



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

TO: Board of County Commissioners
Josh Peters, County Administrator

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

DATE: *August 4, 2025*

SUBJECT: Agenda Item – Consolidated Contracts Amendment #6 with the Department of Health; January 1, 2025 – December 31, 2027; \$103,533 additional

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #6 between JCPH and State of Washington Department of Health (DOH); January 1, 2025 – December 31, 2027; additional funding of \$103,533 for a total to date of \$3,289,422.

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 Statement of Work providing Syndemic (occurring when two or more infectious diseases or health conditions cluster and interact within a population) Prevention Services for infectious diseases (additional funding of \$96,833)
- Recreational Shellfish Activities: continues the program with no changes (adds \$7,500 for the next funding cycle)
- 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 extends funding period, and changes MI code for Sanitary Survey Fees (decrease of \$800)

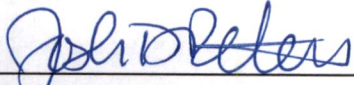
FISCAL IMPACT/COST BENEFIT ANALYSIS:

Total consideration for this Contract Amendment is \$103,533. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

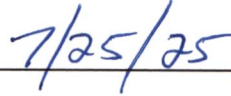
RECOMMENDATION:

JCPH Management recommends BoCC approval of Consolidated Contract Amendment #6 between JCPH and DOH; January 1, 2025 – December 31, 2027; additional funding of \$103,533.

REVIEWED BY:



Josh Peters, 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-A6

Contract For: Consolidated Contracts, Amendment 6

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

COUNTY DEPARTMENT: Public Health

Contact Person: Veronica Shaw

Contact Phone: x 409

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

AMOUNT: \$103,533 additional, for a total of \$3,289,422

Revenue: \$103,533

Expenditure:

Matching Funds Required:

Sources(s) of Matching Funds

Fund # 127

Munis Org/Obj 12756220

PROCESS:

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

APPROVAL STEPS:

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

CERTIFIED: ☐

N/A: ☒

Signature

July 18, 2025

Date

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

CERTIFIED: ☐

N/A: ☒

Signature

July 18, 2025

Date

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

Electronically approved by Risk Management on 7/24/2025.

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

Electronically approved as to form by PAO on 7/24/2025.

Glenn thanks for letting us know why the prior amendment was not included--very helpful.

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: 6

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ca80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
 Infectious Disease Syndemic Prevention Services-SSP - Effective July 1, 2025
 Recreational Shellfish Activities - Effective July 1, 2025
 - ☒ Amends Statements of Work for the following programs:
 Office of Drinking Water Group A Program - Effective January 1, 2025
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:
 - ☒ Increase of **\$103,533** for a revised maximum consideration of **\$3,289,422**.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

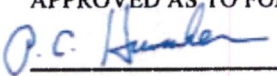
Heidi Eisenhour, Chair

Date

Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General

 July 24, 2025

Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work 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			
FFY25 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/24	09/30/26	\$28,238	\$28,238	\$28,238
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	(\$28,238)	\$0	
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 2	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	\$28,238		
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$3,975	\$148,117	\$148,117
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 2	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$144,142		
FFY25 USDA FMNP Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	01/01/25	09/30/25	10/01/24	09/30/25	\$637	\$637	\$637
FFY25 SWIMMING BEACH ACT IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$13,500	\$13,500	\$13,500
FFY24 PHEP BP1-CDC-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 6	93.136	333.93.13	07/01/25	08/31/25	09/01/24	08/31/25	\$16,333	\$16,333	\$97,889
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 2	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$32,556	\$81,556	
FFY24 OD2A OID CDC Prevent	NU17CE010218	Amd 1	93.136	333.93.13	01/01/25	06/30/25	09/01/24	08/31/25	\$49,000		
FFY25 FPHPA Title X Family Plan	FPHPA006560	Amd 5	93.217	333.93.21	04/01/25	03/31/26	04/01/25	03/31/26	\$17,023	\$17,023	\$33,989
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 3	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,345	\$16,966	
FFY24 FPHPA Title X Family Plan	FPHPA006560	Amd 21	93.217	333.93.21	01/01/25	03/31/25	04/01/24	03/31/25	\$8,621		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$10,000	\$10,000	\$10,000
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1	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 DUH Naloxone DDO HCA IAR		Amd 4	N/A	334.04.91	03/01/25	06/30/25	12/10/24	06/30/25	\$15,000	\$15,000	\$15,000
SFY26 Drug User Health Program		Amd 6	N/A	334.04.91	07/01/25	06/30/26	07/01/25	06/30/26	\$80,500	\$80,500	\$120,750
SFY25 Drug User Health Program		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$40,250	\$40,250	
SFY25 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$47,993	\$47,993	\$47,993
SFY25 SSPS Opiod Harm Red Proviso		Amd 2	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$8,000	\$8,000	\$8,000

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 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			
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/Biotoxin		Amd 6	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$7,500	\$7,500	\$11,200
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,700	\$3,700	
Small Onsite Management (ALEA)		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,363	\$33,781	\$33,781
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$32,418		
SFY25 Wastewater Management-GFS		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$1,363)	\$9,239	\$9,239
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$10,602		
SFY25 FPHS-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
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$1,800	\$1,800	\$1,800
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	(\$2,200)	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$2,200		
YR 27 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$2,200)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$2,200		
Sanitary Survey Fees SS-State		Amd 6	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	(\$400)	\$1,800	\$1,800
Sanitary Survey Fees SS-State		Amd 1, 6	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$2,200		
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$1,000	\$1,000	\$1,000
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	(\$1,000)	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$1,000		
YR 27 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$1,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$1,000		
TOTAL									\$3,289,422	\$3,289,422	
Total consideration:	\$3,185,889									GRAND TOTAL	\$3,289,422
	\$103,533										
GRAND TOTAL	\$3,289,422									Total Fed	\$590,859
										Total State	\$2,698,563

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

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

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

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

Revision Purpose: N/A

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

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

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

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

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

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

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

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

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

Program Specific Requirements

Special Requirements, Terms and Conditions

1. Definitions

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

2. Submission of Invoice Vouchers –

- a. On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.

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

3. Program Organization – CONTRACTOR must

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

4. Syringe Services Program: Support for Operations Program Requirements

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

5. Syringe Services Program, Harm Reduction Care Navigation Requirements

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

6. Syringe Services Program, Clinical Services Requirements

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

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

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

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

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

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

7. Performance Objectives & Work Plan:

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

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

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

- a. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
- b. Contractors will be expected to meet with WA DOH OID staff on an annual basis to discuss training and will work with DOH to track shared completion of Capacity Building Needs
- c. All contracted staff will be required to complete training in respect to their role. DOH staff and contracted staff will work together to track completion of required trainings.

10. CLAS Standards – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9).
[National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](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 program
 - vi. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
- b. **Corrective Action Plans** – DOH may exercise the following options if the CONTRACTOR does not come into compliance or resolution with programmatic and/or fiscal monitoring corrective action plan by the due date(s) identified in the CAP. i. § 200.339 Remedies for noncompliance.

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

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

12. Contract Management –

a. Fiscal Guidance

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

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

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.
- viii. **Small and Attractive items** – Each Contractor shall perform a risk assessment (both financial and operational) on the agency’s assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state’s capitalization policy are considered small and attractive assets. The Contractor shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices - <https://watech.wa.gov/policies>.

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

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

1. Laptops and Notebook Computers
2. Tablets and Smart Phones

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

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

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

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

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

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

b. Contract Modifications

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

13. Content Review and Website Disclaimer Notice

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

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

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

14. Youth and Peer Outreach Workers

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

15. Whistleblower

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

16. Allowable Costs

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

For information in determining allowable costs, please reference OMB Circulars: 2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>.

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

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$4,400~~ ~~\$3,600~~ for **Task 1**, and **\$1,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

Special Instructions

Task 1

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

- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2025, and December 31, 2025.
- No more than **43** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2025 and December 31, 2025.

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

Task 2

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

Task 3

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

Task 4

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

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

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

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

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

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

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

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

Revision Purpose: N/A

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring - Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. - Conduct emergency biotoxin sampling when needed. - Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. - Issue biotoxin news releases during biotoxin closures in Jefferson County. - This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 15, 2026 (See Special Instructions below.)	\$7,000

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

Department of Health's Biotxin Monitoring Plan

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

Chapter 246-280 WAC

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

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

Special Instructions:

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

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

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

CONTRACT NUMBER: CLH32053

AMENDMENT NUMBER: 5

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☐ Adds Statements of Work for the following programs:
 - ☒ Amends Statements of Work for the following programs:
Sexual & Reproductive Health Program - Effective January 1, 2025
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-5 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-4 Allocations as follows:
 - ☒ Increase of \$17,023 for a revised maximum consideration of \$3,185,889.
 - ☐ Decrease of _____ for a revised maximum consideration of _____
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

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

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Heidi Eisenhour, Chair

Date

Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General

Philip C. Hunsucker, _____
Chief Civil Deputy Prosecuting Attorney Date

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

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

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		Funding Period				
					Start Date	End Date	Start Date	End Date			
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$3,700	\$3,700	\$3,700
Small Onsite Management (ALEA)		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$1,363	\$33,781	\$33,781
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$32,418		
SFY25 Wastewater Management-GFS		Amd 4	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	(\$1,363)	\$9,239	\$9,239
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$10,602		
SFY25 FPHS-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 28 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$2,200	\$2,200	\$2,200
YR 27 SRF - Local Asst (15%) SS		Amd 4	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	(\$2,200)	\$0	
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$2,200		
Sanitary Survey Fees SS-State		Amd 1	N/A	346.26.65	01/01/25	06/30/25	07/01/23	12/31/27	\$2,200	\$2,200	\$2,200
YR 28 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$1,000	\$1,000	\$1,000
YR 27 SRF - Local Asst (15%) TA		Amd 4	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	(\$1,000)	\$0	
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$1,000		
TOTAL									\$3,185,889	\$3,185,889	
Total consideration:	\$3,168,866									GRAND TOTAL	\$3,185,889
	\$17,023										
GRAND TOTAL	\$3,185,889									Total Fed	\$574,526
										Total State	\$2,611,363

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

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

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH32053

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

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

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

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

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

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

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

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

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

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

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) • Rural communities • Hispanic • Black, Indigenous, People of Color Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories. 5. Provide all services in accordance with: • DOH SRHP & Title X Manual • Other state and federal requirements • Reporting Requirements (see below) D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual. 1. Maintain a computer system that includes safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee. E. Notify DOH contract manager of all: • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SRHP/Title X funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site.	CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. • Data for each month • Corrected CVR data Email briefly describing change.	The 15th of the following month. Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager. As needed to keep information current.	Payment will be calculated by R&E provided by DOH (see Reporting Requirements below). All services through the end of this contract period must be billed within 60 days.

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

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

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

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

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

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

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

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

Billing Requirements:

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

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

DOH reserves the right to withhold payment until:

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

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

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

Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports.

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

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

DOH will reimburse for:

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

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

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

Special Instructions:**Accessibility of Services**

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

Availability of Emergency Services

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

If LHJ or DOH discontinues this contract:

See SRHP Manual for close out requirements and resources.

Signature:

Email: ggilbert@co.jefferson.wa.us

Signature:

Email: Brenda.Henrikson@DOH.WA.GOV

**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/sitcpages/home.aspx?e1:9a94688da2d94d3ca80ac7fbc32c4d7c>
 - ☐ 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.

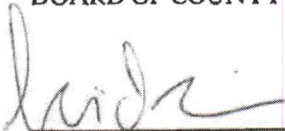
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

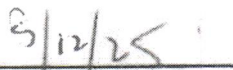
IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

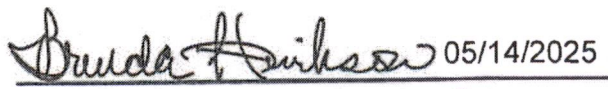
STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Heidi Eisenhour, Chair



Date



Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General



for 05/06/2025
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHM Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY25 USDA BFPC Prog Mgmt	NGA Not Received	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/24	09/30/26	\$28,238	\$28,238	\$28,238
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 4	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	(\$28,238)	\$0	
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 2	10.557	333.10.55	01/01/25	09/30/26	10/01/23	09/30/26	\$28,238		
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$3,975	\$148,117	\$148,117
FFY25 USDA WIC Client Svs Contracts	7WA700WA7	Amd 2	10.557	333.10.55	01/01/25	09/30/25	10/01/24	09/30/25	\$144,142		
FFY25 USDA FMNP Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	01/01/25	09/30/25	10/01/24	09/30/25	\$637	\$637	\$637
FFY25 SWIMMING BEACH ACT IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$13,500	\$13,500	\$13,500
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$13,754	\$13,754	\$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-LHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$51,330	\$51,330	\$51,330
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$150,300	\$150,300	\$150,300
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$27,525	\$27,525	\$27,525
SFY25 SBHC Proviso		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/24	06/30/25	\$59,000	\$59,000	\$59,000
SFY25 DUH Naloxone DDO HCA IAR		Amd 4	N/A	334.04.91	03/01/25	06/30/25	12/10/24	06/30/25	\$15,000	\$15,000	\$15,000
SFY25 Drug User Health Program		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$40,250	\$40,250	\$40,250
SFY25 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$47,993	\$47,993	\$47,993
SFY25 SSPS Opioid Harm Red Proviso		Amd 2	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$8,000	\$8,000	\$8,000
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$24,500	\$56,000	\$56,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,500		

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

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

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2025-2027

DOH Program Name or Title: 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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide 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		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 PROVISO	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
TOTALS						129,806	15,000	144,806

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Syring Service Programs: Support for Operations				
1.A	Syringe Services Programs (SSP): Support for Operations Provide comprehensive SSP to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSPs will operate during scheduled hours to provide all required harm reduction supplies, naloxone, and syringes to prevent transmission of	SSP operations outcomes include delivering services and tracking: - number of sterile syringes distributed - number of naloxone kits distributed - number of participant encounters - number of referrals to health and social services	Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service.	TASK TOTAL \$48,250 SPLIT BY FUNDING SOURCE BELOW Reimbursement of actual costs incurred, not to exceed \$40,250 – MI 12405150 SFY25 DRUG USER HEALTH PROGRAM

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	disease and overdose. SSPs will offer referrals to address social determinants of health. Priority populations for Syringe Services Programs include people who use drugs, with a focus on: • People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region. • People who are unhoused or unstably housed. • People engaged in sex work. • People involved in the criminal legal system. • Gender expansive/transgender individuals. • Gay, bi, and other men who have sex with men. NOTE: See Special Requirements, Terms and Conditions – Section 4 Syringe Services Programs: Support for Operations Program Requirements for additional task information. Syringe Services Programs: Clinical Services Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use disorder. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services. NOTE: See Special Requirements, Terms and Conditions – Section 6 Syringe Services Program, Clinical Services Requirements for additional task information.	Submit Performance Objectives & Work Plan within the first six months of contract period that will include: • Outcomes aligned with program strategies and activities. • SMART objectives aligned with performance targets • Activities aligned with program outcomes • Timeline for implementation (including staffing of the proposed program, training, etc.) • Anticipated capacity building or technical assistance needs. NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives & Workplans for additional deliverable information.	Submit Performance Objectives & Work Plan by June 30, 2025.	Reimbursement of actual costs incurred, not to exceed \$8,000 – MI 12405851 SFY25 SSPS OPIOID HARM RED PROVISIO

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.B	<i>Syringe Services Programs: Public Health Supply Vending Machines</i> <i>Implement and maintain dispensing machines for distribution of naloxone, fentanyl test strips, and other public health supplies</i>	• Increase access to naloxone, fentanyl test strips, and other public health supplies by implementing public health dispensing machines • Site and support public health dispensing machines in high-impact settings that serve communities disproportionately impacted by fatal opioid overdose • Submit monthly naloxone distribution reports • Prepare final report that provides locations of public health dispensing machines and rationale for sites/locations	Enter deliverable data into the DOH/OID issued database for tracking naloxone distribution by the 15th of each month following service. By June 30, 2025, submit a final report that provides locations of public health dispensing machines and rationale for sites/locations.	Reimbursement of actual costs incurred, not to exceed \$15,000 MI 12405952 SFY25 DUH NALOXONE DDO HCA IAR \$15,000 for 3/1/25 - 6/30/2025
Syringe Service Programs: Harm Reduction Services- Overdose Data to Action (OD2A)				
2	Syringe Services Programs: Harm Reduction Service Navigation Provide appropriate referrals to SSP participants; facilitate access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment (including medications for opioid use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification. NOTE: See Special Requirements, Terms and Conditions – Section 5 Syringe Services Program, Harm Reduction Care Navigation Requirement for additional task information.	Harm reduction care navigation outcomes include delivering services and tracking: • number of participants enrolled in care navigation services • number of care navigation sessions • number of referrals to health and social services • number of linkages to care for health and social services number of outreach attempts per participant Submit Performance Objectives & Work Plan within the first six months of contract period that will include: • Outcomes aligned with program strategies and activities. • SMART objectives aligned with performance targets • Activities aligned with program outcomes • Timeline for implementation (including staffing of the proposed program, training, etc.)	Enter deliverable data into the DOH/OID issued database for tracking SSP activities by the 15th of each month following service. Submit Performance Objectives & Work Plan by June 30, 2025	Reimbursement of actual costs incurred, not to exceed \$81,556 Unspent funds may be carried forward to 7/1/25-8/31/25 contract period.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Anticipated capacity building or technical assistance needs. NOTE: See Special Requirements, Terms and Conditions – Section 7 Performance Objectives & Workplans for additional deliverable information.		
3	The LHJ will engage in OD2A-S evaluation activities for work completed using OD2A-S funds. Evaluation activities will involve: - As applicable, collecting data on CDC performance measures to support DOH evaluation plan. - Total number of harm reduction service encounters (e.g., in-person, mail, telephone, online) - Zip code where harm reduction services were provided (list “unknown” when location is unknown) - Total number of navigators located in a harm reduction setting or other setting - Number of referrals to harm reduction services for each race ethnicity - If possible, total number of hours spent by each navigator on linkage to care or referral efforts - Type of organization where naloxone was distributed (SSP, faith-based organizations, schools, etc.) - Zip code where naloxone was distributed (list “unknown” when unknown) - Number of naloxone doses distributed at each type of organization - Number of service encounters involving drug checking - Zip code for drug checking encounters (list “unknown” when unknown) - Number of referrals to MOUD for each race/ethnicity - Number of referrals to behavioral health treatment only (without MOUD) for each race/ethnicity	Quarterly submission of collected data and answers to qualitative questions (as it applies to your OD2A-S activities) on a DOH-provided template	Enter quarterly data into the DOH/OID issued template on the following dates: For reporting period 1/1/25-3/31/25 April 1, 2025 For reporting period 4/1/25-6/30/25 July 1, 2025 For reporting period 7/1/25-8/31/25 October 1, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	○ Number of other referrals, if not to MOUD and behavioral health, with a description of the type of referral ● Providing answers to contextual performance measures questions. ○ How has access to care or treatment has been improved, and what new/existing community assets were leveraged? ○ What are the barriers for people accessing harm reduction services in your jurisdiction? ○ What are barriers to accessing or receiving naloxone? ○ Describe what types of navigators are included in the data reported ○ Describe methods to support navigators ● Collaborating with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities. ● Supporting other evaluation tasks as requested, to meet overall CDC evaluation 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.

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)
- 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

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

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

Statement of Work Purpose: The purpose of this statement of work 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 Start Date End Date		Current Allocation	Allocation Change 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
TOTALS						5,400	0	5,400

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

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

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ 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 Start Date End Date		Current Allocation	Allocation Change 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
TOTALS						150,300	0	150,300

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a contact list of staff responsible for the statement of work (SOW).	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	Develop an implementation plan to use these funds for one or more of the allowable costs listed below. 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. 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
	and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes. Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees. Allowable costs include: - Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. - Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. - Training and education (and related travel) for new and existing staff on topics such as incident management training, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. - Costs of allowed contractors and contracted staff. Notes: - Preapproval from DOH is required to contract with these funds. - Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$10,000 \$5,000 or more.)	<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>	<i>Revised implementation plans are due a month and 10 days after the end of the grant year November 30th:</i> <i>January 10, 2026</i> <i>January 10, 2027</i> <i>January 10, 2028</i>	
3	Data collection, as applicable, is based on: - Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period. - Hiring and retention activities the LHJ has at the end of the reporting period.	Data on form provided by DOH Data collection includes: 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.	Reporting periods are: - December 1, 2024– May 31, 2025 - June 1, 2025– November 30, 2025 - December 1, 2025– May 31, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period. • Data Quality and Context ○ Are the data provided questionable or low/poor quality? ○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance? ○ 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. ○ Provide any additional context or information related to this measure. Note: 6-month Reporting periods see Due Date/Time Frame	• June 1, 2026–November 30, 2026 • December 1, 2026–May 31, 2027 • June 1, 2027–November 30, 2027 Report due dates are a month and 10 days after the end of the reporting period: • July 10, 2025 • January 10, 2026 • July 10, 2026 • January 10, 2027 • July 10, 2027 • January 10, 2028	

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

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

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

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

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

Program Specific Requirements

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

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

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

Statement of Work Purpose: The purpose of this statement of work 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		Current Allocation	Allocation Change 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
TOTALS						43,020	0	43,020

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

Page 28 of 30

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1: Grant Administration This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program.				
1.1	Bi-monthly Invoicing and Progress Reports DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. 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 \$x \$2,151 based on actual costs.
1.2	Semi-Annual Progress Reports 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: • Qualitative: ○ Summary of work. ○ Barriers to LMP Implementation. • Quantitative: ○ OSS inventory metrics. ○ Enforcement actions. ○ Outreach and Education efforts.	Due July 15 for the duration of the contract period.	
Task 2: Local Management Plan Implementation This task includes all work done to implement the county's LMP excluding grant management tasks and inspection rebates/incentives.				
2.1	Database Maintenance and Quality Assurance/Quality Control Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: • Continue to 'clean-up' the existing data post data conversion in Energov permitting database • Configure Energov database for SOM workflows, reports, automation tasks. • Develop Application Program Interface (API) between database and Online-RME. • Develop replacement Homeowner Inspector Authorization website	a. Provide narrative of data clean-up tasks completed and in-progress. b. Provide narrative of progress on configuring Energov database for SOM workflows, reports, automation tasks. c. Provide narrative of API development tasks completed and in-progress. d. Provide narrative of Homeowner Inspector Authorization website tasks completed and in-progress.	a-d. Report in semi-annual progress report in Subtask 1.2.	Reimbursement up to \$x \$28,812 based on actual costs.
2.2	Operations and Maintenance Program Administration • Mail inspection reminders to homeowners as needed. • Inspection Compliance tracking/mapping. • Failure and repair tracking/mapping. • Compliance enforcement. • Complaint response.	a. Enforcement Protocol. b. Data on the following: • Number of OSS with current inspections	a. At contract execution b. Report in semi-annual progress report in Subtask 1.2.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	O&M data reports about inventory and deficiencies.	- Number of OSS failures and calculated risk using DOH-provided risk assessment. - Number of repairs.		
2.3	Education and Outreach Education and outreach is conducted for OSS owners, realtors, etc. Specific tasks include: - Communicate via social media, website, and mailings - Provide in-person homeowner septic inspector classes for property owners - Provide online homeowner inspector training and authorization for property owners	a. Track number of social media posts and mailings b. Track attendance of in-person homeowner septic inspector classes c. Track number of homeowner inspectors trained and authorized online	a-c. Report in semi-annual progress report in Subtask 1.2.	
2.4	Professional Development and Coordination - The LHJ will participate in LMP and West Side Coordinators Meetings and will network between counties. - The LHJ will support professional development through - Attending DOH OSS Program trainings - Environmental Health Conferences - AEC Conference - Two (2) Staff members - WOSSA Conference - Two (2) Staff members	a. Attendance and contribution at four (4) meetings per year. b. Conference and Training participation as available.	a-b. Report attendance semi-annually, as scheduled in Task 1.2.	
Task 3: Homeowner Inspection Rebates/Incentives Program Provide low-income rebates to homeowners. Provide inspection compliance incentives to homeowners in priority areas.				
3.1	Low-Income Homeowner Inspection Rebates The LHJ will provide rebates to homeowners for pumping, inspection and minor repairs. Rebates issued will be up to \$350.	a. Provide draft and final process/policy documents to DOH. b. Report number of rebates provided for pumping, monitoring inspections and access risers.	a. Prior to issuing any rebates. b. By grant closeout.	Reimbursement up to \$ \$12,057 based on actual costs.
3.2	Homeowner Inspection Incentives Promote pumping, inspection and minor repairs with rebates to homeowners in priority areas. Rebates issued will be up to \$350.	a. Provide draft and final process/policy documents to DOH. b. Report number of rebates for pumping, monitoring inspections and access risers to grade provided to priority-area homeowners.	a. Prior to issuing any incentives. b. By grant closeout.	

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

Exhibit A
Statement of Work
Contract Term: 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

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

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

Statement of Work Purpose: 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 Start Date	LHJ Funding Period 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
TOTALS						172,380	4,612	176,992

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program			See "Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office. The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for March 2025 through September 2026 = 280 <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 Second year due 9/30/26 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 11/30/26 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 Second year due 9/30/26 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 Second year due monthly through September 30, 2026 Third year due monthly through September 30, 2027	
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/25 Second year due 11/30/26 Third year due 11/30/27 Biennial WIC Monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: ▪ Provide staff, health care providers and community partners virtual breastfeeding training resources.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/25 Second year due 8/30/26 Third year due 8/30/27 Biennial WIC Monitor	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. - Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. - Provide participants access to lactation consultants. Other projects will need pre-approval from the State WIC Office			
3	Breastfeeding Peer Counseling Program (BFPC)			See "Billing Requirements" below.
3.1	Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.	First year due 12/31/25 Second year due 12/31/26 Third year due 12/31/27 Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2025 and June-Sept. 2026 All sent by Oct. 1, 2025, Oct. 1, 2026, and Oct 1, 2027 Biennial WIC Monitor	

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

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the 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:

Exhibit A, Statement of Work

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