |                         |
| <b>TOTAL</b>                           |                                |              |                |                     |                               |                             |                                |                         | <b>\$3,168,866</b> | <b>\$3,168,866</b>      |                         |
| <b>Total consideration:</b>            | <b>\$3,149,254</b>             |              |                |                     |                               |                             |                                |                         |                    | <b>GRAND TOTAL</b>      | <b>\$3,168,866</b>      |
|                                        | <b>\$19,612</b>                |              |                |                     |                               |                             |                                |                         |                    |                         |                         |
| <b>GRAND TOTAL</b>                     | <b>\$3,168,866</b>             |              |                |                     |                               |                             |                                |                         |                    | <b>Total Fed</b>        | <b>\$557,503</b>        |
|                                        |                                |              |                |                     |                               |                             |                                |                         |                    | <b>Total State</b>      | <b>\$2,611,363</b>      |

\*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

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

**DOH Program Name or Title:** Infectious Disease-Syndemic Prevention Services-  
SSP - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID's 2024 Syndemic RFA.

**Revision Purpose:** The purpose of this revision is to add new task for 3/1/25-6/30/25 and funding in the amount of \$15,000 for Syringe Services Programs: Public Health Supply Vending Machines Task.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| SFY25 DRUG USER HEALTH PROGRAM           | 12405150          | N/A                       | 334.04.91         | 01/01/25                                  | 06/30/25 | 40,250             | 0                              | 40,250           |
| FFY24 OD2A OID CDC PREVENT               | 12405241          | 93.136                    | 333.93.13         | 01/01/25                                  | 06/30/25 | 81,556             | 0                              | 81,556           |
| SFY25 SSPS OPIOID HARM RED PROVISIO      | 12405851          | N/A                       | 334.04.91         | 01/01/25                                  | 06/30/25 | 8,000              | 0                              | 8,000            |
| SFY25 DUH NALOXONE DDO HCA IAR           | 12405952          | N/A                       | 334.04.91         | 03/01/25                                  | 06/30/25 | 0                  | 15,000                         | 15,000           |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>129,806</b>     | <b>15,000</b>                  | <b>144,806</b>   |

| Task #                                                 | Activity                                                                                                                                                                                                                                                                                                                                                                                                        | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                       | Due Date/Time Frame                                                                                                                     | Payment Information and/or Amount                                                                                                                                                                         |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Syring Service Programs: Support for Operations</b> |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                           |
| 1.A                                                    | <p>Syringe Services Programs (SSP): Support for Operations</p> <p>Provide comprehensive SSP to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of</p> | <p>SSP operations outcomes include delivering services and tracking:</p> <ul style="list-style-type: none"> <li>• number of sterile syringes distributed</li> <li>• number of naloxone kits distributed</li> <li>• number of participant encounters</li> <li>• number of referrals to health and social services</li> </ul> | <p>Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.</p> | <p><b>TASK TOTAL \$48,250<br/>SPLIT BY FUNDING<br/>SOURCE BELOW</b></p> <p><b>Reimbursement of actual costs incurred, not to exceed \$40,250 –<br/>MI 12405150 SFY25<br/>DRUG USER HEALTH PROGRAM</b></p> |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Due Date/Time Frame                                                    | Payment Information and/or Amount                                                                                             |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|        | <p>disease and overdose. SSPs will offer referrals to address social determinants of health.</p> <p>Priority populations for Syringe Services Programs include people who use drugs, with a focus on:</p> <ul style="list-style-type: none"> <li>• People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region.</li> <li>• People who are unhoused or unstably housed.</li> <li>• People engaged in sex work.</li> <li>• People involved in the criminal legal system.</li> <li>• Gender expansive/transgender individuals.</li> <li>• Gay, bi, and other men who have sex with men.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 4 Syringe Services Programs: Support for Operations Program Requirements for additional task information.</b></p> <p>Syringe Services Programs: Clinical Services</p> <p>Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use disorder. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services.</p> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 6 Syringe Services Program, Clinical Services Requirements for additional task information.</b></p> | <p>Submit Performance Objectives &amp; Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> <li>• Outcomes aligned with program strategies and activities.</li> <li>• SMART objectives aligned with performance targets</li> <li>• Activities aligned with program outcomes</li> <li>• Timeline for implementation (including staffing of the proposed program, training, etc.)</li> <li>• Anticipated capacity building or technical assistance needs.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives &amp; Workplans for additional deliverable information.</b></p> | <p>Submit Performance Objectives &amp; Work Plan by June 30, 2025.</p> | <p><b>Reimbursement of actual costs incurred, not to exceed \$8,000 – MI 12405851 SFY25 SSPS OPIOID HARM RED PROVISIO</b></p> |

| Task #                                                                                   | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due Date/Time Frame                                                                                                                                                                                                                                                                                         | Payment Information and/or Amount                                                                                                                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.B                                                                                      | <p><i>Syringe Services Programs: Public Health Supply Vending Machines</i></p> <p><i>Implement and maintain dispensing machines for distribution of naloxone, fentanyl test strips, and other public health supplies</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li><i>Increase access to naloxone, fentanyl test strips, and other public health supplies by implementing public health dispensing machines</i></li> <li><i>Site and support public health dispensing machines in high-impact settings that serve communities disproportionately impacted by fatal opioid overdose</i></li> <li><i>Submit monthly naloxone distribution reports</i></li> <li><i>Prepare final report that provides locations of public health dispensing machines and rationale for sites/locations</i></li> </ul>                                                                                                                                                                                                                                                                                                               | <p><i>Enter deliverable data into the DOH/OID issued database for tracking naloxone distribution by the 15th of each month following service.</i></p> <p><i>By June 30, 2025, submit a final report that provides locations of public health dispensing machines and rationale for sites/locations.</i></p> | <p><b><i>Reimbursement of actual costs incurred, not to exceed \$15,000</i></b></p> <p><i>MI 12405952 SFY25<br/>DUH NALOXONE DDO<br/>HCA IAR<br/>\$15,000 for 3/1/25 - 6/30/2025</i></p> |
| <b>Syringe Service Programs: Harm Reduction Services- Overdose Data to Action (OD2A)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |
| 2                                                                                        | <p>Syringe Services Programs: Harm Reduction Service Navigation</p> <p>Provide appropriate referrals to SSP participants; facilitate access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment (including medications for opioid use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification.</p> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 5 Syringe Services Program, Harm Reduction Care Navigation Requirement for additional task information.</b></p> | <p>Harm reduction care navigation outcomes include delivering services and tracking:</p> <ul style="list-style-type: none"> <li>number of participants enrolled in care navigation services</li> <li>number of care navigation sessions</li> <li>number of referrals to health and social services</li> <li>number of linkages to care for health and social services</li> </ul> <p>number of outreach attempts per participant</p> <p>Submit Performance Objectives &amp; Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> <li>Outcomes aligned with program strategies and activities.</li> <li>SMART objectives aligned with performance targets</li> <li>Activities aligned with program outcomes</li> <li>Timeline for implementation (including staffing of the proposed program, training, etc.)</li> </ul> | <p>Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.</p> <p>Submit Performance Objectives &amp; Work Plan by June 30, 2025</p>                                                                                               | <p><b>Reimbursement of actual costs incurred, not to exceed \$81,556</b></p> <p><b>Unspent funds may be carried forward to 7/1/25-8/31/25 contract period.</b></p>                       |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deliverables/Outcomes                                                                                                                                                                                                                                                        | Due Date/Time Frame                                                                                                                                                                                                                                                                                                                              | Payment Information and/or Amount |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Anticipated capacity building or technical assistance needs.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives &amp; Workplans for additional deliverable information.</b></p> |                                                                                                                                                                                                                                                                                                                                                  |                                   |
| 3      | <p>The LHJ will engage in OD2A-S evaluation activities for work completed using OD2A-S funds. Evaluation activities will involve:</p> <ul style="list-style-type: none"> <li>As applicable, collecting data on CDC performance measures to support DOH evaluation plan.               <ul style="list-style-type: none"> <li>Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online)</li> <li>Zip code where harm reduction services were provided (list “unknown” when location is unknown)</li> <li>Total number of navigators located in a harm reduction setting or other setting</li> <li>Number of referrals to harm reduction services for each race ethnicity</li> <li>If possible, total number of hours spent by each navigator on linkage to care or referral efforts</li> <li>Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.)</li> <li>Zip code where naloxone was distributed (list “unknown” when unknown)</li> <li>Number of naloxone doses distributed at each type of organization</li> <li>Number of service encounters involving drug checking</li> <li>Zip code for drug checking encounters (list “unknown” when unknown)</li> <li>Number of referrals to MOUD for each race/ethnicity</li> <li>Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity</li> </ul> </li> </ul> | <p>Quarterly submission of collected data and answers to qualitative questions (as it applies to your OD2A-S activities) on a DOH-provided template</p>                                                                                                                      | <p>Enter quarterly data into the DOH/OID issued template on the following dates:</p> <ul style="list-style-type: none"> <li><b>For reporting period 1/1/25-3/31/25</b><br/>April 1, 2025</li> <li><b>For reporting period 4/1/25-6/30/25</b><br/>July 1, 2025</li> <li><b>For reporting period 7/1/25-8/31/25</b><br/>October 1, 2025</li> </ul> |                                   |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------|
|        | <ul style="list-style-type: none"> <li>○ Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral</li> <li>● Providing answers to contextual performance measures questions. <ul style="list-style-type: none"> <li>○ How has access to care or treatment has been improved, and what new/existing community assets were leveraged?</li> <li>○ What are the barriers for people accessing harm reduction services in your jurisdiction?</li> <li>○ What are barriers to accessing or receiving naloxone?</li> <li>○ Describe what types of navigators are included in the data reported</li> <li>○ Describe methods to support navigators</li> </ul> </li> <li>● Collaborating with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities.</li> <li>● Supporting other evaluation tasks as requested, to meet overall CDC evaluation requirements.</li> </ul> |                       |                     |                                   |

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

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

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

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

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

**Program Specific Requirements**

**Special Requirements, Terms and Conditions**

**1. Definitions**

- a. ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- b. CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- c. CONTRACTOR – For the purposes of this Statement of Work Only, the entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- d. HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.



- e. **INTEGRATED TESTING-** For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- f. **SOCIAL DETERMINANTS OF HEALTH -** Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- g. **YOUTH-** For purposes of this agreement, the term “youth” applies to persons under the age of 18.

## **2. Submission of Invoice Vouchers**

- a. On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
  - i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
  - ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

## **3. Program Organization – CONTRACTOR must**

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
  - i. Any new positions funded through the original contract funds, must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.
  - i. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

## **4. Syringe Services Program: Support for Operations Program Requirements**

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

## **5. Syringe Services Program, Harm Reduction Care Navigation Requirements**

- a. Includes all requirements for Syringe Service Program operations (see above)
- b. Attend Harm Reduction Care Navigation training provided by DOH.

- c. Support participant transportation (e.g., through the provision of bus passes, cab vouchers, or direct transportation).
- d. Accompany participants to appointments or provide “warm hand-offs.”
- e. Full-time care navigators (1.0 FTE) shall not exceed a case load greater than 25 individuals.
- f. Submit monthly outcome data in accordance with DOH standards.

OD2A-S September 1, 2024-August 31, 2025 Budget Funds

|               |             |
|---------------|-------------|
| Salaries      | \$30,618.13 |
| Benefits      | \$12,247.25 |
| Other         | \$660.00    |
| Supplies      | \$33,073    |
| Indirect rate | \$21,401.59 |
| TOTAL         | \$98,000    |

\* The LHJ must receive written approval from DOH before making any changes to the OD2A-S SOW activities or OD2A-S itemized budget

**6. Syringe Services Program, Clinical Services Requirements**

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

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

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

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

- 1) Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
- 2) Alcohol pads
- 3) Non-latex tourniquets
- 4) Sterile water
- 5) Sterile saline
- 6) Cookers
- 7) Cottons and/or cellulose filters
- 8) Bandages/gauze
- 9) Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- 10) Naloxone
- 11) Amber bags

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

**7. Performance Objectives & Work Plan:**

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the second year of the contract period. The work plan should incorporate related program strategies and activities. Contractors should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities



may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan. **Note: Syndemic Contract Year 2 is anticipated to be established for July 1, 2025 to June 30, 2026 dependent on funding allocation.**

- b. The contractor should address the following outline in their work plan:
    - i. Contract Year 2 Detailed Work Plan (For each funded service category)
    - ii. Program strategies and activities
    - iii. Outcomes aligned with program strategies and activities
    - iv. SMART objectives aligned with performance targets
    - v. Activities aligned with program outcomes
    - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
    - vii. Anticipated capacity building or technical assistance needs.
  - c. Performance Objectives & Work Plans should be submitted by June 30, 2025.
  - d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
  - e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.
- 8. Participation in program evaluation activities** – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.
- 9. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**
- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
  - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
  - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
- 10. CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](https://allianceforclas.org/)
- 11. Participation in Program Monitoring Activities** –
- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
    - i. Integrated testing
    - ii. Syndemic service navigation
    - iii. PrEP Housing
    - iv. Syringe Service Programs
    - v. Mail-order naloxone distribution programs
    - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
  - b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in § 200.208. If the Federal awarding agency or pass-through entity determines that

noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

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

## 12. Contract Management –

### a. Fiscal Guidance

- i. **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- ii. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- iii. **Duplication of Early Intervention Program (EIP) Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- iv. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.
  - 1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
  - 2) General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
  - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi. **Restriction on OD2A-S Funds:** The purchase of naloxone cannot be reimbursed using OD2A-S funds. Please refer to the guidance on allowable and unallowable expenses using OD2A-S funds for a comprehensive list of allowable and unallowable spending.
- vii. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA](#) guidelines and reimbursement rates.
- viii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e., case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide



Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum, the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

- ix. Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

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

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

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

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

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

- x. Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.
- 1) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
  - 2) Food for staff meetings/training is unallowable.

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

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

**b. Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
  - ii. **Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendment from DOH.
    - 1) Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
    - 2) Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).
      - Amendments must be signed prior to the end of the FFY or SFY end date.
- EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1

**13. Content Review and Website Disclaimer Notice**

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

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

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

**14. Youth and Peer Outreach Workers**

All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

**15. Whistleblower**

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



- ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
- iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

#### 16. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

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

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

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** To move funding from YR 27 SRF-Local Asst (15%) SS and TA to YR 28 SRF-Local Asst (15%) SS and TA.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change<br>None | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|---------------------------|------------------|
| SANITARY SURVEY FEES SS-STATE            | 24232522          | N/A                       | 346.26.65         | 01/01/25                                  | 06/30/25 | 2,200              | 0                         | 2,200            |
| YR 27 SRF - LOCAL ASST (15%) SS          | 24119227          | N/A                       | 346.26.64         | 01/01/25                                  | 12/31/25 | 2,200              | -2,200                    | 0                |
| YR 27 SRF - LOCAL ASST (15%) TA          | 24119227          | N/A                       | 346.26.66         | 01/01/25                                  | 12/31/25 | 1,000              | -1,000                    | 0                |
| YR 28 SRF - LOCAL ASST (15%) SS          | 24119228          | N/A                       | 346.26.64         | 01/01/25                                  | 12/31/27 | 0                  | 2,200                     | 2,200            |
| YR 28 SRF - LOCAL ASST (15%) TA          | 24119228          | N/A                       | 346.26.66         | 01/01/25                                  | 12/31/27 | 0                  | 1,000                     | 1,000            |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>5,400</b>       | <b>0</b>                  | <b>5,400</b>     |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Due Date/Time Frame                                                                                                                                | Payment Information and/or Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | <p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.</p> | <p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> <li>Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.</li> <li>Completed Small Water System checklist.</li> <li>Updated Water Facilities Inventory (WFI).</li> <li>Photos of water system with text identifying features</li> </ol> | <p>Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.</p> | <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$400</b> for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$800</b> for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> |



| Task # | Activity                                                                                                                                                                                                                 | Deliverables/Outcomes                                                                                                                                                                                                  | Due Date/Time Frame                                                                                                               | Payment Information and/or Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                                                                                                                                                                          | 5. Any other supporting documents.<br><br>*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.<br><br>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.<br><br>See Special Instructions for task activity. | Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.                                                                                                                           | Completed SPI Reports must be received by the ODW Regional Office within <b>2 working days</b> of the service request.            | Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> for each SPI.<br><br>Payment is inclusive of all associated costs such as travel, lodging, per diem.<br><br>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline.<br><br>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.<br><br>See Special Instructions for task activity.     | Provide completed TA Report and any supporting documents and photos to ODW Regional Office.                                                                                                                            | Completed TA Report must be received by the ODW Regional Office within <b>30 calendar days</b> of providing technical assistance. | Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:<br><ul style="list-style-type: none"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul> Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.<br><br>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.<br><br>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.<br><br>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 <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>                                                                                                                                                                                                                                                                           |

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

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

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

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

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

**Program Specific Requirements**

**Data Sharing**

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

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

**Special References:**

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

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

**Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$4,400** for **Task 1**, and **\$1,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

**Special Instructions**

**Task 1**

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



- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2025, and December 31, 2025.
- No more than **4** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2025 and December 31, 2025.

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

**Task 2**

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

**Task 3**

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

**Task 4**

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

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

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

**DOH Program Name or Title:** Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

**Period of Performance:** January 1, 2025 through November 30, 2027

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG).

**Revision Purpose:** Update Program Specific requirements, task 2 implementation plan deliverables/outcomes and due date/time frame.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change<br>None | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|---------------------------|------------------|
| FFY22 PH INFRASTRUCTURE COMP A1-LHJ      | 92321223          | 93.967                    | 333.93.96         | 01/01/25                                  | 11/30/27 | 150,300            | 0                         | 150,300          |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>150,300</b>     | <b>0</b>                  | <b>150,300</b>   |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                                                               | Due Date/Time Frame                                                                                                                  | Payment Information and/or Amount                                                                                                     |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1      | <b>Develop a contact list of staff responsible for the statement of work (SOW).</b>                                                                                                                                                                                                                                                                                                                                     | Submit to DOH Program Contact names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.                        | Submit by email to DOH Program Contact any staff change(s) within 30 days                                                            | Reimbursement for actual costs not to exceed total funding allocation amount.                                                         |
| 2      | <b>Develop an implementation plan to use these funds for one or more of the allowable costs listed below.</b><br><br>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased retention of existing public health staff, and improved workforce systems | Submit <i>initial</i> implementation plan to the DOH Program Contact for review and prior approval as soon as possible. <del>We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.</del> | Implementation plans must be submitted by email to DOH Program Contact before using funds. <del>and any changes within 30 days</del> | Invoice Vouchers must be billed monthly and received by DOH within 45 days of the close of the month in which services were provided. |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deliverables/Outcomes                                                                                                                                                                                                                                                                         | Due Date/Time Frame                                                                                                                                                                                                                                                     | Payment Information and/or Amount |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        | <p>and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> <li>• Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.</li> <li>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.</li> <li>• Training and education (and related travel) for new and existing staff on topics such as incident management training, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ.</li> <li>• Costs of allowed contractors and contracted staff.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Preapproval from DOH is required to contract with these funds.</li> <li>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of <del>\$10,000</del> \$5,000 or more.)</li> </ul> | <p><i>Revisions to the implementation plans are not required to be submitted to DOH for preapproval. Submit updated implementation plans at the end of the grant year with an overview of those changes.</i></p>                                                                              | <p><i>Revised implementation plans are due a month and 10 days after the end of the grant year November 30th:</i></p> <ul style="list-style-type: none"> <li>• <i>January 10, 2026</i></li> <li>• <i>January 10, 2027</i></li> <li>• <i>January 10, 2028</i></li> </ul> |                                   |
| 3      | <p><b>Data collection, as applicable</b>, is based on:</p> <ul style="list-style-type: none"> <li>• Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period.</li> <li>• Hiring and retention activities the LHJ has at the end of the reporting period.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>Data on form provided by DOH</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> <li>• Number of funded positions filled by job classification and program area since the inception of the grant (December 1, 2022), as of the end of the reporting period.</li> </ul> | <p>Reporting periods are:</p> <ul style="list-style-type: none"> <li>• December 1, 2024– May 31, 2025</li> <li>• June 1, 2025– November 30, 2025</li> <li>• December 1, 2025– May 31, 2026</li> </ul>                                                                   |                                   |

| Task # | Activity | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due Date/Time Frame                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Payment Information and/or Amount |
|--------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        |          | <ul style="list-style-type: none"> <li>○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period.</li> <li>• Data Quality and Context <ul style="list-style-type: none"> <li>○ Are the data provided questionable or low/poor quality?</li> <li>○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance?</li> <li>○ Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.</li> <li>○ Provide any additional context or information related to this measure.</li> </ul> </li> </ul> <p>Note: 6-month Reporting periods see Due Date/Time Frame</p> | <ul style="list-style-type: none"> <li>• June 1, 2026–November 30, 2026</li> <li>• December 1, 2026–May 31, 2027</li> <li>• June 1, 2027–November 30, 2027</li> </ul> <p>Report due dates are a month and 10 days after the end of the reporting period:</p> <ul style="list-style-type: none"> <li>• July 10, 2025</li> <li>• January 10, 2026</li> <li>• July 10, 2026</li> <li>• January 10, 2027</li> <li>• July 10, 2027</li> <li>• January 10, 2028</li> </ul> |                                   |

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

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

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

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

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

**Program Specific Requirements**

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

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

- Clothing (except for vests to be worn during exercises or response)



- Equipment not primarily used by or for public health employees.
- Food or beverages (unless employee is in travel status)
- Incentives (except for retention incentives)
- Items to be given to community members (members of the public)
- Salaries at a rate more than Executive Level II (Federal Pay Scale)
- Vehicles (with preapproval, funds may be used to lease vehicles)
- *Capital expenses*

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

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of ~~\$10,000~~ \$5,000 or more.)
- Disposition of equipment with a current value of ~~\$10,000~~ \$5,000 or more. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out-of-state travel.

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

**Billing Requirements:**

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

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

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this statement of work for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 45 days of the end of the period of performance for this statement of work.

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

**DOH Program Name or Title:** OSS LMP Implementation - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**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). This funding is what remains of the 2023-2025 biennium and of SFY25 funding allocations.

**Revision Purpose:** Updating goals & measurable objectives, updating deliverables, updating payment amounts

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change<br>None | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|---------------------------|------------------|
| SFY25 WASTEWATER MANAGEMENT-GFS          | 26701150          | N/A                       | 334.04.93         | 01/01/25                                  | 06/30/25 | 10,602             | -1,363                    | 9,239            |
| SMALL ONSITE MANAGEMENT (ALEA)           | 26705100          | N/A                       | 334.04.93         | 01/01/25                                  | 06/30/25 | 32,418             | 1,363                     | 33,781           |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                         | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>43,020</b>      | <b>0</b>                  | <b>43,020</b>    |

**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                                                                       | <del>486</del> 432   | 550     |
| OSS compliant with inspections countywide                      | Number of OSS                                                                       | <del>1693</del> 1446 | 1,900   |
| OSS failures identified/corrected in MRA                       | Number of OSS failures identified/<br>number of OSS failures with completed repairs | <del>9/2</del> 10/3  | 12/6    |
| OSS failures identified/corrected countywide                   | Number of OSS failure identified/<br>number of OSS failures with completed repairs  | <del>25/8</del> 26/9 | 32/16   |



| Task #                                                                                                                                                                                                                                         | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                  | Due Date/Time Frame                                                                                 | Payment Information and/or Amount                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Task 1: Grant Administration</b> 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                                                                                                                                                                                                                                            | <b>Bi-monthly Invoicing and Progress Reports</b><br>DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. Local or County Health subrecipients 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 <del>\$x</del> <b>\$2,151</b> based on actual costs.  |
| 1.2                                                                                                                                                                                                                                            | <b>Semi-Annual Progress Reports</b><br>Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.                                                                                                                                                                                                                                                                                                                                                                                                    | Data about the following: <ul style="list-style-type: none"><li>Qualitative:<ul style="list-style-type: none"><li>Summary of work.</li><li>Barriers to LMP Implementation.</li></ul></li><li>Quantitative:<ul style="list-style-type: none"><li>OSS inventory metrics.</li><li>Enforcement actions.</li><li>Outreach and Education efforts.</li></ul></li></ul>                        | Due July 15 for the duration of the contract period.                                                |                                                                           |
| <b>Task 2: Local Management Plan Implementation</b> This task includes all work done to implement the county’s LMP excluding grant management tasks and inspection rebates/incentives.                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                           |
| 2.1                                                                                                                                                                                                                                            | <b>Database Maintenance and Quality Assurance/Quality Control</b><br>Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: <ul style="list-style-type: none"><li>Continue to ‘clean-up’ the existing data post data conversion in Energov permitting database</li><li>Configure Energov database for SOM workflows, reports, automation tasks.</li><li>Develop Application Program Interface (API) between database and Online-RME.</li><li>Develop replacement Homeowner Inspector Authorization website</li></ul> | a. Provide narrative of data clean-up tasks completed and in-progress.<br><br>b. Provide narrative of progress on configuring Energov database for SOM workflows, reports, automation tasks.<br><br>c. Provide narrative of API development tasks completed and in-progress.<br><br>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 <del>\$x</del> <b>\$28,812</b> based on actual costs. |
| 2.2                                                                                                                                                                                                                                            | <b>Operations and Maintenance Program Administration</b> <ul style="list-style-type: none"><li>Mail inspection reminders to homeowners as needed.</li><li>Inspection Compliance tracking/mapping.</li><li>Failure and repair tracking/mapping.</li><li>Compliance enforcement.</li><li>Complaint response.</li></ul>                                                                                                                                                                                                                                                                           | <del>a. Enforcement Protocol.</del><br>b. Data on the following: <ul style="list-style-type: none"><li>Number of OSS with current inspections</li></ul>                                                                                                                                                                                                                                | <del>a. At contract execution</del><br><br>b. Report in semi-annual progress report in Subtask 1.2. |                                                                           |

| Task #                                                                                                                                                                             | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                          | Due Date/Time Frame                                                         | Payment Information and/or Amount                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                                                                    | <ul style="list-style-type: none"><li>O&amp;M data reports about inventory and deficiencies.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"><li>Number of OSS failures and calculated risk using DOH-provided risk assessment.</li><li>Number of repairs.</li></ul>                                                      |                                                                             |                                                                           |
| 2.3                                                                                                                                                                                | <b>Education and Outreach</b><br>Education and outreach is conducted for OSS owners, realtors, etc. Specific tasks include: <ul style="list-style-type: none"><li>Communicate via social media, website, and mailings</li><li>Provide in-person homeowner septic inspector classes for property owners</li><li>Provide online homeowner inspector training and authorization for property owners</li></ul>                                                                                                                              | a. Track number of social media posts and mailings<br><br>b. Track attendance of in-person homeowner septic inspector classes<br><br>c. Track number of homeowner inspectors trained and authorized online     | a-c. Report in semi-annual progress report in Subtask 1.2.                  |                                                                           |
| 2.4                                                                                                                                                                                | <b>Professional Development and Coordination</b> <ul style="list-style-type: none"><li>The LHJ will participate in LMP and West Side Coordinators Meetings and will network between counties.</li><li>The LHJ will support professional development through<ul style="list-style-type: none"><li>Attending DOH OSS Program trainings</li><li>Environmental Heath Conferences<ul style="list-style-type: none"><li>AEC Conference - Two (2) Staff members</li><li>WOSSA Conference - Two (2) Staff members</li></ul></li></ul></li></ul> | a. Attendance and contribution at four (4) meetings per year.<br><br>b. Conference and Training participation as available.                                                                                    | a-b. Report attendance semi-annually, as scheduled in Task 1.2.             |                                                                           |
| <b>Task 3: Homeowner Inspection Rebates/Incentives Program</b> Provide low-income rebates to homeowners. Provide inspection compliance incentives to homeowners in priority areas. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                |                                                                             |                                                                           |
| 3.1                                                                                                                                                                                | <b>Low-Income Homeowner Inspection Rebates</b><br>The LHJ will provide rebates to homeowners for pumping, inspection and minor repairs. Rebates issued will be up to \$350.                                                                                                                                                                                                                                                                                                                                                             | <del>a. Provide draft and final process/policy documents to DOH.</del><br><br>b. Report number of rebates provided for pumping, monitoring inspections and access risers.                                      | <del>a. Prior to issuing any rebates.</del><br><br>b. By grant closeout.    | Reimbursement up to <del>\$x</del> <b>\$12,057</b> based on actual costs. |
| 3.2                                                                                                                                                                                | <b>Homeowner Inspection Incentives</b><br>Promote pumping, inspection and minor repairs with rebates to homeowners in priority areas. Rebates issued will be up to \$350.                                                                                                                                                                                                                                                                                                                                                               | <del>a. Provide draft and final process/policy documents to DOH.</del><br><br>b. Report number of rebates for pumping, monitoring inspections and access risers to grade provided to priority-area homeowners. | <del>a. Prior to issuing any incentives.</del><br><br>b. By grant closeout. |                                                                           |

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



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

**DOH Program Name or Title:** WIC Nutrition Program - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health  
**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** To add funding to FFY25 USDA WIC CLIENT SVS CONTRACTS (\$3,975), add a task for FMNP and funding in FFY25 FMNP MGMT (\$637), Change MI Code for BFPC, shift funding (\$28,238) from FFY24 USDA BFPC PROG MGMT to FFY25 USDA BFPC PROG MGMT, and increase caseload.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| FFY25 USDA WIC CLIENT SVS CONTRACTS      | 76101251          | 10.557                    | 333.10.55         | 01/01/24                                  | 09/30/25 | 144,142            | 3,975                          | 148,117          |
| FFY24 USDA BFPC PROG MGMT                | 7621424A          | 10.557                    | 333.10.55         | 10/01/23                                  | 09/30/26 | 28,238             | -28,238                        | 0                |
| FFY25 USDA BFPC PROG MGMT                | 76214250          | 10.557                    | 333.10.55         | 01/01/25                                  | 09/30/26 | 0                  | 28,238                         | 28,238           |
| FFY25 FMNP MGMT                          | 76540251          | 10.572                    | 333.10.57         | 01/01/25                                  | 09/30/25 | 0                  | 637                            | 637              |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>172,380</b>     | <b>4,612</b>                   | <b>176,992</b>   |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Deliverables/Outcomes                                                                    | Due Date/Time Frame                                                                                                                                                       | Payment Information and/or Amount |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1      | <b>WIC Nutrition Program</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                           | See "Billing Requirements" below. |
| 1.1    | Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office. The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: <ol style="list-style-type: none"> <li>Unanticipated funding situations occur.</li> <li>Reallocations are necessary to redistribute caseload statewide.</li> <li>Caseload declines.</li> </ol> | Outcomes based on monthly participation data from state WIC caseload management reports. | Authorized participating caseload for March 2025 through September 2026 = 280<br><br><i>Authorized participating caseload for March 2025 through September 2026 = 300</i> |                                   |

| Task #   | Activity                                                                                                                                                                                                                              | Deliverables/Outcomes                                                                                                                  | Due Date/Time Frame                                                                                                                                          | Payment Information and/or Amount             |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1.2      | Submit the annual Nutrition Services Plan for each year of the contract.                                                                                                                                                              | Nutrition Services Plan                                                                                                                | First year due 9/30/25<br>Second year due 9/30/26<br>Third year due 9/30/27                                                                                  | Payment withheld if not received by due date. |
| 1.3      | Submit the annual Nutrition Services Expenditure Report for each year of the contract.                                                                                                                                                | Nutrition Services Expenditure Report                                                                                                  | 11/30/25<br>11/30/26<br>11/30/27                                                                                                                             | Payment withheld if not received by due date. |
| 1.4      | Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.                                                          | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.5      | Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.                                                                                                                | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.6      | Issue WIC benefits while assuring adequate WIC card security and reconciliation.                                                                                                                                                      | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.7      | Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).                                                                                       | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.8a     | Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract                                                                                                                                     | Budget Workbook                                                                                                                        | First year due 9/30/25<br>Second year due 9/30/26<br>Third year due 9/30/27                                                                                  |                                               |
| 1.8b     | Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19                                                                                                                                                      | Revenue and Expense Report and A-19                                                                                                    | First year due monthly through September 30, 2025<br>Second year due monthly through September 30, 2026<br>Third year due monthly through September 30, 2027 |                                               |
| <b>2</b> | <b>Breastfeeding Promotion</b>                                                                                                                                                                                                        |                                                                                                                                        |                                                                                                                                                              | <b>See “Billing Requirements” below.</b>      |
| 2.1      | Provide breastfeeding promotion activities in accordance with federal and state requirements.                                                                                                                                         | Status report of chosen activities in Nutrition Services Plan.<br><br>Documentation must be available for review by WIC monitor staff. | First year due 11/30/25<br>Second year due 11/30/26<br>Third year due 11/30/27<br><br>Biennial WIC Monitor                                                   |                                               |
| 2.2      | Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects:<br>▪ Provide staff, health care providers and community partners virtual breastfeeding training resources. | Status report of chosen activities in Nutrition Services Plan.<br><br>Documentation must be available for review by WIC monitor staff. | First year due 8/30/25<br>Second year due 8/30/26<br>Third year due 8/30/27<br><br>Biennial WIC Monitor                                                      |                                               |



| Task #     | Activity                                                                                                                                                                                                                                                                                                                                                                                                                        | Deliverables/Outcomes                                                                                                                                                                                       | Due Date/Time Frame                                                                                                                                        | Payment Information and/or Amount               |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|            | <ul style="list-style-type: none"> <li>Work with employers who likely employ low-income people to create worksite environments that support breastfeeding.</li> <li>Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates.</li> <li>Provide participants access to lactation consultants.</li> </ul> Other projects will need pre-approval from the State WIC Office |                                                                                                                                                                                                             |                                                                                                                                                            |                                                 |
| <b>3</b>   | <b>Breastfeeding Peer Counseling Program (BFPC)</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                            | <b>See “Billing Requirements” below.</b>        |
| 3.1        | Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.                                                                                                                                                                                 | Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year.<br><br>Documentation must be available for review by WIC monitor staff.                                 | First year due 12/31/25<br>Second year due 12/31/26<br>Third year due 12/31/27<br><br>Biennial WIC Monitor                                                 |                                                 |
| 3.2        | Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.                                                                                                                                                                                                                                                                                                                                | Documentation must be available for review by WIC monitor staff.                                                                                                                                            | Biennial WIC Monitor                                                                                                                                       |                                                 |
| <b>4</b>   | <b><i>Farmers Market Nutrition Program (FMNP)</i></b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                                                                                                                            | <b><i>See “Billing Requirements” below.</i></b> |
| <b>4.1</b> | <b><i>Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.</i></b>                                                                                                                                                                                                                                                                                | <i>Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures.</i><br><br><i>Documentation must be available for review by WIC monitor staff.</i> | <i>Weekly June-Sept. 2025 and June-Sept. 2026</i><br><br><i>All sent by Oct. 1, 2025, Oct. 1, 2026, and Oct 1, 2027</i><br><br><i>Biennial WIC Monitor</i> |                                                 |

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

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

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

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

## **Program Specific Requirements**

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

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

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

### **Staffing Requirements:**

The local agency shall:

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

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

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

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

What is the WIC program?

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

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

Program and fiscal monitoring are done on a biennial (every two years) basis and are conducted onsite.

The local agency must maintain on file and have available for review, audit and evaluation:

Exhibit A, Statement of Work



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

#### **Assurances/Certifications:**

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

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

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

The local agency agrees to:

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

The Department recommends Contractors carry insurance against possible loss or theft.

##### **2. Civil Rights Assurance**

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

##### **3. 2CFR 200**

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

#### **Billing Requirements:**

1. Definitions

**Contract Period:** January 1, 2025 – December 31, 2027

**Contract Budget Periods:** The time periods for which the funding is budgeted.

- There are four federal budget periods

January 1, 2025, through September 30, 2025  
October 1, 2025, through September 30, 2026  
October 1, 2026, through September 30, 2027  
October 1, 2027, through December 30, 2027

2. Billing Information:

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

**Special Instructions:**

The local agency shall:

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

| SPECIAL REQUIREMENTS                 |                                                     |        |                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------|-----------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contract Budget Period               | Time Period special requirement funds are available | Amount | Special Requirement Description                                                                                                                                                                                                                                                                                                             |
| January 1, 2025 – September 30, 2025 | January 2025 – September 2025                       | 2,500  | For general training funds. This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits for part time or contractor), and other approved training expenses. |

**Other:**



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

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

CONTRACT NUMBER: CLH32053

AMENDMENT NUMBER: 3

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ca80ac7fbc32e4d7c>
  - ☒ Adds Statements of Work for the following programs:
    - Executive Office of Resiliency & Health Security-WFD LHJ - Effective January 1, 2025
    - Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025
    - OSS LMP Implementation - Effective January 1, 2025
  - ☒ Amends Statements of Work for the following programs:
    - Injury & Violence Prevention-LHJ Opioid Campaign Proviso - Effective January 1, 2025
    - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025
    - Sexual & Reproductive Health Program - Effective January 1, 2025
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:
  - ☒ Increase of \$277,495 for a revised maximum consideration of \$3,149,254.
  - ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

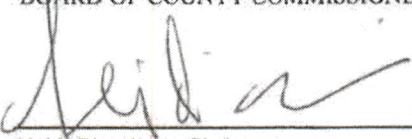
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

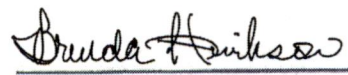
ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

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

JEFFERSON COUNTY WASHINGTON  
BOARD OF COUNTY COMMISSIONERS

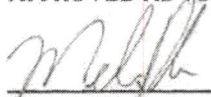
STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

 3/24/25  
Heidi Eisenhour, Chair Date

 03/26/2025  
Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY  
Assistant Attorney General

 for 03/20/2025  
Philip C. Hunsucker, Date  
Chief Civil Deputy Prosecuting Attorney



Indirect Rate as of January 1, 2025: 27.94% Public Health

| Chart of Accounts Program Title      | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHIJ Funding Period |          | DOH Use Only Chart of Accounts Funding Period |          | Amount    | Funding Period SubTotal | Chart of Accounts Total |
|--------------------------------------|--------------------------------|---------|----------------|---------------------|---------------------------------------|----------|-----------------------------------------------|----------|-----------|-------------------------|-------------------------|
|                                      |                                |         |                |                     | Start Date                            | End Date | Start Date                                    | End Date |           |                         |                         |
| FFY24 USDA BFPC Prog Mgmt            | 7WA700WA1                      | Amd 2   | 10.557         | 333.10.55           | 01/01/25                              | 09/30/26 | 10/01/23                                      | 09/30/26 | \$28,238  | \$28,238                | \$28,238                |
| FFY25 USDA WIC Client Svs Contracts  | 7WA700WA7                      | Amd 2   | 10.557         | 333.10.55           | 01/01/25                              | 09/30/25 | 10/01/24                                      | 09/30/25 | \$144,142 | \$144,142               | \$144,142               |
| FFY25 SWIMMING BEACH ACT IAR (ECY)   | 01J74301                       | Amd 2   | 66.472         | 333.66.47           | 03/01/25                              | 10/31/25 | 01/01/25                                      | 11/30/25 | \$13,500  | \$13,500                | \$13,500                |
| FFY24 PHEP BP1-CDC-LHIJ Partners     | NU90TU000055                   | Amd 1   | 93.069         | 333.93.06           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$13,754  | \$13,754                | \$13,754                |
| FFY24 OD2A OID CDC Prevent           | NU17CE010218                   | Amd 2   | 93.136         | 333.93.13           | 01/01/25                              | 06/30/25 | 09/01/24                                      | 08/31/25 | \$32,556  | \$81,556                | \$81,556                |
| FFY24 OD2A OID CDC Prevent           | NU17CE010218                   | Amd 1   | 93.136         | 333.93.13           | 01/01/25                              | 06/30/25 | 09/01/24                                      | 08/31/25 | \$49,000  |                         |                         |
| FFY24 FPHPA Title X Family Plan      | FPHPA006560                    | Amd 3   | 93.217         | 333.93.21           | 01/01/25                              | 03/31/25 | 04/01/24                                      | 03/31/25 | \$8,345   | \$16,966                | \$16,966                |
| FFY24 FPHPA Title X Family Plan      | FPHPA006560                    | Amd 21  | 93.217         | 333.93.21           | 01/01/25                              | 03/31/25 | 04/01/24                                      | 03/31/25 | \$8,621   |                         |                         |
| FFY24 CDC PPHF Ops                   | NH23IP922619                   | Amd 1   | 93.268         | 333.93.26           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$10,000  | \$10,000                | \$10,000                |
| FFY20 ELC EDE LHJs CDC               | NU50CK000515                   | Amd 1   | 93.323         | 333.93.32           | 01/01/25                              | 06/30/25 | 01/15/21                                      | 07/31/25 | \$15,580  | \$15,580                | \$15,580                |
| FFY21 CDC COVID-19 PHWFD-LHIJ        | NU90TP922181                   | Amd 3   | 93.354         | 333.93.35           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$51,330  | \$51,330                | \$51,330                |
| FFY22 PH Infrastructure Comp A1-LHIJ | NE11OE000053                   | Amd 3   | 93.967         | 333.93.96           | 01/01/25                              | 11/30/27 | 12/01/22                                      | 11/30/27 | \$150,300 | \$150,300               | \$150,300               |
| FFY25 HRSA MCHBG LHIJ Contracts      | B04MC54583                     | Amd 1   | 93.994         | 333.93.99           | 01/01/25                              | 09/30/25 | 10/01/24                                      | 09/30/25 | \$27,525  | \$27,525                | \$27,525                |
| SFY25 SBHC Proviso                   |                                | Amd 1   | N/A            | 334.04.90           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$59,000  | \$59,000                | \$59,000                |
| SFY25 Drug User Health Program       |                                | Amd 1   | N/A            | 334.04.91           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$40,250  | \$40,250                | \$40,250                |
| SFY25 Sexual & Rep Hlth Cost Share   |                                | Amd 1   | N/A            | 334.04.91           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$47,993  | \$47,993                | \$47,993                |
| SFY25 SSPS Opioid Harm Red Proviso   |                                | Amd 2   | N/A            | 334.04.91           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$8,000   | \$8,000                 | \$8,000                 |
| SFY25 LHIJ Opioid Campaign Proviso   |                                | Amd 3   | N/A            | 334.04.93           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$24,500  | \$56,000                | \$56,000                |
| SFY25 LHIJ Opioid Campaign Proviso   |                                | Amd 1   | N/A            | 334.04.93           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$31,500  |                         |                         |
| Rec Shellfish/Biototoxin             |                                | Amd 1   | N/A            | 334.04.93           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$3,700   | \$3,700                 | \$3,700                 |
| Small Onsite Management (ALEA)       |                                | Amd 3   | N/A            | 334.04.93           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$32,418  | \$32,418                | \$32,418                |
| SFY25 Wastewater Management-GFS      |                                | Amd 3   | N/A            | 334.04.93           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$10,602  | \$10,602                | \$10,602                |

Indirect Rate as of January 1, 2025: 27.94% 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 | Chart of Accounts |          |             |                         |                         |
|                                 |                                |         |                 |                     |                   |                | Start Date        | End Date |             |                         |                         |
| SFY25 FPHS-LHJ Funds-GFS        |                                | Amd 1   | N/A             | 336.04.25           | 01/01/25          | 06/30/25       | 07/01/24          | 06/30/25 | \$2,333,000 | \$2,333,000             | \$2,333,000             |
| YR 27 SRF - Local Asst (15%) SS |                                | Amd 1   | N/A             | 346.26.64           | 01/01/25          | 06/30/25       | 07/01/23          | 06/30/25 | \$2,200     | \$2,200                 | \$2,200                 |
| Sanitary Survey Fees SS-State   |                                | Amd 1   | N/A             | 346.26.65           | 01/01/25          | 06/30/25       | 07/01/23          | 06/30/25 | \$2,200     | \$2,200                 | \$2,200                 |
| YR 27 SRF - Local Asst (15%) TA |                                | Amd 1   | N/A             | 346.26.66           | 01/01/25          | 06/30/25       | 07/01/23          | 06/30/25 | \$1,000     | \$1,000                 | \$1,000                 |
| TOTAL                           |                                |         |                 |                     |                   |                |                   |          | \$3,149,254 | \$3,149,254             |                         |
| Total consideration:            | \$2,871,759                    |         |                 |                     |                   |                |                   |          |             | GRAND TOTAL             | \$3,149,254             |
|                                 | \$277,495                      |         |                 |                     |                   |                |                   |          |             |                         |                         |
| GRAND TOTAL                     | \$3,149,254                    |         |                 |                     |                   |                |                   |          |             | Total Fed               | \$552,891               |
|                                 |                                |         |                 |                     |                   |                |                   |          |             | Total State             | \$2,596,363             |

\*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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



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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2025.

**Revision Purpose:** NA

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|--------------------------------|------------------|
| FFY21 CDC COVID-19 PHWFD-LHJ             | 3192621G          | 93.354                    | 333.93.35         | 01/01/25 06/30/25                         | 0                  | 51,330                         | 51,330           |
|                                          |                   |                           |                   |                                           | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | <b>0</b>           | <b>51,330</b>                  | <b>51,330</b>    |

| Task # | Activity                                                                                                                                                                                                        | Deliverables/Outcomes                                                               | Due Date/Time Frame                                                                  | Payment Information and/or Amount                                             |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1      | Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.           | Submit information by April 15, 2025, and any changes within 30 days of the change. | April 15, 2025<br><br>Within 30 days of the change.                                  | Reimbursement for actual costs not to exceed total funding allocation amount. |
| 2      | Develop a plan to use these funds for one or more of the allowable costs listed below.<br><br>Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your | Implementation Plan                                                                 | April 15, 2025, unless previously submitted.<br><br>Submit updates as changes occur. |                                                                               |

| <b>Task #</b> | <b>Activity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Deliverables/Outcomes</b>                                                                       | <b>Due Date/Time Frame</b>                                                                                                                                                                    | <b>Payment Information and/or Amount</b> |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|               | planned activities are allowable, and we will be able to reimburse you for the expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                                                                                                                                                                                               |                                          |
| <b>3</b>      | <p>Funding is intended to establish, expand, train, and sustain public health staff to support LHI COVID-19 prevention, preparedness, response, and recovery initiatives.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> <li>• Costs including, wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.</li> <li>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.</li> <li>• Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHI.</li> <li>• Costs of contractors and contracted staff.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Preapproval from DOH is required to contract with these funds.</li> <li>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)</li> </ul> | <p>Implementation Plan</p><br><br><br><br><br><br><br><p>Data via survey link provided by DOH.</p> | <p>Submit initial plan by April 15, 2025, unless previously submitted.</p><br><br><br><br><br><br><br><p>Submit updates as changes occur.</p><br><br><br><br><br><br><br><p>June 30, 2025</p> |                                          |
| <b>4</b>      | <p>Data collection, as applicable, based on activities LHI has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> <li>• Total new hires</li> <li>• Describe challenges or experiences that have impacted progress toward achieving set hiring goals.</li> <li>• Describe promising practices or activities that should be considered for sustained funding.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Data via survey link provided by DOH.                                                              | June 30, 2025                                                                                                                                                                                 |                                          |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------|
|        | <ul style="list-style-type: none"> <li>Explain your approach and mitigation plans to address challenges in meeting these hiring goals.</li> <li>Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring.</li> <li>Administrative Support Staff – New Hires</li> <li>Professional or Clinical Staff – New Hires</li> <li>Disease Investigation Staff – New Hires</li> <li>Program Management Staff – New Hires</li> <li>Existing Staff budget for this funding.</li> </ul> |                       |                     |                                   |
|        | Note: Reporting period is January 1 – June 30, 2025.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                     |                                   |

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

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

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

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

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

**Program Specific Requirements**

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

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

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

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

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

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

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

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

- Leasing vehicles.
- Out of state travel.

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

#### **BILLING**

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

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

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



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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** To increase the funding allotment with unspent funds from the 2022-2024 ConCon.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change<br>Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|-----------------------------------|------------------|
| SFY25 LHJ OPIOID CAMPAIGN PROVISIO       | 77550853          | N/A                       | 334.04.93         | 01/01/25 06/30/25                         | 31,500             | 24,500                            | 56,000           |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | <b>31,500</b>      | <b>24,500</b>                     | <b>56,000</b>    |

| Task # | Activity                                                                                                                                                                                             | Deliverables/Outcomes                                                                                                                                                                                                                                                                                           | Due Date/Time Frame                                                                                                                                                                                                                                                        | Payment Information and/or Amount                                                                                                                                        |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | The LHJ will create 2 banners which will be hung across state route 20 in Port Townsend and 1,000 brochures to be distributed at all Port Townsend events. Brochures to include Spanish translation. | <ul style="list-style-type: none"> <li>Development timeline of brochures and banners?</li> <li>What kinds of messages have been disseminated on the banners and in the brochures.</li> <li>Timeline of when the banners will be displayed.</li> <li>Audience that the brochures will be targeted to.</li> </ul> | Monthly progress reports to DOH for updates on the implementation of all tasks.<br><br>Due Dates:<br>January due February 1, 2025.<br>February due March 1, 2025<br>March due April 1, 2025<br>April due May 1, 2025<br>May due June 1, 2025<br>All June due June 30, 2025 | Monthly invoices for actual cost reimbursement will be submitted to DOH.<br><br>Total of all invoices will not exceed <del>\$31,500</del> \$56,000 through June 30, 2025 |
| 2      | The LHJ will develop 2-4 public media posts that will occur each month throughout the year including static images and videos on Instagram and Facebook; one video for our YouTube channel.          | <ul style="list-style-type: none"> <li>Timeline of the development of the media posts.</li> <li>Messaging on the media posts and what are the static images of?</li> </ul>                                                                                                                                      |                                                                                                                                                                                                                                                                            |                                                                                                                                                                          |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                             | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                         | Due Date/Time Frame | Payment Information and/or Amount |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
|        |                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Content of the You Tube video? Use of local people? Messaging?</li> </ul>                                                                                                                                                                                                                                                              |                     |                                   |
| 3      | The LHJ will purchase 6 newspaper and community board advertising to promote awareness and science-based information about opioid, fentanyl, and MOUD.                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>What kinds of messaging was developed?</li> <li>Where are you getting the science-based information from?</li> <li>What areas are the community boards located in?</li> <li>What is the audience you are targeting?</li> </ul>                                                                                                         |                     |                                   |
| 4      | The LHJ will host 4 interactive public education events with community partners at the Nest (OWL 360), Recovery Café, Chimacum Grange, and Quilcene Guild Hall that focus on destigmatization, science-based education, and community understanding of not only opioid and fentanyl use in our community but also how community engagement is a preventative measure | <ul style="list-style-type: none"> <li>How is the planning going? Dates for any of the events?</li> <li>How are you choosing which community partners and which times and places?</li> <li>How are you sending the message at the events? I.e. PowerPoint, lecture, community members?</li> <li>Where is the information coming from that you are planning to use?</li> </ul> |                     |                                   |
| 5      | The LHJ will work with KPTZ Radio station in Port Townsend to develop and participate in 4, one-hour long, interview programs to educate public and dispel myths and stigmas related to opioid and fentanyl use disorders.                                                                                                                                           | <ul style="list-style-type: none"> <li>Development of questions for interview</li> <li>Who is the audience you are targeting?</li> <li>How messaging is being tailored for specific groups.</li> </ul>                                                                                                                                                                        |                     |                                   |

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

#### **Program Specific Requirements**

##### **Billing Requirements:**

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

##### **Special Instructions:**

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



**Budget Table**

| Line Item                       | Allocation | Justification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salaries                        | \$19,035   | 8 and 8.5 hours/wk. - 0.2-0.21 FTE (Nov 2024 – June, 2025).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Benefits                        | \$8,158    | 42.85% of salary amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Goods and Services              | \$16,578   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Newspaper ads                   | \$7,128    | 6 Full-page newspaper advertisements: \$1,188.00 x 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Social media boosting           | \$500      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Video development and execution | \$8,200    | <p>*Producer: \$85 per hour 12 hrs. time: meeting with client, refine messaging, story, concept, testimonial questions/prompts, location scouting, scheduling, and other logistics.</p> <p>Director: \$800.00 per day 1-day 800.00: Oversees production and conducts interviews</p> <p>Videographer \$1,000.00 per day 2 days 2,000.00</p> <p>Sound recordist/Production Assistant: \$400.00 per day 1 day 400.00</p> <p>Media mgt. Copy files, back-up, organize and label in project, prep interviews for transcription: \$85 per hr. 6 hrs. 510.00</p> <p>Supplementary Media Selection &amp; Procurement: Find and procure any additional media (stills, video, motion graphic assets, etc.) \$85 pre hr. 6 hrs. 510.00</p> <p>Music: Time spent working with the client to identify and select tracts: \$85 per hr.: 1 hr. 85.00</p> <p>1st Cut: Assemble content from interviews, layer w/b-roll and placeholders for graphics (titles/credits, feedback: \$85 per hrs.: 12 hrs. 1,020.00</p> <p>2ndCut: Refine for content, add music, and natural sound layering, feedback: \$85 per hour 8 hrs. 680.00</p> <p>3rd Cut: Final content adj, add graphics (animation, titles/credits), color correction, audio mixing, final feedback. \$85 per ho 8 hrs. 680.00</p> <p>Final Cut: Final adj. to graphics, color, and sound \$85 per hour: 7 hrs. 595.00</p> <p>Export and delivery: \$85 per hr. 1 hour: 85.00</p> |
| Banners                         | \$500      | 2 banners x \$250 each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                               |          |                                                                                                                                                                                                                         |
|-------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brochures                     | \$250    | 200 brochures at standard price is \$238.00 at Chill Printing. Best Printer USA 200 brochures for \$232.00. Locally at the Printery, the estimated cost for 250 brochures is: ballpark: \$349.55 (depending on artwork) |
| Administrative costs/indirect | \$12,229 | 27.94% indirect rate                                                                                                                                                                                                    |
| TOTAL                         | \$56,000 |                                                                                                                                                                                                                         |

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



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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** The purpose of this revision is to include 45 days to invoice section.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change<br>None | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|---------------------------|------------------|
| FFY24 CDC PPHF OPS                       | 74310246          | 93.268                    | 333.93.26         | 01/01/25 06/30/25                         | 10,000             | 0                         | 10,000           |
|                                          |                   |                           |                   |                                           | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                         | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                         | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | <b>10,000</b>      | <b>0</b>                  | <b>10,000</b>    |

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

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

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

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

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

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

**Program Specific Requirements**

**Invoicing:**

*Invoices must be submitted monthly to include the previous month's reimbursements/costs to DOH using the ConCon A19-1A invoice voucher form and required back-up documentation. Final invoices are due within 45 days of the end of the period of performance for this statement of work.*

**Unallowable Costs:**

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

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



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

**DOH Program Name or Title:** Office of People Services-HR-Public Health  
Infrastructure Grant - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

**Period of Performance:** January 1, 2025 through November 30, 2027

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG).

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| FFY22 PH INFRASTRUCTURE COMP A1-LHJ      | 92321223          | 93.967                    | 333.93.96         | 01/01/25                                  | 11/30/27 | 0                  | 150,300                        | 150,300          |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>0</b>           | <b>150,300</b>                 | <b>150,300</b>   |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                                        | Due Date/Time Frame                                                                                                      | Payment Information and/or Amount                                                                                                     |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1      | <b>Develop a contact list of staff responsible for the statement of work (SOW).</b>                                                                                                                                                                                                                                                                                                                                     | Submit to DOH Program Contact names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff. | Submit by email to DOH Program Contact any staff change(s) within 30 days                                                | Reimbursement for actual costs not to exceed total funding allocation amount.                                                         |
| 2      | <b>Develop an implementation plan to use these funds for one or more of the allowable costs listed below.</b><br><br>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased retention of existing public health staff, and improved workforce systems | Submit implementation plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.    | Implementation plans must be submitted by email to DOH Program Contact before using funds and any changes within 30 days | Invoice Vouchers must be billed monthly and received by DOH within 45 days of the close of the month in which services were provided. |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Deliverables/Outcomes                                                                                                                                                                                                                                                                         | Due Date/Time Frame                                                                                                                                                                                   | Payment Information and/or Amount |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        | <p>and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> <li>• Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.</li> <li>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.</li> <li>• Training and education (and related travel) for new and existing staff on topics such as incident management training, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ.</li> <li>• Costs of allowed contractors and contracted staff.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Preapproval from DOH is required to contract with these funds.</li> <li>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$10,000 or more.)</li> </ul> |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       |                                   |
| 3      | <p><b>Data collection, as applicable,</b> is based on:</p> <ul style="list-style-type: none"> <li>• Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period.</li> <li>• Hiring and retention activities the LHJ has at the end of the reporting period.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Data on form provided by DOH</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> <li>• Number of funded positions filled by job classification and program area since the inception of the grant (December 1, 2022), as of the end of the reporting period.</li> </ul> | <p>Reporting periods are:</p> <ul style="list-style-type: none"> <li>• December 1, 2024– May 31, 2025</li> <li>• June 1, 2025– November 30, 2025</li> <li>• December 1, 2025– May 31, 2026</li> </ul> |                                   |



| Task # | Activity | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due Date/Time Frame                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Payment Information and/or Amount |
|--------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        |          | <ul style="list-style-type: none"> <li>○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period.</li> <li>• Data Quality and Context <ul style="list-style-type: none"> <li>○ Are the data provided questionable or low/poor quality?</li> <li>○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance?</li> <li>○ Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.</li> <li>○ Provide any additional context or information related to this measure.</li> </ul> </li> </ul> <p>Note: 6-month Reporting periods see Due Date/Time Frame</p> | <ul style="list-style-type: none"> <li>• June 1, 2026–November 30, 2026</li> <li>• December 1, 2026–May 31, 2027</li> <li>• June 1, 2027–November 30, 2027</li> </ul> <p>Report due dates are a month and 10 days after the end of the reporting period:</p> <ul style="list-style-type: none"> <li>• July 10, 2025</li> <li>• January 10, 2026</li> <li>• July 10, 2026</li> <li>• January 10, 2027</li> <li>• July 10, 2027</li> <li>• January 10, 2028</li> </ul> |                                   |

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

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

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

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

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

**Program Specific Requirements**

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

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

- Clothing (except for vests to be worn during exercises or response)

- Equipment not primarily used by or for public health employees.
- Food or beverages (unless employee is in travel status)
- Incentives (except for retention incentives)
- Items to be given to community members (members of the public)
- Salaries at a rate more than Executive Level II (Federal Pay Scale)
- Vehicles (with preapproval, funds may be used to lease vehicles)

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

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$10,000 or more.)
- Disposition of equipment with a current value of \$10,000 or more. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out-of-state travel.

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

**Billing Requirements:**

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

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

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this statement of work for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 45 days of the end of the period of performance for this statement of work.



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

**DOH Program Name or Title:** OSS LMP Implementation - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health  
**Contract Number:** CLH32053

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

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

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

**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). This funding is what remains of the 2023-2025 biennium and of SFY25 funding allocations.

**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 |
|------------------------------------------|-------------------|---------------------------|-------------------|--------------------|----------|--------------------|--------------------------------|------------------|
| SFY25 WASTEWATER MANAGEMENT-GFS          | 26701150          | N/A                       | 334.04.93         | 01/01/25           | 06/30/25 | 0                  | 10.602                         | 10.602           |
| SMALL ONSITE MANAGEMENT (ALEA)           | 26705100          | N/A                       | 334.04.93         | 01/01/25           | 06/30/25 | 0                  | 32.418                         | 32,418           |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                    |          | <b>0</b>           | <b>43,020</b>                  | <b>43,020</b>    |

**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            | 1,900   |
| OSS failures identified/corrected in MRA                       | Number of OSS failures identified/<br>number of OSS failures with completed repairs | 9/2             | 12/6    |
| OSS failures identified/corrected countywide                   | Number of OSS failure identified/<br>number of OSS failures with completed repairs  | 25/8            | 32/16   |

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| Task #                                                                                                                                                                                                                                         | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                  | Due Date/Time Frame                                                                      | Payment Information and/or Amount             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Task 1: Grant Administration</b> 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                                                                                                                                                                                                                                            | <b>Bi-monthly Invoicing and Progress Reports</b><br>DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. Local or County Health subrecipients 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 \$ based on actual costs. |
| 1.2                                                                                                                                                                                                                                            | <b>Semi-Annual Progress Reports</b><br>Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.                                                                                                                                                                                                                                                                                                                                                                                                    | Data about the following: <ul style="list-style-type: none"><li>Qualitative:<ul style="list-style-type: none"><li>Summary of work.</li><li>Barriers to LMP Implementation.</li></ul></li><li>Quantitative:<ul style="list-style-type: none"><li>OSS inventory metrics.</li><li>Enforcement actions.</li><li>Outreach and Education efforts.</li></ul></li></ul>                        | Due July 15 for the duration of the contract period.                                     |                                               |
| <b>Task 2: Local Management Plan Implementation</b> This task includes all work done to implement the county’s LMP excluding grant management tasks and inspection rebates/incentives.                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                               |
| 2.1                                                                                                                                                                                                                                            | <b>Database Maintenance and Quality Assurance/Quality Control</b><br>Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: <ul style="list-style-type: none"><li>Continue to ‘clean-up’ the existing data post data conversion in Energov permitting database</li><li>Configure Energov database for SOM workflows, reports, automation tasks.</li><li>Develop Application Program Interface (API) between database and Online-RME.</li><li>Develop replacement Homeowner Inspector Authorization website</li></ul> | a. Provide narrative of data clean-up tasks completed and in-progress.<br><br>b. Provide narrative of progress on configuring Energov database for SOM workflows, reports, automation tasks.<br><br>c. Provide narrative of API development tasks completed and in-progress.<br><br>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 \$ based on actual costs. |
| 2.2                                                                                                                                                                                                                                            | <b>Operations and Maintenance Program Administration</b> <ul style="list-style-type: none"><li>Mail inspection reminders to homeowners as needed.</li><li>Inspection Compliance tracking/mapping.</li><li>Failure and repair tracking/mapping.</li><li>Compliance enforcement.</li><li>Complaint response.</li></ul>                                                                                                                                                                                                                                                                           | a. Enforcement Protocol.<br>b. Data on the following: <ul style="list-style-type: none"><li>Number of OSS with current inspections</li></ul>                                                                                                                                                                                                                                           | a. At contract execution<br><br>b. Report in semi-annual progress report in Subtask 1.2. |                                               |



| Task #                                                                                                                                                                             | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Deliverables/Outcomes                                                                                                                                                                                      | Due Date/Time Frame                                              | Payment Information and/or Amount             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
|                                                                                                                                                                                    | <ul style="list-style-type: none"><li>O&amp;M data reports about inventory and deficiencies.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"><li>Number of OSS failures and calculated risk using DOH-provided risk assessment.</li><li>Number of repairs.</li></ul>                                                  |                                                                  |                                               |
| 2.3                                                                                                                                                                                | <b>Education and Outreach</b><br>Education and outreach is conducted for OSS owners, realtors, etc. Specific tasks include: <ul style="list-style-type: none"><li>Communicate via social media, website, and mailings</li><li>Provide in-person homeowner septic inspector classes for property owners</li><li>Provide online homeowner inspector training and authorization for property owners</li></ul>                                                                                                                               | a. Track number of social media posts and mailings<br><br>b. Track attendance of in-person homeowner septic inspector classes<br><br>c. Track number of homeowner inspectors trained and authorized online | a-c. Report in semi-annual progress report in Subtask 1.2.       |                                               |
| 2.4                                                                                                                                                                                | <b>Professional Development and Coordination</b> <ul style="list-style-type: none"><li>The LHJ will participate in LMP and West Side Coordinators Meetings and will network between counties.</li><li>The LHJ will support professional development through<ul style="list-style-type: none"><li>Attending DOH OSS Program trainings</li><li>Environmental Health Conferences<ul style="list-style-type: none"><li>AEC Conference - Two (2) Staff members</li><li>WOSSA Conference - Two (2) Staff members</li></ul></li></ul></li></ul> | a. Attendance and contribution at four (4) meetings per year.<br><br>b. Conference and Training participation as available.                                                                                | a-b. Report attendance semi-annually, as scheduled in Task 1.2.  |                                               |
| <b>Task 3: Homeowner Inspection Rebates/Incentives Program</b> Provide low-income rebates to homeowners. Provide inspection compliance incentives to homeowners in priority areas. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                            |                                                                  |                                               |
| 3.1                                                                                                                                                                                | <b>Low-Income Homeowner Inspection Rebates</b><br>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.<br><br>b. Report number of rebates provided for pumping, monitoring inspections and access risers.                                             | a. Prior to issuing any rebates.<br><br>b. By grant closeout.    | Reimbursement up to \$ based on actual costs. |
| 3.2                                                                                                                                                                                | <b>Homeowner Inspection Incentives</b><br>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.<br><br>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.<br><br>b. By grant closeout. |                                               |

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

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

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

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

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

**Revision Purpose:** The purpose of this revision is to add \$8,345 in unspent FFY24 FPHPA TITLE X FAMILY PLAN funding from the 2022-2024 contract for the period of 01/01/2025 - 03/31/2025.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change<br>Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|-----------------------------------|------------------|
| FFY24 FPHPA TITLE X FAMILY PLAN          | 78430240          | 93.217                    | 333.93.21         | 01/01/25 03/31/25                         | 8,621              | 8,345                             | 16,966           |
| SFY25 SEXUAL & REP HLTH COST SHARE       | 78430150          | N/A                       | 334.04.91         | 01/01/25 06/30/25                         | 47,993             | 0                                 | 47,993           |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | <b>56,614</b>      | <b>8,345</b>                      | <b>64,959</b>    |

| Task # | Activity                                                                                                                                                                                                                                              | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                 | Due Date/Time Frame                              | Payment Information and/or Amount                                                                    |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1      | <b>Sexual and Reproductive Health Program (SRHP) &amp; Title X (TX) Services—excluding abortion and other surgical procedures related to SRHP.</b><br><br>A. Comply with Washington State SRHP Manual, federal Title X requirements and all state and | <ul style="list-style-type: none"> <li>A19 invoice vouchers submitted in a timely manner accompanied by an R&amp;E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy.</li> <li>All reports described in Reporting Requirements below.</li> </ul> | No more than monthly and no less than quarterly. | Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements below). |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Due Date/Time Frame                                                            | Payment Information and/or Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <p>federal laws. Also see Program Manual, Handbook, Policy References under Reporting Requirements (below).</p> <p>B. Complete required Agency Information Request including Title X Assurance of Compliance and National Provider Identifier (NPI) billing numbers</p> <p>C. Provide medical services, community education and outreach, and staff training, consistent with state requirements:</p> <ol style="list-style-type: none"> <li>1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW.</li> <li>2. Medical, laboratory, and other services related to abortion are not covered by this task.</li> <li>3. Community education services must be based on the needs of the community. LHJ must have an Information &amp; Education (I&amp;E) committee with five (5) or more members that is broadly representative of the population or community for which materials are intended. The committee must review a batch of patient-facing materials annually (at least 15 products or 15% of the total number of materials, whichever is smaller); meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6])</li> <li>4. Outreach is to ensure all populations in your community understand the services available. Focus your outreach efforts on increasing equity.</li> </ol> <p>Washington State Sexual and Reproductive Health Network priority populations are:</p> <ul style="list-style-type: none"> <li>• Teens</li> </ul> | <ul style="list-style-type: none"> <li>• Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.)</li> <li>• To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format.</li> <li>• To facilitate DOH/TX site-visits—appropriate staff and documentation readily available prior to and during review.</li> </ul> <p>DOH performs site visits. Follow-up site visits are performed until identified issues are resolved.</p> | <p>As described in Reporting Requirements below</p> <p>As requested by DOH</p> | <p>DOH reserves the right to withhold payment until:</p> <ul style="list-style-type: none"> <li>• Compliance issues or a previous SOW are resolved in a way accepted by DOH</li> <li>• Current data is submitted to, and accepted by, Ahlers.</li> <li>• A19 back up documentation required by DOH has been submitted and approved.</li> <li>• Other deliverables have been met.</li> </ul> <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> <li>• Actual allowable costs according to your approved cost analysis (see Reporting Requirements below).</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.</li> </ul> |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deliverables/Outcomes                                                                                                                                                                                                                                                                | Due Date/Time Frame                                                                                                                                                                                                                  | Payment Information and/or Amount                                                                                                                                                           |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <ul style="list-style-type: none"> <li>• People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line)</li> <li>• Rural communities</li> <li>• Hispanic</li> <li>• Black, Indigenous, People of Color</li> </ul> <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>5. Provide all services in accordance with:</p> <ul style="list-style-type: none"> <li>• DOH SRHP &amp; Title X Manual</li> <li>• Other state and federal requirements</li> <li>• Reporting Requirements (see below)</li> </ul> <p>D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual.</p> <ol style="list-style-type: none"> <li>1. Maintain a computer system that includes safety precautions against loss of information.</li> <li>2. Ensure data entry personnel protect confidentiality of CVR data.</li> <li>3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</li> </ol> <p>E. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> <li>• Key staff and organizational changes.</li> <li>• Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SRHP/Title X funding.</li> <li>• Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site.</li> </ul> | <p>CVR data submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> <li>• Data for each month</li> <li>• Corrected CVR data</li> </ul> <p>Email briefly describing change.</p> | <p>The 15<sup>th</sup> of the following month.</p> <p>Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager.</p> <p>As needed to keep information current.</p> | <p>Payment will be calculated by R&amp;E provided by DOH (see Reporting Requirements below).</p> <p>All services through the end of this contract period must be billed within 60 days.</p> |



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

| Task # | Activity                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Due Date/Time Frame                                                                 | Payment Information and/or Amount |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|
|        |                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>a. Sliding fee schedule must be based on cost analysis described above.</li> <li>b. Fee schedule must be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc.</li> <li>c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH.</li> <li>d. Income conversion tables must be updated annually and approved by DOH</li> </ul> <p>Information related to current Community Outreach Plan:</p> <p>LHJ's community outreach plan follows a 5-year cycle. This process must include the following steps:</p> <ul style="list-style-type: none"> <li>A. Utilize the state level priority populations, county level demographic data, and agency profile to identify unmet need in the community served.</li> <li>B. Determine objectives and activities to expand sexual and reproductive health to reach populations in need of services in the community served.</li> <li>C. Measure completion of the objectives and activities.</li> </ul> | Submit an updated income conversion table by March 15 of each year of the contract. |                                   |
| 2      | <b>Program Updates</b><br><br>Summary of ongoing activities related to the SRH Program. This informs quality improvement of the Washington State SRH Network.                                                                                                                                                                           | <b>This information must be reported using the template or format provided by DOH. It will include information about contractor's work during current and past SOWs:</b> <ul style="list-style-type: none"> <li>A. Community education and outreach strategies and activities and a discussion of their effectiveness.</li> <li>B. Staff training.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | During quarterly check ins and as requested by DOH                                  |                                   |
| 4      | <b>Family Planning Annual Report (FPAR)</b><br><br>Information DOH is requesting to develop trend data. All information is for the calendar year (January through December). The subsequent agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance. | <b>Organization-level data on clinical services emailed to DOH SRH data manager</b><br>Number of: <ul style="list-style-type: none"> <li>A. Pap tests with an ASC or higher result</li> <li>B. Pap tests with an HSIL or higher result</li> <li>C. HIV Positive confidential tests</li> <li>D. HIV Anonymous tests</li> <li>E. FTE required to provide sexual and reproductive health services:</li> </ul> <ul style="list-style-type: none"> <li>• Physicians</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Data to be collected annually through the end of the grant (2027).                  |                                   |



| Task # | Activity                          | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Due Date/Time Frame                                                                                                                                                                                                                                                                 | Payment Information and/or Amount |
|--------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        |                                   | <ul style="list-style-type: none"> <li>Physician assistants + nurse practitioners + certified nurse midwives</li> <li>Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.</li> </ul> <p>Financial data emailed to DOH Contract Manager R&amp;E showing Other Revenue through the end of the grant as described below.</p> <p>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)</p>                                                                      |                                                                                                                                                                                                                                                                                     |                                   |
| 5      | Clinic Visit Reports (CVRs)       | <p><b>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf</a>.</b></p> <p>CVR data must be submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> <li>- Each month's CVR data</li> <li>- Corrected CVR data</li> </ul> <p><b>Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.</b></p> | <p>The 15<sup>th</sup> of the following month.</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.</p>                                                                                                                      |                                   |
| 6      | Revenue and Expense Reports (R&E) | <p><b>Completed R&amp;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&amp;E workbook will be provided by DOH.</b></p> <p>A. Expenses must match General Ledger.</p> <p>B. Other revenue/program income must reflect revenue actually received in the reporting month.</p> <p>All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</p>                                                                                                                                                          | <p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&amp;E showing all sources of revenue that support services must be billed within 45 days of the budget period. December billings must be submitted by February 10<sup>th</sup>.</p> |                                   |

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

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

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

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

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

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

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

Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf \(wa.gov\)](https://www.doh.wa.gov/Portals/0/PDFPublications/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://doh.wa.gov/sites/default/files/2024-10/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information Request.

**Billing Requirements:**

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

**Special Instructions:****Accessibility of Services**

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

**Availability of Emergency Services**

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

**If LHJ or DOH discontinues this contract:**

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



Signature: 

Email: [Brenda.Henrikson@DOH.WA.GOV](mailto:Brenda.Henrikson@DOH.WA.GOV)

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

CONTRACT NUMBER: CLH32053

AMENDMENT NUMBER: 2

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ca80ac7fbc32e4d7c>
  - ☒ Adds Statements of Work for the following programs:  
 BEACH Program - Effective March 1, 2025  
 WIC Nutrition Program - Effective January 1, 2025
  - ☒ Amends Statements of Work for the following programs:  
 Infectious Disease-Syndemic Prevention Services-SSP - Effective January 1, 2025
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-2 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-1 Allocations as follows:
  - ☒ Increase of \$226,436 for a revised maximum consideration of \$2,871,759.
  - ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - ☐ No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

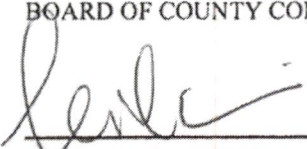
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

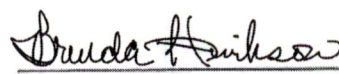
IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

JEFFERSON COUNTY WASHINGTON  
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

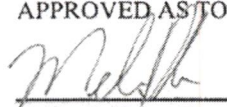
  
Heidi Eisenhour, Chair

3/24/25  
Date

 03/26/2025  
Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY  
Assistant Attorney General

 for 03/11/2025  
Philip C. Hunsucker,  
Chief Civil Deputy Prosecuting Attorney

Date

Page 1 of 1



Indirect Rate as of January 1, 2025: 27.94% Public Health

| Chart of Accounts Program Title     | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHIJ Funding Period |          | DOH Use Only Chart of Accounts Funding Period |          | Amount      | Funding Period SubTotal | Chart of Accounts Total |
|-------------------------------------|--------------------------------|---------|----------------|---------------------|---------------------------------------|----------|-----------------------------------------------|----------|-------------|-------------------------|-------------------------|
|                                     |                                |         |                |                     | Start Date                            | End Date | Start Date                                    | End Date |             |                         |                         |
| FFY24 USDA BFPC Prog Mgmt           | 7WA700WA1                      | Amd 2   | 10.557         | 333.10.55           | 01/01/25                              | 09/30/26 | 10/01/23                                      | 09/30/26 | \$28,238    | \$28,238                | \$28,238                |
| FFY25 USDA WIC Client Svs Contracts | 7WA700WA7                      | Amd 2   | 10.557         | 333.10.55           | 01/01/25                              | 09/30/25 | 10/01/24                                      | 09/30/25 | \$144,142   | \$144,142               | \$144,142               |
| FFY25 SWIMMING BEACH ACT IAR (ECY)  | 01J74301                       | Amd 2   | 66.472         | 333.66.47           | 03/01/25                              | 10/31/25 | 01/01/25                                      | 11/30/25 | \$13,500    | \$13,500                | \$13,500                |
| FFY24 PHEP BP1-CDC-LHIJ Partners    | NU90TU000055                   | Amd 1   | 93.069         | 333.93.06           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$13,754    | \$13,754                | \$13,754                |
| FFY24 OD2A OID CDC Prevent          | NU17CE010218                   | Amd 2   | 93.136         | 333.93.13           | 01/01/25                              | 06/30/25 | 09/01/24                                      | 08/31/25 | \$32,556    | \$81,556                | \$81,556                |
| FFY24 OD2A OID CDC Prevent          | NU17CE010218                   | Amd 1   | 93.136         | 333.93.13           | 01/01/25                              | 06/30/25 | 09/01/24                                      | 08/31/25 | \$49,000    |                         |                         |
| FFY24 FPHPA Title X Family Plan     | FPHPA006560                    | Amd 21  | 93.217         | 333.93.21           | 01/01/25                              | 03/31/25 | 04/01/24                                      | 03/31/25 | \$8,621     | \$8,621                 | \$8,621                 |
| FFY24 CDC PPHF Ops                  | NH23IP922619                   | Amd 1   | 93.268         | 333.93.26           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$10,000    | \$10,000                | \$10,000                |
| FFY20 ELC EDE LHIJ CDC              | NU50CK000515                   | Amd 1   | 93.323         | 333.93.32           | 01/01/25                              | 06/30/25 | 01/15/21                                      | 07/31/25 | \$15,580    | \$15,580                | \$15,580                |
| FFY25 HRSA MCHBG LHIJ Contracts     | B04MC54583                     | Amd 1   | 93.994         | 333.93.99           | 01/01/25                              | 09/30/25 | 10/01/24                                      | 09/30/25 | \$27,525    | \$27,525                | \$27,525                |
| SFY25 SBHC Proviso                  |                                | Amd 1   | N/A            | 334.04.90           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$59,000    | \$59,000                | \$59,000                |
| SFY25 Drug User Health Program      |                                | Amd 1   | N/A            | 334.04.91           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$40,250    | \$40,250                | \$40,250                |
| SFY25 Sexual & Rep Hlth Cost Share  |                                | Amd 1   | N/A            | 334.04.91           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$47,993    | \$47,993                | \$47,993                |
| SFY25 SSPS Opioid Harm Red Proviso  |                                | Amd 2   | N/A            | 334.04.91           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$8,000     | \$8,000                 | \$8,000                 |
| SFY25 LHIJ Opioid Campaign Proviso  |                                | Amd 1   | N/A            | 334.04.93           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$31,500    | \$31,500                | \$31,500                |
| Rec Shellfish/Biototoxin            |                                | Amd 1   | N/A            | 334.04.93           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$3,700     | \$3,700                 | \$3,700                 |
| SFY25 FPHS-LHIJ Funds-GFS           |                                | Amd 1   | N/A            | 336.04.25           | 01/01/25                              | 06/30/25 | 07/01/24                                      | 06/30/25 | \$2,333,000 | \$2,333,000             | \$2,333,000             |
| YR 27 SRF - Local Asst (15%) SS     |                                | Amd 1   | N/A            | 346.26.64           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$2,200     | \$2,200                 | \$2,200                 |
| Sanitary Survey Fees SS-State       |                                | Amd 1   | N/A            | 346.26.65           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$2,200     | \$2,200                 | \$2,200                 |
| YR 27 SRF - Local Asst (15%) TA     |                                | Amd 1   | N/A            | 346.26.66           | 01/01/25                              | 06/30/25 | 07/01/23                                      | 06/30/25 | \$1,000     | \$1,000                 | \$1,000                 |

**Indirect Rate as of January 1, 2025: 27.94% Public Health**

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work             |          | DOH Use Only Chart of Accounts |          | Amount      | Funding Period SubTotal | Chart of Accounts Total |
|---------------------------------|--------------------------------|---------|----------------|---------------------|-------------------------------|----------|--------------------------------|----------|-------------|-------------------------|-------------------------|
|                                 |                                |         |                |                     | LHJ Funding Period Start Date | End Date | Funding Period Start Date      | End Date |             |                         |                         |
| TOTAL                           |                                |         |                |                     |                               |          |                                |          | \$2,871,759 | \$2,871,759             |                         |
| Total consideration:            | \$2,645,323                    |         |                |                     |                               |          |                                |          |             | GRAND TOTAL             | \$2,871,759             |
|                                 | \$226,436                      |         |                |                     |                               |          |                                |          |             |                         |                         |
| GRAND TOTAL                     | \$2,871,759                    |         |                |                     |                               |          |                                |          |             | Total Fed               | \$342,916               |
|                                 |                                |         |                |                     |                               |          |                                |          |             | Total State             | \$2,528,843             |

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

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

**DOH Program Name or Title:** BEACH Program - Effective March 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

**Period of Performance:** March 1, 2025 through October 31, 2025

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

**Statement of Work Purpose:** The Beach Environmental Assessment, Communication, and Health (BEACH) Program works with LHJ to monitor water at marine swimming beaches for bacteria and provide public notification when levels are unsafe.

**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 |
|------------------------------------------|-------------------|---------------------------|-------------------|--------------------|----------|--------------------|--------------------------------|------------------|
| FFY2025 SWIMMING BEACH ACT IAR (ECY)     | 26505925          | 66.472                    | 333.66.47         | 03/01/25           | 10/31/25 | 0                  | 13,500                         | 13,500           |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                    |          | <b>0</b>           | <b>13,500</b>                  | <b>13,500</b>    |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Deliverables/Outcomes                                                                                                                                                                                                      | Due Date/Time Frame                                                                                                                                                         | Payment Information and/or Amount                                                                                                                        |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | <u>BEACH Program Administration and Annual Meeting:</u> Time spent on administrative duties related to the BEACH Program and the 2025 Annual meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                     | Summarize time spent on administrative duties in annual report.                                                                                                                                                            | Annual meeting held in March 2025. Annual report due October 31, 2025                                                                                                       | Reimbursement for actual costs up to \$13,500 for tasks 1-3. Subrecipient may use their discretion in prioritizing which task(s) to pay with this award. |
| 2      | <u>Bacteria Monitoring &amp; Public Notification</u> <ul style="list-style-type: none"> <li>Collect samples and field observations in accordance with BEACH Program Quality Assurance Project Plan (QAPP). Notify BEACH Program Coordinator in advance if samples cannot be collected. Coordinate deviations from the QAPP and/or schedule with the BEACH Program Coordinator.</li> <li>Post and/or remove swimming advisory signs as needed. Provide public education about beach water quality. Notify BEACH Program Coordinator of swimming advisories as soon as possible.</li> </ul> | 1. Enter data into Department of Ecology's BEACH Program Database.<br><br>2. Email copies of laboratory analytical reports to BEACH Program Coordinator.<br><br>3. Include a list of swimming advisories in annual report. | 1. Enter data results into database by Friday each week of sample collection.<br><br>2. Email copies of reports upon receipt.<br><br>3. Annual report due October 31, 2025. |                                                                                                                                                          |



| Task # | Activity                                                                                                                                                                               | Deliverables/Outcomes                                                                                                           | Due Date/Time Frame                                                                  | Payment Information and/or Amount |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------|
| 3      | <u>Illness Pollution Investigations</u><br>Notify BEACH Program Coordinator of any illness reports related to recreational swimming beaches. Conduct illness investigations as needed. | 1. Provide notification via telephone to BEACH Program Coordinator.<br><br>2. Summarize illness investigation in annual report. | 1. Within fourteen (14) business days.<br><br>2. Annual report due October 31, 2025. |                                   |

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

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

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

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

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

**Program Specific Requirements**

The funds for this project are being provided by an Environmental Protection Agency grant, Agreement Number CU-01J74301-4, Assistance Listing Number 66.472 – Beach Monitoring and Notification Program Implementation Grants.

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

Quality Assurance Project Plan <https://apps.ecology.wa.gov/publications/SummaryPages/1903119.html>

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

**DOH Program Name or Title:** Infectious Disease-Syndemic Prevention Services-  
SSP - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID's 2024 Syndemic RFA.

**Revision Purpose:** The purpose of this revision is to increase the contract by \$8,000 to support Task 1, and add unspent FFY23 OD2A funds to FFY24 OD2A in the amount of \$32,556 to support Task 2.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| SFY25 DRUG USER HEALTH PROGRAM           | 12405150          | N/A                       | 334.04.91         | 01/01/25                                  | 06/30/25 | 40,250             | 0                              | 40,250           |
| FFY24 OD2A OID CDC PREVENT               | 12405241          | 93.136                    | 333.93.13         | 01/01/25                                  | 06/30/25 | 49,000             | 32,556                         | 81,556           |
| SFY25 SSPS OPIOID HARM RED PROVISO       | 12405851          | N/A                       | 334.04.91         | 01/01/25                                  | 06/30/25 | 0                  | 8,000                          | 8,000            |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>89,250</b>      | <b>40,556</b>                  | <b>129,806</b>   |

| Task #                                                 | Activity                                                                                                                                                                                                                                                                                                                                                                                                        | Deliverables/Outcomes                                                                                                                                                                                                                                                                                               | Due Date/Time Frame                                                                                                              | Payment Information and/or Amount                                                                                                                                                                                    |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Syring Service Programs: Support for Operations</b> |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |                                                                                                                                                                                                                      |
| 1                                                      | <p>Syringe Services Programs (SSP): Support for Operations</p> <p>Provide comprehensive SSP to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of</p> | <p>SSP operations outcomes include delivering services and tracking:</p> <ul style="list-style-type: none"> <li>number of sterile syringes distributed</li> <li>number of naloxone kits distributed</li> <li>number of participant encounters</li> <li>number of referrals to health and social services</li> </ul> | Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service. | <p><i><b>TASK TOTAL \$48,250<br/>SPLIT BY FUNDING<br/>SOURCE BELOW</b></i></p> <p><b>Reimbursement of actual costs incurred, not to exceed \$40,250 –<br/>MI 12405150 SFY25<br/>DRUG USER HEALTH<br/>PROGRAM</b></p> |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Due Date/Time Frame                                                    | Payment Information and/or Amount                                                                                             |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|        | <p>disease and overdose. SSPs will offer referrals to address social determinants of health.</p> <p>Priority populations for Syringe Services Programs include people who use drugs, with a focus on:</p> <ul style="list-style-type: none"> <li>• People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region.</li> <li>• People who are unhoused or unstably housed.</li> <li>• People engaged in sex work.</li> <li>• People involved in the criminal legal system.</li> <li>• Gender expansive/transgender individuals.</li> <li>• Gay, bi, and other men who have sex with men.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 4 Syringe Services Programs: Support for Operations Program Requirements for additional task information.</b></p> <p>Syringe Services Programs: Clinical Services</p> <p>Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use disorder. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services.</p> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 6 Syringe Services Program, Clinical Services Requirements for additional task information.</b></p> | <p>Submit Performance Objectives &amp; Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> <li>• Outcomes aligned with program strategies and activities.</li> <li>• SMART objectives aligned with performance targets</li> <li>• Activities aligned with program outcomes</li> <li>• Timeline for implementation (including staffing of the proposed program, training, etc.)</li> <li>• Anticipated capacity building or technical assistance needs.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives &amp; Workplans for additional deliverable information.</b></p> | <p>Submit Performance Objectives &amp; Work Plan by June 30, 2025.</p> | <p><i>Reimbursement of actual costs incurred, not to exceed \$8,000 – MI 12405851 SFY25 SSPS OPIOID HARM RED PROVISIO</i></p> |



| Task #                                                                                   | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Due Date/Time Frame                                                                                                                                                                                           | Payment Information and/or Amount                                                                                                                                                      |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Syringe Service Programs: Harm Reduction Services- Overdose Data to Action (OD2A)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                        |
| 2                                                                                        | <p>Syringe Services Programs: Harm Reduction Service Navigation</p> <p>Provide appropriate referrals to SSP participants: facilitate access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment (including medications for opioid use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification.</p> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 5 Syringe Services Program, Harm Reduction Care Navigation Requirement for additional task information.</b></p> | <p>Harm reduction care navigation outcomes include delivering services and tracking:</p> <ul style="list-style-type: none"> <li>number of participants enrolled in care navigation services</li> <li>number of care navigation sessions</li> <li>number of referrals to health and social services</li> <li>number of linkages to care for health and social services</li> </ul> <p>number of outreach attempts per participant</p> <p>Submit Performance Objectives &amp; Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> <li>Outcomes aligned with program strategies and activities.</li> <li>SMART objectives aligned with performance targets</li> <li>Activities aligned with program outcomes</li> <li>Timeline for implementation (including staffing of the proposed program, training, etc.)</li> <li>Anticipated capacity building or technical assistance needs.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives &amp; Workplans for additional deliverable information.</b></p> | <p>Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.</p> <p>Submit Performance Objectives &amp; Work Plan by June 30, 2025</p> | <p><b>Reimbursement of actual costs incurred, not to exceed <del>\$49,000</del> \$81,556</b></p> <p><i>Unspent funds may be carried forward to 7/1/25-8/31/25 contract period.</i></p> |
| 3                                                                                        | <p>The LHJ will engage in OD2A-S evaluation activities for work completed using OD2A-S funds. Evaluation activities will involve:</p> <ul style="list-style-type: none"> <li>As applicable, collecting data on CDC performance measures to support DOH evaluation plan.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Quarterly submission of collected data and answers to qualitative questions (as it applies to your OD2A-S activities) on a DOH-provided template</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Enter quarterly data into the DOH/OID issued template on the following dates:</p> <ul style="list-style-type: none"> <li><b>For reporting period 1/1/25-3/31/25</b></li> </ul>                             |                                                                                                                                                                                        |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deliverables/Outcomes | Due Date/Time Frame                                                                                                                                                                                                                                           | Payment Information and/or Amount |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        | <ul style="list-style-type: none"> <li>○ Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online)</li> <li>○ Zip code where harm reduction services were provided (list “unknown” when location is unknown)</li> <li>○ Total number of navigators located in a harm reduction setting or other setting</li> <li>○ Number of referrals to harm reduction services for each race ethnicity</li> <li>○ If possible, total number of hours spent by each navigator on linkage to care or referral efforts</li> <li>○ Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.)</li> <li>○ Zip code where naloxone was distributed (list “unknown” when unknown)</li> <li>○ Number of naloxone doses distributed at each type of organization</li> <li>○ Number of service encounters involving drug checking</li> <li>○ Zip code for drug checking encounters (list “unknown” when unknown)</li> <li>○ Number of referrals to MOUD for each race/ethnicity</li> <li>○ Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity</li> <li>○ Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral</li> <li>• Providing answers to contextual performance measures questions. <ul style="list-style-type: none"> <li>○ How has access to care or treatment has been improved, and what new/existing community assets were leveraged?</li> <li>○ What are the barriers for people accessing harm reduction services in your jurisdiction?</li> <li>○ What are barriers to accessing or receiving naloxone?</li> <li>○ Describe what types of navigators are included in the data reported</li> <li>○ Describe methods to support navigators</li> </ul> </li> </ul> |                       | <p>April 1, 2025</p> <ul style="list-style-type: none"> <li>• <b>For reporting period 4/1/25-6/30/25</b></li> </ul> <p>July 1, 2025</p> <ul style="list-style-type: none"> <li>• <b>For reporting period 7/1/25-8/31/25</b></li> </ul> <p>October 1, 2025</p> |                                   |

| Task # | Activity                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------|
|        | <ul style="list-style-type: none"> <li>Collaborating with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities.</li> <li>Supporting other evaluation tasks as requested, to meet overall CDC evaluation requirements.</li> </ul> |                       |                     |                                   |

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

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

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

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

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

**Program Specific Requirements**

**Special Requirements, Terms and Conditions**

**1. Definitions**

- a. ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- b. CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- c. CONTRACTOR – For the purposes of this Statement of Work Only, the entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- d. HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- e. INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- f. SOCIAL DETERMINANTS OF HEALTH - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- g. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

**2. Submission of Invoice Vouchers**

- a. On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
  - i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
  - ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.



- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

**3. Program Organization – CONTRACTOR must**

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
  - i. Any new positions funded through the original contract funds, must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.
  - i. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

**4. Syringe Services Program: Support for Operations Program Requirements**

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

**5. Syringe Services Program, Harm Reduction Care Navigation Requirements**

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

OD2A-S September 1, 2024-August 31, 2025 Budget Funds

|               |                 |
|---------------|-----------------|
| Salaries      | \$30,618.13     |
| Benefits      | \$12,247.25     |
| Other         | \$660.00        |
| Supplies      | \$33.073        |
| Indirect rate | \$21,401.59     |
| <b>TOTAL</b>  | <b>\$98,000</b> |

\* The LHJ must receive written approval from DOH before making any changes to the OD2A-S SOW activities or OD2A-S itemized budget

## 6. Syringe Services Program, Clinical Services Requirements

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

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

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

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

- 1) Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
- 2) Alcohol pads
- 3) Non-latex tourniquets
- 4) Sterile water
- 5) Sterile saline
- 6) Cookers
- 7) Cottons and/or cellulose filters
- 8) Bandages/gauze
- 9) Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- 10) Naloxone
- 11) Amber bags

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

## 7. Performance Objectives & Work Plan:

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the second year of the contract period. The work plan should incorporate related program strategies and activities. Contractors should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan. **Note: Syndemic Contract Year 2 is anticipated to be established for July 1, 2025 to June 30, 2026 dependent on funding allocation.**
- b. The contractor should address the following outline in their work plan:
  - i. Contract Year 2 Detailed Work Plan (For each funded service category)
  - ii. Program strategies and activities
  - iii. Outcomes aligned with program strategies and activities
  - iv. SMART objectives aligned with performance targets
  - v. Activities aligned with program outcomes
  - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
  - vii. Anticipated capacity building or technical assistance needs.
- c. Performance Objectives & Work Plans should be submitted by June 30, 2025.
- d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
- e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.



8. **Participation in program evaluation activities** – The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.
9. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**
  - a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
  - b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
  - c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.
10. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care ([allianceforclas.org](http://allianceforclas.org))
11. **Participation in Program Monitoring Activities –**
  - a. DOH will conduct semi-annual or annual performance site visits in the following areas:
    - i. Integrated testing
    - ii. Syndemic service navigation
    - iii. PrEP Housing
    - iv. Syringe Service Programs
    - v. Mail-order naloxone distribution programs
    - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
  - b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

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

12. **Contract Management –**
  - a. **Fiscal Guidance**



- i. **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- ii. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- iii. **Duplication of Early Intervention Program (EIP) Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- iv. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.
  - 1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
  - 2) General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
  - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi. **Restriction on OD2A-S Funds:** The purchase of naloxone cannot be reimbursed using OD2A-S funds. Please refer to the guidance on allowable and unallowable expenses using OD2A-S funds for a comprehensive list of allowable and unallowable spending.
- vii. **Travel** – Out of staff travel requires prior approval from DOH and must follow GSA guidelines and reimbursement rates.
- viii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e., case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.
 

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum, the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.
- ix. **Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall

develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

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

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

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

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

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

- x. **Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients' ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.

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

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

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

**b. Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendment from DOH.
  - 1) Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
  - 2) Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).
    - Amendments must be signed prior to the end of the FFY or SFY end date.  
EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1



### 13. Content Review and Website Disclaimer Notice

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

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

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

### 14. Youth and Peer Outreach Workers

All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

### 15. Whistleblower

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

### 16. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

\*\*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STI diagnosis and treatment. Please note that



CONTRACTORS fit under the definition of "health care providers" and "individuals with knowledge of a person with a reportable disease or condition" in the WAC and RCW.

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

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

**DOH Program Name or Title:** WIC Nutrition Program - Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change<br>Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|-----------------------------------|------------------|
| FFY25 USDA WIC CLIENT SVS CONTRACTS      | 76101251          | 10.557                    | 333.10.55         | 10/01/24 09/30/25                         | 0                  | 144,142                           | 144,142          |
| FFY24 USDA BFPC PROG MGMT                | 7621424A          | 10.557                    | 333.10.55         | 10/01/23 09/30/26                         | 0                  | 28,238                            | 28,238           |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | 0                  | 172,380                           | 172,380          |

| Task #   | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Deliverables/Outcomes                                                                    | Due Date/Time Frame                                                           | Payment Information and/or Amount        |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------|
| <b>1</b> | <b>WIC Nutrition Program</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                               | <b>See "Billing Requirements" below.</b> |
| 1.1      | Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office. The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: <ol style="list-style-type: none"> <li>1. Unanticipated funding situations occur.</li> <li>2. Reallocations are necessary to redistribute caseload statewide.</li> <li>3. Caseload declines.</li> </ol> | Outcomes based on monthly participation data from state WIC caseload management reports. | Authorized participating caseload for March 2025 through September 2026 = 280 |                                          |

| Task #   | Activity                                                                                                                                                                                                                              | Deliverables/Outcomes                                                                                                                  | Due Date/Time Frame                                                                                                                                          | Payment Information and/or Amount             |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1.2      | Submit the annual Nutrition Services Plan for each year of the contract.                                                                                                                                                              | Nutrition Services Plan                                                                                                                | First year due 9/30/25<br>Second year due 9/30/26<br>Third year due 9/30/27                                                                                  | Payment withheld if not received by due date. |
| 1.3      | Submit the annual Nutrition Services Expenditure Report for each year of the contract.                                                                                                                                                | Nutrition Services Expenditure Report                                                                                                  | 11/30/25<br>11/30/26<br>11/30/27                                                                                                                             | Payment withheld if not received by due date. |
| 1.4      | Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.                                                          | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.5      | Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.                                                                                                                | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.6      | Issue WIC benefits while assuring adequate WIC card security and reconciliation.                                                                                                                                                      | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.7      | Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).                                                                                       | Documentation must be available for review by WIC monitor staff.                                                                       | Biennial WIC Monitor                                                                                                                                         |                                               |
| 1.8a     | Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract                                                                                                                                     | Budget Workbook                                                                                                                        | First year due 9/30/25<br>Second year due 9/30/26<br>Third year due 9/30/27                                                                                  |                                               |
| 1.8b     | Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19                                                                                                                                                      | Revenue and Expense Report and A-19                                                                                                    | First year due monthly through September 30, 2025<br>Second year due monthly through September 30, 2026<br>Third year due monthly through September 30, 2027 |                                               |
| <b>2</b> | <b>Breastfeeding Promotion</b>                                                                                                                                                                                                        |                                                                                                                                        |                                                                                                                                                              | <b>See "Billing Requirements" below.</b>      |
| 2.1      | Provide breastfeeding promotion activities in accordance with federal and state requirements.                                                                                                                                         | Status report of chosen activities in Nutrition Services Plan.<br><br>Documentation must be available for review by WIC monitor staff. | First year due 11/30/25<br>Second year due 11/30/26<br>Third year due 11/30/27<br><br>Biennial WIC Monitor                                                   |                                               |
| 2.2      | Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects:<br>▪ Provide staff, health care providers and community partners virtual breastfeeding training resources. | Status report of chosen activities in Nutrition Services Plan.<br><br>Documentation must be available for review by WIC monitor staff. | First year due 8/30/25<br>Second year due 8/30/26<br>Third year due 8/30/27<br><br>Biennial WIC Monitor                                                      |                                               |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                        | Deliverables/Outcomes                                                                                                                                                       | Due Date/Time Frame                                                                                        | Payment Information and/or Amount        |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------|
|        | <ul style="list-style-type: none"> <li>Work with employers who likely employ low-income people to create worksite environments that support breastfeeding.</li> <li>Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates.</li> <li>Provide participants access to lactation consultants.</li> </ul> Other projects will need pre-approval from the State WIC Office |                                                                                                                                                                             |                                                                                                            |                                          |
| 3      | <b>Breastfeeding Peer Counseling Program (BFPC)</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                                                            | <b>See “Billing Requirements” below.</b> |
| 3.1    | Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.                                                                                                                                                                                 | Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year.<br><br>Documentation must be available for review by WIC monitor staff. | First year due 12/31/25<br>Second year due 12/31/26<br>Third year due 12/31/27<br><br>Biennial WIC Monitor |                                          |
| 3.2    | Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.                                                                                                                                                                                                                                                                                                                                | Documentation must be available for review by WIC monitor staff.                                                                                                            | Biennial WIC Monitor                                                                                       |                                          |

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

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

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

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

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

**Program Specific Requirements**

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

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

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

**Staffing Requirements:**

The local agency shall:

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

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

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

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

What is the WIC program?

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

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

Program and fiscal monitoring are done on a biennial (every two years) basis and are conducted onsite.

The local agency must maintain on file and have available for review, audit and evaluation:

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

**Assurances/Certifications:****1. Computer Equipment Loaned by the Department of Health WIC Nutrition Program**

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



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

The local agency agrees to:

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

The Department recommends Contractors carry insurance against possible loss or theft.

## 2. Civil Rights Assurance

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

## 3. 2CFR 200

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

## Billing Requirements:

### 1. Definitions

**Contract Period:** January 1, 2025 – December 31, 2027

**Contract Budget Periods:** The time periods for which the funding is budgeted.

- There are four federal budget periods

January 1, 2025, through September 30, 2025

October 1, 2025, through September 30, 2026

October 1, 2026, through September 30, 2027

October 1, 2027, through December 30, 2027



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

**Special Instructions:**

The local agency shall:

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

| SPECIAL REQUIREMENTS                 |                                                     |        |                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------|-----------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contract Budget Period               | Time Period special requirement funds are available | Amount | Special Requirement Description                                                                                                                                                                                                                                                                                                             |
| January 1, 2025 – September 30, 2025 | January 2025 – September 2025                       | 2,500  | For general training funds. This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits for part time or contractor), and other approved training expenses. |

**Other:**

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

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

CONTRACT NUMBER: CLH32053

AMENDMENT NUMBER: 1

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1.9a94688da2d94d3ca80ac7fbc32e4d7c>

- ☒ Adds Statements of Work for the following programs:
- DCHS - ELC COVID-19 Response - Effective January 1, 2025
  - Foundational Public Health Services (FPHS) - Effective January 1, 2025
  - Infectious Disease-Syndemic Prevention Services-SSP - Effective January 1, 2025
  - Injury & Violence Prevention-LHJ Opioid Campaign Proviso - Effective January 1, 2025
  - Maternal & Child Health Block Grant - Effective January 1, 2025
  - Office of Drinking Water Group A Program - Effective January 1, 2025
  - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025
  - Office of Resiliency & Health Security-PHEP - Effective January 1, 2025
  - Recreational Shellfish Activities - Effective January 1, 2025
  - School-Based Health Centers Program - Effective January 1, 2025
  - Sexual & Reproductive Health Program - Effective January 1, 2025

☐ Amends Statements of Work for the following programs:

☐ Deletes Statements of Work for the following programs:

2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-0 Allocations as follows:

- ☒ Increase of \$2,645,323 for a revised maximum consideration of \$2,645,323.
- ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

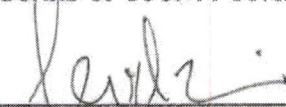
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

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

JEFFERSON COUNTY WASHINGTON  
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

  
Heidi Eisenhour, Chair

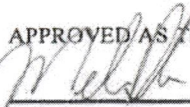
1/27/25  
Date

 01/29/2025

Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY  
Assistant Attorney General

 for 01/16/2025  
Philip C. Hunsucker, Date  
Chief Civil Deputy Prosecuting Attorney

Page 1 of 1



Indirect Rate as of January 1, 2025: 27.94% Public Health

| Chart of Accounts Program Title    | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHI Funding Period |          | DOH Use Only Chart of Accounts Funding Period |          | Amount             | Funding Period SubTotal | Chart of Accounts Total |
|------------------------------------|--------------------------------|---------|----------------|---------------------|--------------------------------------|----------|-----------------------------------------------|----------|--------------------|-------------------------|-------------------------|
|                                    |                                |         |                |                     | Start Date                           | End Date | Start Date                                    | End Date |                    |                         |                         |
| FFY24 PHEP BP1-CDC-LHI Partners    | NU90TU000055                   | Amd 1   | 93.069         | 333.93.06           | 01/01/25                             | 06/30/25 | 07/01/24                                      | 06/30/25 | \$13,754           | \$13,754                | \$13,754                |
| FFY24 OD2A OI0 CDC Prevent         | NU17CE010218                   | Amd 1   | 93.136         | 333.93.13           | 01/01/25                             | 06/30/25 | 09/01/24                                      | 08/31/25 | \$49,000           | \$49,000                | \$49,000                |
| FFY24 FPHPA Title X Family Plan    | FPHPA006560                    | Amd 21  | 93.217         | 333.93.21           | 01/01/25                             | 03/31/25 | 04/01/24                                      | 03/31/25 | \$8,621            | \$8,621                 | \$8,621                 |
| FFY24 CDC PPHF Ops                 | NH23IP922619                   | Amd 1   | 93.268         | 333.93.26           | 01/01/25                             | 06/30/25 | 07/01/23                                      | 06/30/25 | \$10,000           | \$10,000                | \$10,000                |
| FFY20 ELC EDE LHJs CDC             | NU50CK000515                   | Amd 1   | 93.323         | 333.93.32           | 01/01/25                             | 06/30/25 | 01/15/21                                      | 07/31/25 | \$15,580           | \$15,580                | \$15,580                |
| FFY25 HRSA MCHBG LHI Contracts     | NGA Not Received               | Amd 1   | 93.994         | 333.93.99           | 01/01/25                             | 09/30/25 | 10/01/24                                      | 09/30/25 | \$27,525           | \$27,525                | \$27,525                |
| SFY25 SBHC Proviso                 |                                | Amd 1   | N/A            | 334.04.90           | 01/01/25                             | 06/30/25 | 07/01/24                                      | 06/30/25 | \$59,000           | \$59,000                | \$59,000                |
| SFY25 Drug User Health Program     |                                | Amd 1   | N/A            | 334.04.91           | 01/01/25                             | 06/30/25 | 07/01/24                                      | 06/30/25 | \$40,250           | \$40,250                | \$40,250                |
| SFY25 Sexual & Rep Hlth Cost Share |                                | Amd 1   | N/A            | 334.04.91           | 01/01/25                             | 06/30/25 | 07/01/24                                      | 06/30/25 | \$47,993           | \$47,993                | \$47,993                |
| SFY25 LHI Opioid Campaign Proviso  |                                | Amd 1   | N/A            | 334.04.93           | 01/01/25                             | 06/30/25 | 07/01/24                                      | 06/30/25 | \$31,500           | \$31,500                | \$31,500                |
| Rec Shellfish/Biotxin              |                                | Amd 1   | N/A            | 334.04.93           | 01/01/25                             | 06/30/25 | 07/01/23                                      | 06/30/25 | \$3,700            | \$3,700                 | \$3,700                 |
| SFY25 FPHS-LHI Funds-GFS           |                                | Amd 1   | N/A            | 336.04.25           | 01/01/25                             | 06/30/25 | 07/01/24                                      | 06/30/25 | \$2,333,000        | \$2,333,000             | \$2,333,000             |
| YR 27 SRF - Local Asst (15%) SS    |                                | Amd 1   | N/A            | 346.26.64           | 01/01/25                             | 06/30/25 | 07/01/23                                      | 06/30/25 | \$2,200            | \$2,200                 | \$2,200                 |
| Sanitary Survey Fees SS-State      |                                | Amd 1   | N/A            | 346.26.65           | 01/01/25                             | 06/30/25 | 07/01/23                                      | 06/30/25 | \$2,200            | \$2,200                 | \$2,200                 |
| YR 27 SRF - Local Asst (15%) TA    |                                | Amd 1   | N/A            | 346.26.66           | 01/01/25                             | 06/30/25 | 07/01/23                                      | 06/30/25 | \$1,000            | \$1,000                 | \$1,000                 |
| <b>TOTAL</b>                       |                                |         |                |                     |                                      |          |                                               |          | <b>\$2,645,323</b> | <b>\$2,645,323</b>      |                         |
| <b>Total consideration:</b>        | <b>\$0</b>                     |         |                |                     |                                      |          |                                               |          |                    | <b>GRAND TOTAL</b>      | <b>\$2,645,323</b>      |
| <b>GRAND TOTAL</b>                 | <b>\$2,645,323</b>             |         |                |                     |                                      |          |                                               |          |                    | <b>Total Fed</b>        | <b>\$124,480</b>        |
|                                    | <b>\$2,645,323</b>             |         |                |                     |                                      |          |                                               |          |                    | <b>Total State</b>      | <b>\$2,520,843</b>      |

\*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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



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

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response -  
Effective January 1, 2025

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| FFY20 ELC EDE LHJS CDC                   | 1897140E          | 93.323                    | 333.93.32         | 01/01/25                                  | 06/30/25 | 0                  | 15,580                         | 15,580           |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>0</b>           | <b>15,580</b>                  | <b>15,580</b>    |

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

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





| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                             | Due Date/Time Frame | Payment Information and/or Amount |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
|        | <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <p>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</p> <p>ii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</p> <p>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <p>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</p> <p>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> | <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p> |                     |                                   |

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

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------|
|        | <ul style="list-style-type: none"> <li>iii. Planning must incorporate transfer or receipt of people requiring I&amp;Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</li> <li>iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&amp;Q support, either through mobile teams or the state facility.</li> </ul> |                       |                     |                                   |

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

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

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

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

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

**Program Specific Requirements**

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

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

CDC Funding Regulations and Policies

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

**Monitoring Visits (frequency, type)**

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

**Special Billing Requirements:**

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

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



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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

|                                                                                                                                                       |                                                                                                                                                         |                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding Source</b><br><input type="checkbox"/> Federal <Select One><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (check if applicable)</b><br><input type="checkbox"/> FFATA (Transparency Act)<br><input type="checkbox"/> Research & Development | <b>Type of Payment</b><br><input type="checkbox"/> Reimbursement<br><input checked="" type="checkbox"/> Periodic Distribution |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**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.

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title                                          | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change<br>Increase (+) | Total Allocation |
|-----------------------------------------------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|-----------------------------------|------------------|
| SFY25 FPHS-LHJ FUNDS-GFS<br>Note: Total SFY25 Allocation is for 07/01/24-06/30/25 | 99210850          | N/A                       | 336.04.25         | 01/01/25 06/30/25                         | 0                  | 2,333,000                         | 2,333,000        |
|                                                                                   |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                                                                   |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                                                                   |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                                                                   |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                                                                   |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
| <b>TOTALS</b>                                                                     |                   |                           |                   |                                           | <b>0</b>           | <b>2,333,000</b>                  | <b>2,333,000</b> |

| Task # | Activity                                                                                                                      | Deliverables/Outcomes                                            | Due Date/Time Frame                                              | Payment Information and/or Amount |
|--------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| 1      | <b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$520,000                         |

| Task # | Activity                                                                                                                                                                                        | Deliverables/Outcomes                                            | Due Date/Time Frame                                              | Payment Information and/or Amount |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| 2      | <b>Assessment Reinforcing Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                                          | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$60,000                          |
| 3      | <b>Assessment – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                                                    | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$30,000                          |
| 4      | <b>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                               | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$353,000                         |
| 5      | <b>CD - NEW SFY 24 Immunization Outreach, Education &amp; Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                          | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$75,000                          |
| 6      | <b>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy &amp; Leadership Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$150,000                         |
| 7      | <b>FC - NEW SFY 24 Strengthening Local Finance Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                     | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$62,000                          |
| 8      | <b>FC - NEW SFY 24 Public Health Communications</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                             | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$200,000                         |
| 9      | <b>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                      | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$150,000                         |
| 10     | <b>EPR - NEW SFY 24 Emergency Preparedness &amp; Response – Capacity and Capability</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details         | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$178,000                         |
| 11     | <b>Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP)</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details  | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$150,000                         |
| 12     | <b>EPH - NEW SFY 24 Social Work Support</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                                     | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$85,000                          |
| 13     | <b>EPH Core Team – Safe and Healthy Communities</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                             | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$47,000                          |
| 14     | <b>EPH Core Team – Climate Change Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                                  | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$80,000                          |
| 15     | <b>EPH Core Team – Water System Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                                                    | See below in <u>Program Specific Requirements - Deliverables</u> | See below in <u>Program Specific Requirements - Deliverables</u> | \$75,000                          |



| Task # | Activity                                                                                                                                                       | Deliverables/Outcomes                                     | Due Date/Time Frame                                       | Payment Information and/or Amount |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|
| 16     | <b>EPH Core Team – System-Wide Data Management Improvement</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | \$63,000                          |
| 17     | <b>EPH Core Team – Homelessness Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details                   | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | \$55,000                          |

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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](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto: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](http://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 30<sup>th</sup> each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

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



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

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

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

**BARS Revenue Code:** 336.04.25

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

| 562.xx | BARS Expenditure Codes for FPHS activities: see below  |
|--------|--------------------------------------------------------|
| 10     | FPHS Epidemiology & Surveillance                       |
| 11     | FPHS Community Health Assessment                       |
| 12     | FPHS Emergency Preparedness & Response                 |
| 13     | FPHS Communication                                     |
| 14     | FPHS Policy Development                                |
| 15     | FPHS Community Partnership Development                 |
| 16     | FPHS Business Competencies                             |
| 17     | FPHS Technology                                        |
| 20     | FPHS CD Data & Planning                                |
| 21     | FPHS Promote Immunizations                             |
| 23     | FPHS Disease Investigation – Tuberculosis (TB)         |
| 24     | FPHS Disease Investigation – Hepatitis C               |
| 25     | FPHS Disease Investigation – Syphilis, Gonorrhea & HIV |
| 26     | FPHS Disease Investigation – STD (other)               |
| 27     | FPHS Disease Investigation – VPD                       |
| 28     | FPHS Disease Investigation – Enteric                   |
| 29     | FPHS Disease Investigation – General CD                |
| 40     | FPHS EPH Data& Planning                                |
| 41     | FPHS Food                                              |
| 42     | FPHS Recreational Water                                |
| 43     | FPHS Drinking Water Quality                            |
| 44     | FPHS On-site Wastewater                                |
| 45     | FPHS Solid & Hazardous Waste                           |
| 46     | FPHS Schools                                           |
| 47     | FPHS Temporary Worker Housing                          |
| 48     | FPHS Transient Accommodations                          |
| 49     | FPHS Smoking in Public Places                          |

|    |                                                                                            |
|----|--------------------------------------------------------------------------------------------|
| 50 | FPHS Other EPH Outbreak Investigations                                                     |
| 51 | FPHS Zoonotics (includes vectors)                                                          |
| 52 | FPHS Radiation                                                                             |
| 53 | FPHS Land Use Planning                                                                     |
| 60 | FPHS MCH Data & Planning                                                                   |
| 70 | FPHS Chronic Disease, Injury & Violence Prevention Data & Planning                         |
| 80 | FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning |
| 90 | FPHS Vital Records                                                                         |
| 91 | FPHS Laboratory – Centralized (PHSKC Only)                                                 |
| 92 | FPHS Laboratory                                                                            |

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

FPHS Intent - RCW 43.70.512

FPHS Funding – RCW 43.70.515

FPHS Committee & Workgroup Charter

FPHS Steering Committee Consensus Decision Making Model

**Activity Special Instructions:**

**Investments to Each LHJ:**

**1. FPHS Funds to Each LHJ**

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

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

**Targeted Investments to Each LHJ:**

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

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

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

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

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

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

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

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



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

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

11. **Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)**  
Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

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

12. **EPH - NEW SFY 24 Social Work Support (FPHS definitions B.1-3, B.6-7, D.1, D.2, D.4, E.2, E.4, F.2-3, J.1-2, K.1-2, L.3, L.5)**  
This investment is intended to support non-traditional responses to environmental health complaints and challenges in the context of social work support and care coordination with social service providers. Activities include: assessment of complaints and challenges; identifying cases and circumstances for engaging in social work support and care coordination; and engagement with social service providers. Funds may be used to support these activities, as well as related staffing and training expenses. Use BARS expenditure codes: 562.14, 562.15, 562.40, 562.47, 562.48

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

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



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

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

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

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

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

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

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

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

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

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

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

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

This Core Team develops system capacity to advance EPH perspectives into planning processes such as State Environmental Policy Act (SEPA) work, Health Impact Assessments, Comprehensive Plans, and related environmental review opportunities. The Core Team will develop one or more model program(s) to provide scalable

approaches to healthy community planning, which may include wastewater planning and treatment, seawater intrusion in drinking water, ventilation in public buildings, PFAS contamination, climate change challenges, and other emerging topics identified by the Core Team.

- Use BARS expenditure code: 562.40

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

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

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

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

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

- Use BARS expenditure code: 562.43 or 53.

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

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

- Use BARS expenditure code: 562.40.

17. **EPH Core Team – Homelessness Response**

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

- Use BARS expenditure code: 562.40

Exhibit A  
Statement of Work  
Contract Term: 2025-2027

DOH Program Name or Title: Infectious Disease-Syndemic Prevention Services-  
SSP - Effective January 1, 2025

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

SOW Type: Original      Revision # (for this SOW)

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

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide Syndemic Prevention Services for infectious diseases (HIV, STI, and Adult Viral Hepatitis), supporting the Office of Infectious Disease (OID) within Department of Health (DOH). Awarded through OID's 2024 Syndemic RFA.

Revision Purpose: N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date | LHJ Funding Period End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------|-----------------------------|--------------------|--------------------------------|------------------|
| SFY25 DRUG USER HEALTH PROGRAM           | 12405150          | N/A                       | 334.04.91         | 01/01/25                      | 06/30/25                    | 0                  | 40,250                         | 40,250           |
| FFY24 OD2A OID CDC PREVENT               | 12405241          | 93.136                    | 333.93.13         | 01/01/25                      | 06/30/25                    | 0                  | 49,000                         | 49,000           |
|                                          |                   |                           |                   |                               |                             | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                               |                             | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                               |                             | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                               |                             | 0                  | 0                              | 0                |
| TOTALS                                   |                   |                           |                   |                               |                             | 0                  | 89,250                         | 89,250           |

| Task #                                          | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                  | Due Date/Time Frame                                                                                                                                                                                 | Payment Information and/or Amount                              |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Syring Service Programs: Support for Operations |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                     |                                                                |
| 1                                               | Syring Services Programs (SSP): Support for Operations<br><br>Provide comprehensive SSP to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of disease and overdose. SSPs will offer referrals to address social determinants of health. | SSP operations outcomes include delivering services and tracking: <ul style="list-style-type: none"><li>number of sterile syringes distributed</li><li>number of naloxone kits distributed</li><li>number of participant encounters</li><li>number of referrals to health and social services</li></ul><br>Submit Performance Objectives & Work Plan within the first six months of contract period that will include: | Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.<br><br>Submit Performance Objectives & Work Plan by June 30, 2025. | Reimbursement of actual costs incurred, not to exceed \$40,250 |



| Task #                                                                                  | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Due Date/Time Frame                                                                                | Payment Information and/or Amount                                     |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
|                                                                                         | <p>Priority populations for Syringe Services Programs include people who use drugs, with a focus on:</p> <ul style="list-style-type: none"> <li>• People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region.</li> <li>• People who are unhoused or unstably housed.</li> <li>• People engaged in sex work.</li> <li>• People involved in the criminal legal system.</li> <li>• Gender expansive/transgender individuals.</li> <li>• Gay, bi, and other men who have sex with men.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 4 Syringe Services Programs: Support for Operations Program Requirements for additional task information.</b></p> <p>Syringe Services Programs: Clinical Services</p> <p>Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use disorder. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services.</p> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 6 Syringe Services Program, Clinical Services Requirements for additional task information.</b></p> | <ul style="list-style-type: none"> <li>• Outcomes aligned with program strategies and activities.</li> <li>• SMART objectives aligned with performance targets</li> <li>• Activities aligned with program outcomes</li> <li>• Timeline for implementation (including staffing of the proposed program, training, etc.)</li> <li>• Anticipated capacity building or technical assistance needs.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives &amp; Workplans for additional deliverable information.</b></p> |                                                                                                    |                                                                       |
| <b>Syring Service Programs: Harm Reduction Services- Overdose Data to Action (OD2A)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                       |
| 2                                                                                       | Syringe Services Programs: Harm Reduction Service Navigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>Harm reduction care navigation outcomes include delivering services and tracking:</p> <ul style="list-style-type: none"> <li>• number of participants enrolled in care navigation services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                | Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of | <b>Reimbursement of actual costs incurred, not to exceed \$49,000</b> |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Due Date/Time Frame                                                                                                                                                                                                                                                          | Payment Information and/or Amount |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        | <p>Provide appropriate referrals to SSP participants; facilitate access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment (including medications for opioid use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification.</p> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 5 Syringe Services Program, Harm Reduction Care Navigation Requirement for additional task information.</b></p>                | <ul style="list-style-type: none"> <li>• number of care navigation sessions</li> <li>• number of referrals to health and social services</li> <li>• number of linkages to care for health and social services</li> </ul> <p>number of outreach attempts per participant</p> <p>Submit Performance Objectives &amp; Work Plan within the first six months of contract period that will include:</p> <ul style="list-style-type: none"> <li>• Outcomes aligned with program strategies and activities.</li> <li>• SMART objectives aligned with performance targets</li> <li>• Activities aligned with program outcomes</li> <li>• Timeline for implementation (including staffing of the proposed program, training, etc.)</li> <li>• Anticipated capacity building or technical assistance needs.</li> </ul> <p><b>NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives &amp; Workplans for additional deliverable information.</b></p> | <p>each month following service.</p> <p>Submit Performance Objectives &amp; Work Plan by June 30, 2025</p>                                                                                                                                                                   |                                   |
| 3      | <p>The LHJ will engage in OD2A-S evaluation activities for work completed using OD2A-S funds. Evaluation activities will involve:</p> <ul style="list-style-type: none"> <li>• As applicable, collecting data on CDC performance measures to support DOH evaluation plan. <ul style="list-style-type: none"> <li>○ Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online)</li> <li>○ Zip code where harm reduction services were provided (list “unknown” when location is unknown)</li> <li>○ Total number of navigators located in a harm reduction setting or other setting</li> </ul> </li> </ul> | <p>Quarterly submission of collected data and answers to qualitative questions (as it applies to your OD2A-S activities) on a DOH-provided template</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Enter quarterly data into the DOH/OID issued template on the following dates:</p> <ul style="list-style-type: none"> <li>• <b>For reporting period 1/1/25-3/31/25</b><br/>April 1, 2025</li> <li>• <b>For reporting period 4/1/25-6/30/25</b><br/>July 1, 2025</li> </ul> |                                   |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Deliverables/Outcomes | Due Date/Time Frame                                                                                                | Payment Information and/or Amount |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        | <ul style="list-style-type: none"> <li>○ Number of referrals to harm reduction services for each race ethnicity</li> <li>○ If possible, total number of hours spent by each navigator on linkage to care or referral efforts</li> <li>○ Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.)</li> <li>○ Zip code where naloxone was distributed (list “unknown” when unknown)</li> <li>○ Number of naloxone doses distributed at each type of organization</li> <li>○ Number of service encounters involving drug checking</li> <li>○ Zip code for drug checking encounters (list “unknown” when unknown)</li> <li>○ Number of referrals to MOUD for each race/ethnicity</li> <li>○ Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity</li> <li>○ Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral</li> <li>• Providing answers to contextual performance measures questions. <ul style="list-style-type: none"> <li>○ How has access to care or treatment has been improved, and what new/existing community assets were leveraged?</li> <li>○ What are the barriers for people accessing harm reduction services in your jurisdiction?</li> <li>○ What are barriers to accessing or receiving naloxone?</li> <li>○ Describe what types of navigators are included in the data reported</li> <li>○ Describe methods to support navigators</li> </ul> </li> <li>• Collaborating with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities.</li> <li>• Supporting other evaluation tasks as requested, to meet overall CDC evaluation requirements.</li> </ul> |                       | <ul style="list-style-type: none"> <li>• <b>For reporting period 7/1/25-8/31/25</b><br/>October 1, 2025</li> </ul> |                                   |



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

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

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

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

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

**Program Specific Requirements**

**Special Requirements, Terms and Conditions**

**1. Definitions**

- a. ANONYMOUS SERVICES- HIV Prevention services including condom distribution, outreach and light touch.
- b. CAPACITY BUILDING- The process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.
- c. CONTRACTOR – For the purposes of this Statement of Work Only, the entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- d. HARM REDUCTION - Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- e. INTEGRATED TESTING- For the purpose of this Statement of Work, Integrated Testing includes Human Immunodeficiency Virus (HIV), Gonorrhea (GC), Chlamydia (CT), Syphilis, Hepatitis C (HCV) and Hepatitis B (HBV).
- f. SOCIAL DETERMINANTS OF HEALTH - Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- g. YOUTH- For purposes of this agreement, the term “youth” applies to persons under the age of 18.

**2. Submission of Invoice Vouchers**

- a. On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
  - i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
  - ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

**3. Program Organization – CONTRACTOR must**

- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information if applicable, and staffing plan referencing positions described in the budget narrative.
- b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
  - i. Any new positions funded through the original contract funds, must have prior DOH approval.
- c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.

- i. Any new fiscal staff responsible for invoicing on this contract will need to meet with the assigned OID Contract Manager within 60 days for DOH invoice overview and training.

#### 4. Syringe Services Program: Support for Operations Program Requirements

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

#### 5. Syringe Services Program, Harm Reduction Care Navigation Requirements

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

OD2A-S September 1, 2024-August 31, 2025 Budget Funds

|               |             |
|---------------|-------------|
| Salaries      | \$30,618.13 |
| Benefits      | \$12,247.25 |
| Other         | \$660.00    |
| Supplies      | \$33,073    |
| Indirect rate | \$21,401.59 |
| TOTAL         | \$98,000    |

\* The LHI must receive written approval from DOH before making any changes to the OD2A-S SOW activities or OD2A-S itemized budget

#### 6. Syringe Services Program, Clinical Services Requirements

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

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



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

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

- 1) Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
- 2) Alcohol pads
- 3) Non-latex tourniquets
- 4) Sterile water
- 5) Sterile saline
- 6) Cookers
- 7) Cottons and/or cellulose filters
- 8) Bandages/gauze
- 9) Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
- 10) Naloxone
- 11) Amber bags

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

**7. Performance Objectives & Work Plan:**

- a. Funded Syndemic Prevention Services agencies are required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the second year of the contract period. The work plan should incorporate related program strategies and activities. Contractors should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan. *Note: Syndemic Contract Year 2 is anticipated to be established for July 1, 2025 to June 30, 2026 dependent on funding allocation.*
  - b. The contractor should address the following outline in their work plan:
    - i. Contract Year 2 Detailed Work Plan (For each funded service category)
    - ii. Program strategies and activities
    - iii. Outcomes aligned with program strategies and activities
    - iv. SMART objectives aligned with performance targets
    - v. Activities aligned with program outcomes
    - vi. Timeline for implementation (including staffing of the proposed program, training, etc.)
    - vii. Anticipated capacity building or technical assistance needs.
  - c. Performance Objectives & Work Plans should be submitted by June 30, 2025.
  - d. OID staff are available to support in developing Performance Objectives & Work Plans in collaboration with funded agencies.
  - e. Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.
- 8. Participation in program evaluation activities –** The Contractor is expected to participate in program evaluation activities, including evaluation planning, and collecting and reporting qualitative and quantitative program data, as deemed necessary by OID staff.
- 9. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of Syndemic Services**
- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.



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

**10. CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (allianceforclas.org)

**11. Participation in Program Monitoring Activities –**

- a. DOH will conduct semi-annual or annual performance site visits in the following areas:
  - i. Integrated testing
  - ii. Syndemic service navigation
  - iii. PrEP Housing
  - iv. Syringe Service Programs
  - v. Mail-order naloxone distribution programs
  - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

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

**12. Contract Management –**

- a. **Fiscal Guidance**
  - i. **Indirect** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
  - ii. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
  - iii. **Duplication of Early Intervention Program (EIP) Services** – The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.

- iv. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer gift cards voucher programs to assure that recipients cannot readily convert vouchers into cash.
  - 1) Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
  - 2) General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
  - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- v. **Funds for Needle Exchange Programs Not Allowed with Federal Funding** – CONTRACTOR shall not expend contract federal funds to support needle exchange programs using funds from HIV Community Services Tasks.
- vi. **Restriction on OD2A-S Funds:** The purchase of naloxone cannot be reimbursed using OD2A-S funds. Please refer to the guidance on allowable and unallowable expenses using OD2A-S funds for a comprehensive list of allowable and unallowable spending.
- vii. **Travel** – Out of staff travel requires prior approval from DOH and must follow GSA guidelines and reimbursement rates.
- viii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e., case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum, the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

- ix. **Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

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

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

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



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

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

- x. **Food and Refreshments** – Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval** is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients' ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.

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

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

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

**b. Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing services authorized by a contract amendment until the CONTRACTOR has received a signed and fully executed copy of the contract amendment from DOH.
  - 1) Local Health Jurisdiction (LHJ) Contractors – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
  - 2) Non- LHJ Contractors – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and 90 days prior to end of the State Fiscal Year (SFY).
    - Amendments must be signed prior to the end of the FFY or SFY end date.  
EX. FFY end date is 12/31, contract amendment request due to contract manager by 11/1

**13. Content Review and Website Disclaimer Notice**

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

Michael Barnes, Washington State Department of Health  
PO Box 47841  
Olympia, WA 98504-7841



Phone: 360-810-1880  
Email: Michael.Barnes@doh.wa.gov

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

#### 14. Youth and Peer Outreach Workers

All programs, including CONTRACTORS, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue. Agencies will also ensure that organizational staff and youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments. Agencies will also maintain and implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

#### 15. Whistleblower

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

#### 16. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

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

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

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change<br>Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|-----------------------------------|------------------|
| SFY25 LHJ OPIOID CAMPAIGN PROVISIO       | 77550853          | N/A                       | 334.04.93         | 01/01/25 06/30/25                         | 0                  | 31,500                            | 31,500           |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | <b>0</b>           | <b>31,500</b>                     | <b>31,500</b>    |

| Task # | Activity                                                                                                                                                                                             | Deliverables/Outcomes                                                                                                                                                                                                                                                                                           | Due Date/Time Frame                                                                                                                                                                                                                                                        | Payment Information and/or Amount                                                                                                                    |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | The LHJ will create 2 banners which will be hung across state route 20 in Port Townsend and 1,000 brochures to be distributed at all Port Townsend events. Brochures to include Spanish translation. | <ul style="list-style-type: none"> <li>Development timeline of brochures and banners?</li> <li>What kinds of messages have been disseminated on the banners and in the brochures.</li> <li>Timeline of when the banners will be displayed.</li> <li>Audience that the brochures will be targeted to.</li> </ul> | Monthly progress reports to DOH for updates on the implementation of all tasks.<br><br>Due Dates:<br>January due February 1, 2025.<br>February due March 1, 2025<br>March due April 1, 2025<br>April due May 1, 2025<br>May due June 1, 2025<br>All June due June 30, 2025 | Monthly invoices for actual cost reimbursement will be submitted to DOH.<br><br>Total of all invoices will not exceed \$31,500 through June 30, 2025 |
| 2      | The LHJ will develop 2-4 public media posts that will occur each month throughout the year including static images and videos on Instagram and Facebook: one video for our YouTube channel.          | <ul style="list-style-type: none"> <li>Timeline of the development of the media posts.</li> <li>Messaging on the media posts and what are the static images of?</li> </ul>                                                                                                                                      |                                                                                                                                                                                                                                                                            |                                                                                                                                                      |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                             | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                         | Due Date/Time Frame | Payment Information and/or Amount |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
|        |                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Content of the You Tube video? Use of local people? Messaging?</li> </ul>                                                                                                                                                                                                                                                              |                     |                                   |
| 3      | The LHJ will purchase 6 newspaper and community board advertising to promote awareness and science-based information about opioid, fentanyl, and MOUD.                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>What kinds of messaging was developed?</li> <li>Where are you getting the science-based information from?</li> <li>What areas are the community boards located in?</li> <li>What is the audience you are targeting?</li> </ul>                                                                                                         |                     |                                   |
| 4      | The LHJ will host 4 interactive public education events with community partners at the Nest (OWL 360), Recovery Café, Chimacum Grange, and Quilcene Guild Hall that focus on destigmatization, science-based education, and community understanding of not only opioid and fentanyl use in our community but also how community engagement is a preventative measure | <ul style="list-style-type: none"> <li>How is the planning going? Dates for any of the events?</li> <li>How are you choosing which community partners and which times and places?</li> <li>How are you sending the message at the events? I.e. PowerPoint, lecture, community members?</li> <li>Where is the information coming from that you are planning to use?</li> </ul> |                     |                                   |
| 5      | The LHJ will work with KPTZ Radio station in Port Townsend to develop and participate in 4, one-hour long, interview programs to educate public and dispel myths and stigmas related to opioid and fentanyl use disorders.                                                                                                                                           | <ul style="list-style-type: none"> <li>Development of questions for interview</li> <li>Who is the audience you are targeting?</li> <li>How messaging is being tailored for specific groups.</li> </ul>                                                                                                                                                                        |                     |                                   |

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

#### **Program Specific Requirements**

##### **Billing Requirements:**

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

##### **Special Instructions:**

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



**Budget Table**

| Line Item                       | Allocation | Justification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salaries                        | \$19,035   | 8 and 8.5 hours/wk. - 0.2-0.21 FTE (Nov 2024 – June, 2025).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Benefits                        | \$8,158    | 42.85% of salary amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Goods and Services              | \$16,578   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Newspaper ads                   | \$7,128    | 6 Full-page newspaper advertisements: \$1,188.00 x 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Social media boosting           | \$500      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Video development and execution | \$8,200    | <p>*Producer: \$85 per hour 12 hrs. time: meeting with client, refine messaging, story, concept, testimonial questions/prompts, location scouting, scheduling, and other logistics.</p> <p>Director: \$800.00 per day 1-day 800.00: Oversees production and conducts interviews</p> <p>Videographer \$1,000.00 per day 2 days 2,000.00</p> <p>Sound recordist/Production Assistant: \$400.00 per day 1 day 400.00</p> <p>Media mgt. Copy files, back-up, organize and label in project. prep interviews for transcription: \$85 per hr. 6 hrs. 510.00</p> <p>Supplementary Media Selection &amp; Procurement: Find and procure any additional media (stills, video, motion graphic assets, etc.) \$85 pre hr. 6 hrs. 510.00</p> <p>Music: Time spent working with the client to identify and select tracts: \$85 per hr.: 1 hr. 85.00</p> <p>1st Cut: Assemble content from interviews, layer w/b-roll and placeholders for graphics (titles/credits, feedback: \$85 per hrs.: 12 hrs. 1,020.00</p> <p>2ndCut: Refine for content, add music, and natural sound layering, feedback: \$85 per hour 8 hrs. 680.00</p> <p>3rd Cut: Final content adj, add graphics (animation, titles/credits), color correction, audio mixing, final feedback. \$85 per ho 8 hrs. 680.00</p> <p>Final Cut: Final adj. to graphics, color, and sound \$85 per hour: 7 hrs. 595.00</p> <p>Export and delivery: \$85 per hr. 1 hour: 85.00</p> |
| Banners                         | \$500      | 2 banners x \$250 each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                               |          |                                                                                                                                                                                                                         |
|-------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brochures                     | \$250    | 200 brochures at standard price is \$238.00 at Chill Printing. Best Printer USA 200 brochures for \$232.00. Locally at the Printery, the estimated cost for 250 brochures is: ballpark: \$349.55 (depending on artwork) |
| Administrative costs/indirect | \$12,229 | 27.94% indirect rate                                                                                                                                                                                                    |
| TOTAL                         | \$56,000 |                                                                                                                                                                                                                         |

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

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date | Current Allocation | Allocation Change<br>Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|-----------------------------------|------------------|
| FFY25 HRSA MCHBG LHJ CONTRACTS           | 78101251          | 93.994                    | 333.93.99         | 01/01/25 09/30/25                         | 0                  | 27,525                            | 27,525           |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | <b>0</b>           | <b>27,525</b>                     | <b>27,525</b>    |

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



| Task #                                                            | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deliverables/Outcomes                                                                                                                                                                         | Due Date/Time Frame                                                                                                                                                  | Payment Information and/or Amount                                                                                                                                                                                |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                               |                                                                                                                                                                      | See Program Specific Requirements and Special Billing Requirements.                                                                                                                                              |
| <b>Implementation</b>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                               |                                                                                                                                                                      |                                                                                                                                                                                                                  |
| 2a                                                                | Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.                                                                                                                                                                                                                                                                           | Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes. | January 15, 2025<br>February 15, 2025<br>March 15, 2025<br>April 15, 2025<br>May 15, 2025<br>June 15, 2025<br>July 15, 2025<br>August 15, 2025<br>September 15, 2025 | Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. |
| 2b                                                                | Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.                                                                                                                                                                                                                                                                                                                                                            | Submit MCHBG reporting document to DOH Community Consultant.                                                                                                                                  | Draft – August 15, 2025<br>Final – September 12, 2025                                                                                                                | See Program Specific Requirements and Special Billing Requirements.                                                                                                                                              |
| <b>Children and Youth with Special Health Care Needs (CYSHCN)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                               |                                                                                                                                                                      |                                                                                                                                                                                                                  |
| 3a                                                                | Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served. | Submit data to DOH per CYSHCN Program guidance.                                                                                                                                               | January 15, 2025<br>April 15, 2025<br>July 15, 2025                                                                                                                  | Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. |
| 3b                                                                | Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.                                                                                                                                                                                                                                                                                                                                    | Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.                                                            | 30 days after forms are completed.                                                                                                                                   | See Program Specific Requirements and Special Billing Requirements.                                                                                                                                              |
| 3c                                                                | Review your program's entry on <a href="https://parenthelp123.org">ParentHelp123.org</a> annually for accuracy.                                                                                                                                                                                                                                                                                                                                                                 | Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.                                         | September 30, 2025                                                                                                                                                   |                                                                                                                                                                                                                  |
| 3d                                                                | Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.                                                                                                                                                                                                                                                               | Submit updates as part of monthly reporting document.                                                                                                                                         | January 15, 2025<br>February 15, 2025<br>March 15, 2025<br>April 15, 2025<br>May 15, 2025                                                                            |                                                                                                                                                                                                                  |

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

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

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

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

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

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

**Program Specific Requirements**

**Special Requirements:**

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

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

CYSHCN Information and Resources:

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

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

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

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

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

Check-ins with DOH Community Consultant as needed.

**Billing Requirements:**

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

**Special Instructions:**

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



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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| SANITARY SURVEY FEES SS-STATE            | 24232522          | N/A                       | 346.26.65         | 01/01/25                                  | 12/31/25 | 0                  | 2,200                          | 2,200            |
| YR 27 SRF - LOCAL ASST (15%) SS          | 24119227          | N/A                       | 346.26.64         | 01/01/25                                  | 12/31/25 | 0                  | 2,200                          | 2,200            |
| YR 27 SRF - LOCAL ASST (15%) TA          | 24119227          | N/A                       | 346.26.66         | 01/01/25                                  | 12/31/25 | 0                  | 1,000                          | 1,000            |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>0</b>           | <b>5,400</b>                   | <b>5,400</b>     |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Due Date/Time Frame                                                                                                                                | Payment Information and/or Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | <p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.</p> | <p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> <li>Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.</li> <li>Completed Small Water System checklist.</li> <li>Updated Water Facilities Inventory (WFI).</li> <li>Photos of water system with text identifying features</li> </ol> | <p>Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.</p> | <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$400</b> for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$800</b> for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> |

| Task # | Activity                                                                                                                                                                                                                 | Deliverables/Outcomes                                                                                                                                                                                                  | Due Date/Time Frame                                                                                                               | Payment Information and/or Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                                                                                                                                                                                                          | 5. Any other supporting documents.<br><br>*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.<br><br>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.<br><br>See Special Instructions for task activity. | Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.                                                                                                                           | Completed SPI Reports must be received by the ODW Regional Office within <b>2 working days</b> of the service request.            | Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> for each SPI.<br><br>Payment is inclusive of all associated costs such as travel, lodging, per diem.<br><br>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline.<br><br>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.<br><br>See Special Instructions for task activity.     | Provide completed TA Report and any supporting documents and photos to ODW Regional Office.                                                                                                                            | Completed TA Report must be received by the ODW Regional Office within <b>30 calendar days</b> of providing technical assistance. | Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:<br><ul style="list-style-type: none"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul><br>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.<br><br>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.<br><br>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.<br><br>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 <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>                                                                                                                                                                                                                                                                              |



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

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

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

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

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

**Program Specific Requirements**

**Data Sharing**

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

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

**Special References:**

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

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

**Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$4,400** for **Task 1**, and **\$1,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

**Special Instructions**

**Task 1**

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



- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2025, and December 31, 2025.
- No more than **4** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2025 and December 31, 2025.

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

#### **Task 2**

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

#### **Task 3**

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

#### **Task 4**

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

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

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| FFY24 CDC PPHF OPS                       | 74310246          | 93.268                    | 333.93.26         | 01/01/25                                  | 06/30/25 | 0                  | 10,000                         | 10,000           |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>0</b>           | <b>10,000</b>                  | <b>10,000</b>    |

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

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

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

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

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

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

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

**Program Specific Requirements**

**Unallowable Costs:**

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

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



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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

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

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

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

**Revision Purpose:** NA

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| FFY24 PHEP BP1 - CDC - LHJ PARTNERS      | 31602241          | 93.069                    | 333.93.06         | 01/01/25                                  | 06/30/25 | 0                  | 13,754                         | 13,754           |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>0</b>           | <b>13,754</b>                  | <b>13,754</b>    |

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

| Task #                                                                                                                                                                                               | Activity                                                                                                                                                                                                                                                                                                                                                                      | Deliverables/Outcomes                                     | Due Date             | Payment Information and/or Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|-----------------------------------|
| <b>2</b><br><b>LHJ Performance Measures</b><br><br>Framework 6 –<br>Modernize data collection and systems                                                                                            | Submit LHJ Performance Measure Data as requested on the form provided by DOH.                                                                                                                                                                                                                                                                                                 | LHJ Performance Measure Data on the form provided by DOH. | June 30, 2025        |                                   |
| <b>3</b><br><b>Additional Information Required by CDC</b><br><br>Framework 4 –<br>Improve administrative and budget preparedness systems                                                             | Submit additional information as requested by DOH to comply with federal grant requirements.<br><br>Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.                                                                                                                   | Information requested by DOH.                             | As requested by DOH. |                                   |
| <b>4</b><br><b>Risk Assessment</b><br><br>Framework 1 –<br>Develop threat-specific approach<br><br>Framework 3 –<br>Expand local support<br><br>Framework 8 –<br>Incorporate health equity practices | Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ.<br><br>DOH and/or UW will provide the tool and technical assistance.                                                                                                                                | Public Health Disaster Risk Assessment                    | June 30, 2025        |                                   |
| <b>5</b><br><b>Planning</b><br><br>Framework 4 –<br>Improve administrative and budget preparedness systems<br><br>Framework 8 –                                                                      | Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners.<br><br>Engage partners to incorporate health equity principles.<br><br>Including (but not limited to):<br>• Administrative preparedness plans.<br>• Recovery operations.<br>• Incident response improvement plan data elements. | Multiyear integrated preparedness plan.                   | June 30, 2025        |                                   |

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



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

| Task #                                                                                                                                                                                      | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deliverables/Outcomes                                                                             | Due Date      | Payment Information and/or Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------|-----------------------------------|
| <b>9 Exercising</b><br><br>Framework 2 – Enhance Partnerships<br><br>Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies | Participate in at least one exercise by June 30, 2025.<br>• Include critical response and recovery partners.<br>• Engage partners to incorporate health equity principles.<br>• Integrate administrative and budget preparedness recommendations.<br>• Complete AAR/IP for the exercise by June 30th, 2025.<br><br>Note:<br>This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs. | End-of-year reports on template provided by DOH.<br><br>Improvement Plans available upon request. | June 30, 2025 |                                   |
| <b>10 Communication &amp; Exercising</b><br><br>Framework 7 – Strengthen risk communication activities                                                                                      | Identify and implement communication monitoring media relations, and digital communication strategies in exercises.<br><br>Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.                                                                                                       | End-of-year reports on template provided by DOH.                                                  | June 30, 2025 |                                   |
| <b>11 MCM</b><br><br>Framework 1 – Develop threat-specific approach<br><br>Framework 10 – Prioritize community recovery efforts                                                             | Maintain ability to procure, store, manage, and distribute medical materiel.<br><br>Maintain ability to dispense and administer medical countermeasures (MCM).<br><br>Attend an MCM quarterly meeting for the non-CRI LHJs.<br>Continue to show capabilities by submitting updated MCM plans as needed.                                                                                                                                                                             | End-of-year reports on template provided by DOH.                                                  | June 30, 2025 |                                   |
| <b>12 DOH Duty Officer</b><br><br>Framework 7 – Strengthen risk communications activities                                                                                                   | Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.<br><br>Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep                                                                                                                                                                    | End-of-year reports on template provided by DOH.                                                  | June 30, 2025 |                                   |

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

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

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

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

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

**Program Specific Requirements****Special Requirements:**

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

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

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

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

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

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

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

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

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

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

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

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

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

Note: Preapproval is no longer required for paying overtime.

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

**BILLING:**

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

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

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

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**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<br>Start Date End Date | Current Allocation | Allocation Change<br>Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|--------------------|-----------------------------------|------------------|
| REC. SHELLFISH /BIOTOXIN                 | 26402600          | N/A                       | 334.04.93         | 01/01/25 06/30/25                         | 0                  | 3,700                             | 3,700            |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
|                                          |                   |                           |                   |                                           | 0                  | 0                                 | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           | <b>0</b>           | <b>3,700</b>                      | <b>3,700</b>     |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Deliverables/Outcomes                                                                                                                                                                     | Due Date/Time Frame                                                               | Payment Information and/or Amount |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| 1      | <b>Biotoxin Monitoring</b> <ul style="list-style-type: none"> <li>Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected.</li> <li>Conduct emergency biotoxin sampling when needed.</li> <li>Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed.</li> <li>Issue biotoxin news releases during biotoxin closures in Jefferson County.</li> <li>This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.</li> </ul> | Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs. | Email Report to DOH by February 18, 2025<br><br>(See Special Instructions below.) | \$3,500                           |



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

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

#### **Program Specific Requirements**

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

Department of Health's Biotoxin Monitoring Plan

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

Chapter 246-280 WAC

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

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

##### **Special Instructions:**

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

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

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**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 grant. An SBHC is defined 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 |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|--------------------|----------|--------------------|--------------------------------|------------------|
| SFY25 SBHC PROVISIO                      | 78310850          | N/A                       | 334.04.90         | 01/01/25           | 06/30/25 | 0                  | 59,000                         | 59,000           |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                    |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                    |          | <b>0</b>           | <b>59,000</b>                  | <b>59,000</b>    |

| Task # | Activity                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                            | Due Date/Time Frame         | Payment Information and/or Amount |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|
| 1      | Provide updates to DOH on progress of SBHC operations, project, and workplan completion. <ul style="list-style-type: none"> <li>Include status report of SBHC operations (hours of operation, staffing model, and services provided)</li> </ul> Include milestones, successes, challenges, and barriers | Quarterly report                                                                                                                                 | Quarterly, April 15 July 15 | \$8,000 (\$4,000 per report)      |
| 2      | Attend bi-monthly contract meetings with DOH to discuss progress, support needs, barriers/challenges.                                                                                                                                                                                                   | Quarterly report that includes: <ul style="list-style-type: none"> <li>List of contract meetings attended during the reporting period</li> </ul> | Quarterly, April 15 July 15 | \$4,000 (\$2,000 per report)      |

| Task # | Activity                                                                                                                                                                                                                                                                                                         | Deliverables/Outcomes                                                                                                                                                                 | Due Date/Time Frame               | Payment Information and/or Amount |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
|        | 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).<br><br>Identify additional resources or training needed; collaborate with DOH to participate in and/or get access to resources, if needed. | <ul style="list-style-type: none"> <li>List of trainings and TA meetings attended during the reporting period</li> <li>List of any additional resources or training needed</li> </ul> |                                   |                                   |
| 3      | Implement health equity plan and provide progress updates: <ul style="list-style-type: none"> <li>Can include pictures, products, stories, and/or testimonials</li> </ul> Include successes, challenges, and any barriers to completing this activity                                                            | Quarterly report                                                                                                                                                                      | Quarterly,<br>April 15<br>July 15 | \$5,000 (\$2,500 per report)      |
| 4a     | 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,<br>April 15<br>July 15 | \$4,000 (\$2,000 per report)      |
| 4b     | Collect and report on required performance measures, using provided DOH performance measure spreadsheet.                                                                                                                                                                                                         | Quarterly performance measure report                                                                                                                                                  | Quarterly,<br>April 15<br>July 15 | \$6,000 (\$3,000 per report)      |
| 4c     | Submit SBHC evaluation report using measures and goals outlined in your evaluation plan. Use provided DOH evaluation report template.                                                                                                                                                                            | SBHC evaluation report                                                                                                                                                                | June 30, 2025                     | \$32,000                          |

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

#### **Program Specific Requirements**

**Special Requirements:** Quarterly progress reports will be submitted to the DOH contract manager 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 (LHJ) to operate a school-based health center.

**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 behavioral health provider that is on-site, through telehealth, and/or through mobile units. If a behavioral health provider is not licensed, they must be supervised by a licensed behavioral health provider.

**Billing Requirements:**

- The 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 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):
  - January-March deliverables, due by April 15, 2025: \$13,500
  - April-June deliverables, due by July 15, 2025: \$45,500
- DOH must receive correct and complete invoices within 60 days of the budget period. Late invoices will be paid at the discretion of DOH and are contingent upon the availability of funds.
  - Submit all final billings within 60 days of the end of the contract
  - Submit all required program reports and deliverables within 60 days

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

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

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH32053

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

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

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

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

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

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

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period<br>Start Date End Date |          | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|-------------------------------------------|----------|--------------------|--------------------------------|------------------|
| FFY24 FPHPA TITLE X FAMILY PLAN          | 78430240          | 93.217                    | 333.93.21         | 01/01/25                                  | 03/31/25 | 0                  | 8,621                          | 8,621            |
| SFY25 SEXUAL & REP HLTH COST SHARE       | 78430150          | N/A                       | 334.04.91         | 01/01/25                                  | 06/30/25 | 0                  | 47,993                         | 47,993           |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                           |          | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                           |          | <b>0</b>           | <b>56,614</b>                  | <b>56,614</b>    |

| Task # | Activity                                                                                                                                                                                                                                                                                     | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                 | Due Date/Time Frame                              | Payment Information and/or Amount                                                                    |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1      | <b>Sexual and Reproductive Health Program (SRHP) &amp; Title X (TX) Services—excluding abortion and other surgical procedures related to SRHP.</b><br><br>A. Comply with Washington State SRHP Manual, federal Title X requirements and all state and federal laws. Also see Program Manual. | <ul style="list-style-type: none"> <li>A19 invoice vouchers submitted in a timely manner accompanied by an R&amp;E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy.</li> <li>All reports described in Reporting Requirements below.</li> </ul> | No more than monthly and no less than quarterly. | Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements below). |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Due Date/Time Frame                                                            | Payment Information and/or Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <p>Handbook, Policy References under Reporting Requirements (below).</p> <p>B. Complete required Agency Information Request including Title X Assurance of Compliance and National Provider Identifier (NPI) billing numbers</p> <p>C. Provide medical services, community education and outreach, and staff training, consistent with state requirements:</p> <ol style="list-style-type: none"> <li>1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW.</li> <li>2. Medical, laboratory, and other services related to abortion are not covered by this task.</li> <li>3. Community education services must be based on the needs of the community. LHJ must have an Information &amp; Education (I&amp;E) committee with five (5) or more members that is broadly representative of the population or community for which materials are intended. The committee must review a batch of patient-facing materials annually (at least 15 products or 15% of the total number of materials, whichever is smaller); meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6])</li> <li>4. Outreach is to ensure all populations in your community understand the services available. Focus your outreach efforts on increasing equity.</li> </ol> <p>Washington State Sexual and Reproductive Health Network priority populations are:</p> <ul style="list-style-type: none"> <li>• Teens</li> </ul> | <ul style="list-style-type: none"> <li>• Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.)</li> <li>• To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format.</li> <li>• To facilitate DOH/TX site-visits—appropriate staff and documentation readily available prior to and during review.</li> </ul> <p>DOH performs site visits. Follow-up site visits are performed until identified issues are resolved.</p> | <p>As described in Reporting Requirements below</p> <p>As requested by DOH</p> | <p>DOH reserves the right to withhold payment until:</p> <ul style="list-style-type: none"> <li>• Compliance issues or a previous SOW are resolved in a way accepted by DOH</li> <li>• Current data is submitted to, and accepted by, Ahlers.</li> <li>• A19 back up documentation required by DOH has been submitted and approved.</li> <li>• Other deliverables have been met.</li> </ul> <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> <li>• Actual allowable costs according to your approved cost analysis (see Reporting Requirements below).</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.</li> </ul> |



| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deliverables/Outcomes                                                                                                                                                                                                                                                                | Due Date/Time Frame                                                                                                                                                                                                                  | Payment Information and/or Amount                                                                                                                                                           |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <ul style="list-style-type: none"> <li>• People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line)</li> <li>• Rural communities</li> <li>• Hispanic</li> <li>• Black, Indigenous, People of Color</li> </ul> <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>5. Provide all services in accordance with:</p> <ul style="list-style-type: none"> <li>• DOH SRHP &amp; Title X Manual</li> <li>• Other state and federal requirements</li> <li>• Reporting Requirements (see below)</li> </ul> <p>D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual.</p> <ol style="list-style-type: none"> <li>1. Maintain a computer system that includes safety precautions against loss of information.</li> <li>2. Ensure data entry personnel protect confidentiality of CVR data.</li> <li>3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</li> </ol> <p>E. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> <li>• Key staff and organizational changes.</li> <li>• Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SRHP/Title X funding.</li> <li>• Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site.</li> </ul> | <p>CVR data submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> <li>• Data for each month</li> <li>• Corrected CVR data</li> </ul> <p>Email briefly describing change.</p> | <p>The 15<sup>th</sup> of the following month.</p> <p>Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager.</p> <p>As needed to keep information current.</p> | <p>Payment will be calculated by R&amp;E provided by DOH (see Reporting Requirements below).</p> <p>All services through the end of this contract period must be billed within 60 days.</p> |

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

| Task # | Activity                                                                                                                                                                                                                                                                                                                                | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Due Date/Time Frame                                                                 | Payment Information and/or Amount |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|
|        |                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>a. Sliding fee schedule must be based on cost analysis described above.</li> <li>b. Fee schedule must be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc.</li> <li>c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH.</li> <li>d. Income conversion tables must be updated annually and approved by DOH</li> </ul> <p>Information related to current Community Outreach Plan:</p> <p>LHJ's community outreach plan follows a 5-year cycle. This process must include the following steps:</p> <ul style="list-style-type: none"> <li>A. Utilize the state level priority populations, county level demographic data, and agency profile to identify unmet need in the community served.</li> <li>B. Determine objectives and activities to expand sexual and reproductive health to reach populations in need of services in the community served.</li> <li>C. Measure completion of the objectives and activities.</li> </ul> | Submit an updated income conversion table by March 15 of each year of the contract. |                                   |
| 2      | <b>Program Updates</b><br><br>Summary of ongoing activities related to the SRH Program. This informs quality improvement of the Washington State SRH Network.                                                                                                                                                                           | <b>This information must be reported using the template or format provided by DOH. It will include information about contractor's work during current and past SOWs:</b> <ul style="list-style-type: none"> <li>A. Community education and outreach strategies and activities and a discussion of their effectiveness.</li> <li>B. Staff training.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | During quarterly check ins and as requested by DOH                                  |                                   |
| 4      | <b>Family Planning Annual Report (FPAR)</b><br><br>Information DOH is requesting to develop trend data. All information is for the calendar year (January through December). The subsequent agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance. | <b>Organization-level data on clinical services emailed to DOH SRH data manager</b><br>Number of: <ul style="list-style-type: none"> <li>A. Pap tests with an ASC or higher result</li> <li>B. Pap tests with an HSIL or higher result</li> <li>C. HIV Positive confidential tests</li> <li>D. HIV Anonymous tests</li> <li>E. FTE required to provide sexual and reproductive health services:</li> <li>• Physicians</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Data to be collected annually through the end of the grant (2027).                  |                                   |



| Task # | Activity                          | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Due Date/Time Frame                                                                                                                                                                                                                                                                 | Payment Information and/or Amount |
|--------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|        |                                   | <ul style="list-style-type: none"> <li>Physician assistants + nurse practitioners + certified nurse midwives</li> <li>Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment.</li> </ul> <p>Financial data emailed to DOH Contract Manager R&amp;E showing Other Revenue through the end of the grant as described below.</p> <p>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)</p>                                                                      |                                                                                                                                                                                                                                                                                     |                                   |
| 5      | Clinic Visit Reports (CVRs)       | <p><b>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf</a>.</b></p> <p>CVR data must be submitted to DOH data contractor (Ahlers &amp; Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> <li>- Each month's CVR data</li> <li>- Corrected CVR data</li> </ul> <p><b>Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.</b></p> | <p>The 15<sup>th</sup> of the following month.</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.</p>                                                                                                                      |                                   |
| 6      | Revenue and Expense Reports (R&E) | <p><b>Completed R&amp;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&amp;E workbook will be provided by DOH.</b></p> <p>A. Expenses must match General Ledger.</p> <p>B. Other revenue/program income must reflect revenue actually received in the reporting month.</p> <p>All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</p>                                                                                                                                                          | <p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&amp;E showing all sources of revenue that support services must be billed within 45 days of the budget period. December billings must be submitted by February 10<sup>th</sup>.</p> |                                   |

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

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

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

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

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

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

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

Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf \(wa.gov\)](https://www.wa.gov/sites/default/files/2024-10/930-122-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://doh.wa.gov/sites/default/files/2024-10/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information Request.

**Billing Requirements:**

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

**Special Instructions:****Accessibility of Services**

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

**Availability of Emergency Services**

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

**If LHJ or DOH discontinues this contract:**

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

Signature: 

Email: Brenda.Henrikson@DOH.WA.GOV



**January 1, 2025 – December 31, 2027**

**CONSOLIDATED CONTRACT**

**Between**

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

**And**

**Jefferson County Public Health**

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**CONSOLIDATED CONTRACT**  
**between**  
**STATE OF WASHINGTON**  
**DEPARTMENT OF HEALTH**  
**(Referred to as "DOH")**  
**and**  
**JEFFERSON COUNTY PUBLIC HEALTH**  
**(Referred to as "LHJ")**  
**for**

**THE DELIVERY OF PUBLIC HEALTH SERVICES**  
**FOR THE PERIOD OF**

**January 1, 2025 through December 31, 2027**

**1. Purpose**

This Contract is entered into in accordance with RCW 43.70.512, RCW 43.70.515, the general statutory powers of the Secretary of the Department of Health (DOH), including but not limited to RCW 43.70.020 and RCW 43.70.040, the general statutory powers of local health jurisdictions (LHJs), and RCW 70.05.060, RCW 70.05.070, RCW 70.08.020, and RCW 70.46.060, the authority for joint or cooperative action provided for under RCW 39.34, and any LHJ home rule charter authority. The purpose of this Contract is to define the parties' joint and cooperative relationship. The contract and all Statements of Work adopted under its provisions are intended to facilitate the delivery of public health services to the people in Washington State. This Contract is the result of cooperative planning efforts between the LHJ and DOH and establishes the terms for reimbursement for services funded by state and federal grants.

**2. Statements of Work**

The individual program activities, requirements, and outcomes/deliverables to be achieved by the parties under this Contract shall be mutually agreed to and issued as Exhibit A, Statements of Work, subsequent to the execution of this Contract. The LHJ shall furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work as set forth.

**3. Exhibits**

This Contract shall incorporate mutually agreed to and issued amendments throughout the Contract term, as the following Exhibits:

- Exhibit A - Statements of Work
- Exhibit B – Allocations
- Exhibit C – Federal Grant Awards Index

**4. Definitions**

As used throughout this Contract and unless amended for a particular Statement of Work, the following terms shall have the meanings set forth below:

"Assistance Listing Number": The unique identifying code assigned to a federal assistance program which identifies the awarding agency.

"Budget, Accounting, and Reporting System (BARS)": The system designed by the State Auditor's office for collecting, consolidating, and reporting financial budgeting and accounting information from all local governmental units.

"Client": An agency, firm, organization, individual or other entity applying for or receiving services provided by the LHJ under this Contract.

"Confidential Information": Information protected from disclosure under federal or state law.



“Contract Coordinator”: Each party’s designated contact for all notices required or permitted under this Contract.

“Contracting Officer”: The DOH Contracts and Procurement Office Director and his/her delegates within that office authorized to execute this agreement on behalf of DOH.

“Contractor”: An entity that provides goods or services to DOH and others. A contractor normally operates its business in a competitive environment, provides its goods and/or services to many different purchasers during normal business hours, and is not subject to the compliance requirements of the federal program.

“Equipment”: When used in this Contract is defined as an article of non-expendable, tangible property other than land, buildings, or fixtures which is used in operations and having a useful life of more than one year and an acquisition cost of \$5,000 or more (State), \$10,000 or more (Federal), or as otherwise stated.

“Federal Assistance”: Assistance provided by a federal agency in the form of grants, contracts, loans, loan guarantees, property, cooperative agreements, interest subsidies, insurance, or direct appropriations, but does not include direct federal cash assistance to individuals.

“Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act)”: A federal act to make information available online so the public can see how federal funds are spent.

“Fixed Assets”: Fixed assets are property and/or equipment obtained through donation, gift, purchase, capital lease, or construction with a service life of more than one year.

“Program Contact”: Each party’s designated contact for those purposes identified in the Program Contacts List resource, respective to each Statement of Work.

“Subcontractor”: Any individual or group contracted with the LHJ to perform all or part of the services included in this Contract. This term will also apply to situations where an LHJ’s subcontractor contracts with another individual or group to perform all or part of the services included in its agreement with the LHJ.

“Subrecipient” or “Subgrantee”: A non-federal entity that receives a subaward of federal grant money or goods directly or indirectly from DOH and makes decisions regarding who can receive what federal assistance; has its performance measured against the objectives contained in the DOH agreement with the federal government; makes decisions on how to operate the program to accomplish the program goals; has the obligation to comply with federal subrecipient requirements; and/or use federal funds to carry out a program for the public purpose specified in the authorizing statute.

## 5. Funding and Billing

- A. DOH shall pay the LHJ for services as set forth in Exhibit A, Statements of Work, not to exceed funding amounts as detailed in Exhibit B, Allocations (as executed).

The LHJ will advise the DOH Program Contact identified for a respective Statement of Work in writing 90 calendar days prior to the end of the funded period, or as soon as practicable thereafter, if the LHJ anticipates not using all Contract funding.

- B. If the Exhibit A, Statement of Work, is supported by federal funds that require compliance with FFATA (the Transparency Act), the corresponding checkbox on the Statement of Work will be checked.
- C. Total consideration for this Contract shall be modified by mutually agreed to amendments issued on a periodic basis.

The LHJ will submit accurate and timely billings which, for clarity and consistency, will be prepared using the A19 form provided and following the instructions located on the DOH Sharepoint page for LHJs. 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.



D. The LHJ will submit a DOH BARS Financial Report on a DOH-provided template by April 15th for the prior calendar year.

#### 6. Contract Management

Unless otherwise specified in the Contract, the following individuals are the contacts ("Contract Coordinators") for all notices required or permitted under this Contract:

| <b>LHJ Contract Coordinator:</b>                                             | <b>DOH Contract Coordinator:</b>                                                                                                                   |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name:</b> Glenn Gilbert                                                   | <b>Name:</b> Brenda Henrikson/Shannon May                                                                                                          |
| <b>Title:</b> Contracts Manager                                              | <b>Title:</b> Contracts Specialist                                                                                                                 |
| <b>Mailing Address:</b>                                                      | <b>Mailing Address:</b>                                                                                                                            |
| 615 Sheridan Street<br>Port Townsend, WA 98368-2439                          | PO Box 47905<br>Olympia, WA 98504-7905                                                                                                             |
| <b>Physical Address:</b>                                                     | <b>Physical Address:</b>                                                                                                                           |
| Same as above                                                                | 111 Israel Rd SE<br>Olympia, WA 98504-7905                                                                                                         |
| <b>Phone:</b> 360-385-9400                                                   | <b>Phone:</b> 360-236-3933/360-236-3946                                                                                                            |
| <b>Email Address:</b>                                                        | <b>Email Address:</b>                                                                                                                              |
| <a href="mailto:ggilbert@co.jefferson.wa.us">ggilbert@co.jefferson.wa.us</a> | <a href="mailto:brenda.henrikson@doh.wa.gov">brenda.henrikson@doh.wa.gov</a><br><a href="mailto:shannon.may@doh.wa.gov">shannon.may@doh.wa.gov</a> |

A party may change its Contract Coordinator or its Program Contact by providing written notice to the other party. DOH Program Contacts can be found in the Program Contacts List resource.

#### 7. Access to Records

To the extent authorized by applicable federal and state law, the parties shall provide access to records relevant to this Contract to each other, the Joint Legislative Audit and Review Committee, the State Auditor, and authorized federal officials, at no additional cost. Inspections shall occur at reasonable times and upon reasonable notice.

#### 8. All Writings Contained Herein

This Contract contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto. The individuals signing this Contract, and subsequent amendments certify by their signatures that they are authorized to sign this Contract on behalf of their respective entity.

#### 9. Assignment

Except for subcontracting as authorized in this Contract, the LHJ shall not assign or delegate, in whole or in part, this Contract or any of its rights, duties, obligations, or responsibilities, without the prior written consent of DOH's Contracting Officer, which consent shall not be unreasonably withheld.

#### 10. Assurances

The parties agree that all activity pursuant to this Contract shall be in accordance with all applicable current federal, state, and local laws, rules, and regulations.

The LHJ acknowledges its agreement to comply with federal certifications and assurances by signing and returning the following:

1. Standard Federal Certifications and Assurances (page 12)
2. Federal Assurances for Non-Construction Programs (page 17)



**11. Confidential Information**

The parties agree to comply with all state and federal statutes and regulations relating to Confidential Information. DOH and LHJ will limit access to the Confidential Information to the fewest number of people necessary to complete the work. Everyone having access to Confidential Information covered by this Contract must agree to protect the confidentiality of the information.

Either party to this Contract may designate certain Confidential Information as "Confidential Information/Notice Requested." The designation shall be made by clearly stamping, watermarking, or otherwise marking each page of the Confidential Information. If a third-party requestor seeks information that has been marked "Confidential Information/Notice Requested," notice shall be given to the marking party prior to release of the information. Such notice shall be provided to the program contact no less than five (5) business days prior to the date of disclosure, to allow the party objecting to disclosure to seek a protective order from the proper tribunal.

DOH and LHJ agree to establish, document, and maintain security practices and safeguards consistent with state and federal laws, regulations, standards, and guidelines to prevent unauthorized access, use, or disclosure of Confidential Information in any form. In accordance with federal and state contracting requirements, DOH may monitor, audit, or investigate LHJ management of Confidential Information relating to this Contract. Working together, the LHJ and DOH may use any and all tools available to track Contract related Confidential Information.

If one of the parties becomes aware of an actual or suspected breach of confidentiality, that party will promptly notify the Contract Coordinator for the other party of the facts. The parties will work within their respective organizations to take any steps necessary to determine the scope of the breach and to restore reasonable security to the Confidential Information. Both parties agree to mitigate any known harmful effects of a breach in confidentiality, including notifying affected individuals to the extent required by law. The parties will also reasonably cooperate with law enforcement as appropriate.

**12. Ethics and Conflict of Interest**

Both parties and their officers shall comply with all ethics laws and procurement standards applicable to their activities under this Contract, including RCW 42.23 and RCW 42.52, and 2 CFR 200.318, and as subsequently amended. The LHJ must maintain and comply with written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of subcontracts. The LHJ must comply with the following minimum requirements:

No employee, officer, or agent may participate in the selection, award, or administration of a subcontract supported by a grant award if they have a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of their immediate family, their partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the LHJ may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts and must comply with Chapter 39.26.020 RCW. However, LHJ may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the LHJ.

If a violation occurs and is not cured within a reasonable time after notice, the other party shall have the right to terminate this Contract. This section is expressly subject to section 14. Disputes, in this Contract.

**13. Debarment Certification**

The LHJ, by signing this Contract, certifies that the LHJ is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any federal department or agency. The LHJ also agrees to include the above requirement in all subcontracts into which it enters. The LHJ will notify DOH of any such events that may occur during the term of the Contract.



**14. Disputes**

Except as otherwise provided in this contract, when a dispute arises between the parties and it cannot be resolved by direct negotiation, the parties agree to participate in good faith in non-binding mediation. The mediator shall be chosen by agreement of the parties. If the parties cannot agree on a mediator, the parties shall use a mediation service located in Washington State that selects a qualified mediator for the parties. Each party shall bear its own costs for mediation and each party shall contribute equally to the mediator's fee, if any. The parties agree that mediation shall precede any action in a judicial tribunal.

Nothing in this contract shall be construed to limit the parties' choice of a mutually acceptable alternate dispute resolution method in addition to the dispute resolution procedure outlined above.

**15. Equipment Purchases**

Equipment purchased by the LHJ for use by the LHJ or its subcontractors during the term of this Contract using federal funds, in whole or in part, shall be the property of the LHJ. The use, management and disposal of the equipment must comply with federal requirements. These requirements are found in the Office of Management and Budget's (OMB's) Uniform Guidance, Title 2 Code of Federal Regulations Part 200 (2 CFR 200) - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, or are included in the federal funding agency's regulations. Equipment purchased by the LHJ for use by the LHJ or its subcontractors during the term of this Contract using non-federal funds, in whole or in part, shall be the property of the LHJ unless noted otherwise in the respective Statement of Work.

**16. Governing Law and Venue**

The laws of the state of Washington govern this Contract, venue shall be proper only in Thurston County, Washington.

**17. Independent Capacity**

The employees or agents of each party who are engaged in the performance of this Contract shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

**18. Insurance**

The LHJ certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverages sufficient to cover obligations under this Contract. Each party shall pay for losses for which it is found liable. The LHJ agrees to require all subcontractors to maintain insurance in types and with limits as may be determined by the LHJ and/or its risk manager, unless the LHJ and DOH agree otherwise.

**19. Licensing, Accreditation, and Registration**

The LHJ shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements and standards, necessary for the performance of this Contract.

**20. Maintenance of Records**

Each party to this Contract shall maintain books, records, documents, and other evidence that sufficiently and properly reflect all direct and indirect costs expended by it. All books, records, documents, and other material relevant to this Contract will be retained for six (6) years after expiration unless otherwise required for longer period. If any litigation, claim, or audit is started before the expiration of the six-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

Each party will use reasonable security procedures and protections to ensure that records and documents provided by the other party are not erroneously disclosed to third parties. Both parties agree to continue protecting records in accordance with Section 11. Confidential Information, until such time as the information is destroyed in accordance with applicable state and federal records retention laws.



**21. Modifications and Waivers**

This Contract, or any term or condition, may be modified only by a written amendment signed by the DOH Contracting Officer and the authorized representative for the LHJ. Either party may propose an amendment. However, any state or federal law, regulation, or grant funding requirement, including anything amended after the fact, that must be included in order to receive or expend the grant funding is hereby incorporated by reference, and may be documented by letter amendment from DOH to the LHJ.

Failure or delay on the part of either party to exercise any right, power, privilege, or remedy provided under this Contract shall not constitute a waiver. No provision of this Contract may be waived by either party except in a writing signed by the DOH Contracting Officer or the authorized representative of the LHJ.

**22. No Third-Party Rights Created**

This Contract, or any program hereunder, is entered into solely for the benefit of the two parties thereto and shall not be construed as giving rise to any right, remedy or expectancy of any kind or nature on the part of any third party.

**23. Nondiscrimination**

During the performance of this Contract, the LHJ and DOH shall comply with all federal and state nondiscrimination laws, regulations, and policies. In the event of the LHJ's noncompliance or refusal to comply with any nondiscrimination law, regulation or policy, this Contract may be rescinded, canceled, or terminated in whole or in part, and the LHJ may be declared ineligible for further contracts with DOH. The LHJ shall, however, be given a reasonable time in which to cure this noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

**24. Order of Precedence**

In the event of an inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable state and federal statutes, and local laws, rules, regulations, and funding requirements.
- Terms and conditions of this Contract.
- Statements of Work.
- Any other provisions of this Contract, including other materials incorporated by reference.

**25. Ownership of Material/Rights in Data**

Records and other documents relevant to this Contract, in any medium, furnished by one party to this Contract to the other party, will remain the property of the furnishing party, unless otherwise agreed. Data which is delivered under the Contract shall be transferred to DOH with a nonexclusive, royalty-free, perpetual, irrevocable license to publish, translate, reproduce, modify, deliver, perform, dispose of, and to authorize others to do so; provided that such license shall be limited to the extent which the LHJ has a right to grant such a license. The LHJ shall exert all reasonable effort to advise DOH, at the time of delivery of data furnished under this Contract, of all known or potential invasions of privacy contained therein and of any portion of such document which was not produced in the performance of this Contract. DOH shall receive prompt written notice of each notice or claim or copyright infringement received by the LHJ with respect to any data delivered under this Contract. DOH shall have the right to modify or remove any restrictive markings placed upon the data by the LHJ, provided that if DOH modifies or removes such markings without the LHJ's approval, it assumes all liability for doing so.

**26. Public Records Act**

Notwithstanding Sections 11 or 18, the parties to this contract are public bodies subject to the Public Records Act, RCW 42.56 (PRA). Under the PRA, all materials relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by a public body or its functional equivalents are considered public records. The PRA requires that public records responsive to a public records request be promptly produced unless the PRA or an "other statute" exempts such records from production. This Contract is not intended to alter any party's obligations under the PRA. The parties agree that if one party receives a public records request (receiving party) for files that may include confidential information under General Terms and Conditions Section 11 (Confidentiality/Safeguarding of Information), the receiving party will notify the other party of the request and of the



date that the records will be released to the requester unless the other party obtains a court order enjoining disclosure. If the other party fails to obtain the court order enjoining disclosure, the receiving party may release the requested information on the date specified. If the other party obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to the PRA, the receiving party shall maintain the confidentiality of the information per the court order.

## **27. Publications**

Any program reports, articles, and publications that result from information gathered through use of state and federal funds must acknowledge receiving support from DOH and/or the appropriate federal agencies. Correspondingly, such documents resulting from information gathered through use of local funds must acknowledge receipt of such local support.

## **28. Responsibility for Actions**

Each party to this Contract shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Contract. Neither party to this Contract will be responsible for the acts and omissions of entities or individuals not party to this Contract. DOH and the LHJ shall cooperate in the defense of tort lawsuits, when possible.

## **29. Recapture**

In the event that the LHJ fails to perform this contract in accordance with state or federal laws, and/or the provisions of this Contract, DOH reserves the right to recapture funds in an amount to compensate DOH for the noncompliance, including the amount of any grant funds administered pursuant to this contract.

## **30. Loss or Reduction of Funding**

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this contract and prior to normal completion, DOH may elect to suspend or terminate the contract, in whole or in part, under the "Termination for Convenience" clause with a ten (10) business day notice to LHJ, to the extent possible, subject to renegotiation at DOH's discretion under those new funding limitations and conditions.

## **31. Severability**

If any term or condition of this Contract is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Contract, provided, however, that the remaining terms and conditions can still fairly be given effect.

## **32. Subcontracts**

Unless specifically noted as not allowable within a Statement of Work, the LHJ may subcontract any or all the services or other obligations specified in this Contract. The LHJ will require the subcontractor to comply with all the applicable terms and conditions of this Contract, including all terms, conditions, certifications, and assurances. The LHJ agrees it is responsible for assuring adequate performance on the part of the subcontractor.

The parties agree that all subcontractors must be responsible for any liabilities created by their actions or omissions. In the event DOH, LHJ, and subcontractor are found by a jury or trier of fact to be jointly and severally liable for personal injury damages arising from any act or omission, then each entity shall be responsible for its proportionate share.

## **33. Subrecipient**

For those activities designated as "subrecipient" in Exhibit A, Statements of Work, the LHJ must comply with applicable federal requirements, including but not limited to OMB's Uniform Guidance at 2 CFR 200, Subparts D (Post Federal Award Requirements), E (Cost Principles) and F (Audit Requirements), and program specific federal regulations, and as any of these requirements may subsequently be amended. If the LHJ expends \$1,000,000 or more in federal grants or awards from all sources, it is responsible for obtaining the required single audit.

## **34. Survivability**

The terms and conditions contained in this Contract, which by their sense and context are intended to survive the expiration of the Contract, shall survive. Surviving terms include, but are not limited to: Access to Records, Confidential



Information, Disputes, Responsibility for Actions, Maintenance of Records, Ownership of Material/Rights in Data, Subcontracts, Recapture, Termination for Convenience, Termination for Default, and Termination Procedure.

### 35. Term

This Contract will be in effect following execution by the parties from January 1, 2025 through December 31, 2027, unless terminated earlier as provided herein.

### 36. Termination for Convenience

Except as otherwise provided in this Contract, either party may terminate or suspend this Contract, or any program hereunder, for convenience by providing at least thirty (30) days' advance written notice to the other party.

If DOH elects to suspend the Contract, in whole or in part, LHJ shall stop work as of the effective date of DOH's written notice of suspension. During suspension, each Party will reasonably notify the other of any conditions that may affect resumption of performance. Upon DOH's written notice to resume performance, LHJ shall resume work unless the LHJ provides notice to DOH that services cannot be resumed. If LHJ cannot resume performance, the Contract or affected Exhibit A, Statement of Work, will be deemed terminated upon the date the LHJ received notice to suspend performance.

### 37. Termination for Default

(a) In the event of a default by either party under this Contract, the nondefaulting party may give written notice to the defaulting party that it intends to terminate this Contract, or any program hereunder, if the default is not cured within thirty (30) days of the date of the notice, or such longer period of time as may be reasonable under the circumstances. If the default is not cured within that time, the nondefaulting party may then notify the defaulting party in writing that this Contract is terminated. In the event of such termination, the nondefaulting party shall have all rights and remedies available to it under general law.

(b) A disputed termination for default is expressly subject to the Disputes section of this Contract.

### 38. Termination Procedure

Upon termination DOH may require the LHJ to deliver to DOH any non-LHJ-owned equipment, data, or other property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

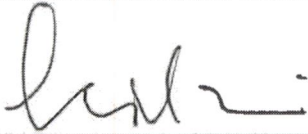
DOH shall pay to the LHJ the agreed upon price, if separately stated, for completed work and services accepted by DOH. In addition, DOH shall pay the amount determined by DOH's Contracting Officer for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services which are accepted by DOH, and (d) the protection and preservation of the property. Disagreement by the LHJ with the determination of DOH's Contracting Officer that relates to the obligations or amounts due to the LHJ shall be considered a dispute within the meaning of the "Disputes" clause of this Contract. DOH may withhold from any amounts due the LHJ for such completed work or services such sum as DOH's Contracting Officer reasonably determines to be necessary to protect DOH against potential loss or liability. The rights and remedies of DOH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

After receipt of a written notice of termination, the LHJ shall:

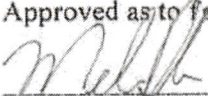
- Stop work under the Contract on the date and to the extent specified in the notice.
- Place no further orders or subcontracts for materials, services, or facilities, except as necessary to complete such portion of the work not terminated.
- Assign to DOH, to the extent reasonably directed by DOH's Contracting Officer and to the extent that the LHJ has the legal right to do so, all of the right, title, and interest of the LHJ under the orders and subcontracts in which case DOH has the right, at its reasonable discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

- Settle all outstanding liabilities and all claims arising out of orders or subcontracts, with the approval or ratification of DOH's Contracting Officer to the extent he/she may reasonably require, which approval or ratification shall be final for all the purposes of this clause.
- Transfer title to DOH and deliver, as reasonably directed by DOH's Contracting Officer, any property which, if the Contract had been completed, would have been required to be furnished to DOH.
- Complete performance of such part of the work not terminated by DOH's Contracting Officer; and,
- Take such action as may be necessary, or as DOH's Contracting Officer may reasonably direct, for the protection and preservation of the property related to this Contract, which is in the possession of the LHJ, or its subcontractors, and in which DOH has or may acquire an interest.

IN WITNESS WHEREOF, the parties have executed this Contract.

|                                                                                              |                                                                                               |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| JEFFERSON COUNTY                                                                             | STATE OF WASHINGTON<br>DEPARTMENT OF HEALTH                                                   |
| Signature:  | Signature:  |
| Title: <sup>Acting</sup> Chair, Board of County Commissioners                                | Title: Contracts Specialist                                                                   |
| Print Name: Kate Dean <i>Heidi Eisenhour</i>                                                 | Print Name: Brenda Henrikson                                                                  |
| Date: 12/9/24                                                                                | Date: 12/11/2024                                                                              |

Approved as to form only:

 for 11/26/2024  
Philip C. Hunsucker, Date  
Chief Civil Deputy Prosecuting Attorney



## Standard Federal Certifications and Assurances

Following are the Assurances, Certifications, and Special Conditions that apply to all federally funded (in whole or in part) agreements administered by the Washington State Department of Health, including but not limited to Exhibit A Statements of Work designated as "subrecipient"

## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency.
- B. Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- D. Have not within a three-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the contractor not be able to provide this certification, an explanation as to why should be placed after the assurances page in the contract.

The contractor agrees by signing this contract that it will include, without modification, the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the contracting organization) certifies that the contractor will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an ongoing drug-free awareness program to inform employees about:
  - 1) The Dangers of drug abuse in the workplace.
  - 2) The contractor's policy of maintaining a drug-free workplace.
  - 3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.



- C. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph 1) above.
- D. Notifying the employee in the statement required by paragraph 1), above, that, as a condition of employment under the contract, the employee will:
  - 1) Abide by the terms of the statement; and
  - 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- E. Notifying the agency in writing within ten (10) calendar days after receiving notice under paragraph D. 2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.
- F. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph D. 2) with respect to any employee who is so convicted:
  - 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

For purposes of paragraph (E) regarding agency notification of criminal drug convictions, DOH has designated the following central point for receipt of such notices:

Compliance and Internal Control Officer  
 Department of Health – Office of Financial Services  
 PO Box 47901  
 Olympia, WA 98504-7901

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

- A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or



cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of the application form.)

- C. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the contracting organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the contracting organization will comply with the Public Health Service terms and conditions of award if a contract is awarded.

#### **5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the contracting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The contracting organization agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

#### **6. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - INSTRUCTIONS FOR CERTIFICATION**

By signing and submitting this certification, the prospective contractor is providing the certification set out below.

- A. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.



- B. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
- C. The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- D. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
- E. The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DOH.
- F. The prospective contractor further agrees by submitting this contract that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction, provided by HHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- G. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List of excluded parties at <https://sam.gov/content/home>.
- H. Nothing contained in the foregoing shall be construed to require establishment of a system of records to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- I. Except for transactions authorized under paragraph F. of these instructions, if a participant in a covered transaction knowingly enters a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DOH may terminate this transaction for cause or default.

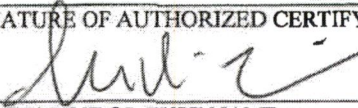
**7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS**

- A. The contractor certifies to the best of its knowledge and belief, that it and its principals:
  - 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
  - 2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph A.2. of this certification; and
  - 4) Have not within a three-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.



- B. Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this contract.

## AUTHORIZED SIGNATURE REQUIRED

|                                                                                                                                  |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL<br> | TITLE<br>Chair, Board of County Commissioners<br>Jefferson County Washington |
| PLEASE PRINT OR TYPE NAME:<br>Kate Dean <i>Acting Chair Heidi Elsenhour</i>                                                      | DATE<br><i>12/9/24</i>                                                       |

**Federal Assurances – Non-Construction Programs**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

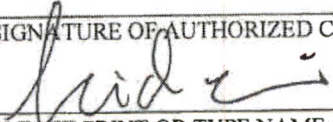
As the duly authorized representative of the contractor, I certify that the contractor:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. § 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) § 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. § 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired because of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.



8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. § 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. § 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. § 327-333), regarding labor standards for federally assisted construction sub-agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. § 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. § 1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. § 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. § 2131 et seq.) pertaining to the care, handling, and treatment of warm-blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. § 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit requirements in OMB Uniform Guidance at 2 CFR 200, Subpart F, and any subsequent amendment.
18. Will comply with 2 CFR 200.216, and any subsequent amendment – Prohibition on certain telecommunications and video surveillance services or equipment.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

## AUTHORIZED SIGNATURE REQUIRED

|                                                                                                                                    |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL<br> | TITLE<br>Chair, Board of County Commissioners<br>Jefferson County Washington |
| PLEASE PRINT OR TYPE NAME:<br>Kate Dean <i>Acting Chair Heidi Eisenhour</i>                                                        | DATE<br>12/9/24                                                              |

Signature: Brenda Henrikson  
Brenda Henrikson (Dec 11, 2024 17:28 PST)

Email: Brenda.Henrikson@DOH.WA.GOV