



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

**TO:** Board of County Commissioners  
Mark McCauley, County Administrator

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

**DATE:** March 20, 2023

**SUBJECT:** Agenda Item – Consolidated Contracts Amendment #11 with the Department of Health; January 1 2022 – December 31, 2024; additional \$20,400 for a total of \$4,350,976

**STATEMENT OF ISSUE:**

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #11 between JCPH and State of Washington Department of Health (DOH); January 1, 2022 – December 31, 2024; additional \$20,400 for a total of \$4,350,976.

**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:

- New SOW for the Beach Environmental Assessment, Communication, and Health Program, which works with local health jurisdictions to monitor water at marine swimming beaches (new funding of \$15,000)
- Office of Drinking Water Group A Program –extends the period of performance (additional \$5,400)
- Office of Immunization COVID-19 Vaccine – adjusts vaccine delivery approaches to optimize access

**FISCAL IMPACT/COST BENEFIT ANALYSIS :**

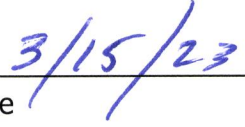
Total consideration for this Contract Amendment is an increase of \$20,400 for a total of \$4,350,976. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

**RECOMMENDATION:**

JCPH Management recommends BOCC approval of Consolidated Contract Amendment #11; January 1 2022 – December 31, 2024; additional \$20,400 for a total of \$4,350,976.

**REVIEWED BY:**

  
Mark McCauley, County Administrator

  
Date

Community Health  
Developmental Disabilities  
360-385-9400  
360-385-9401 (f)

Environmental Public Health  
360-385-9444  
(f) 360-379-4487

**Always working for a safer and healthier community**

**JEFFERSON COUNTY PUBLIC HEALTH  
2022-2024 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH31013**

**AMENDMENT NUMBER: 11**

**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/sitewebpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - ☒ Adds Statements of Work for the following programs:  
 BEACH Program- Effective March 1, 2023
  - ☒ Amends Statements of Work for the following programs:  
 Office of Drinking Water Group A Program - Effective January 1, 2022  
 Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:
  - ☒ Increase of \$20,400 for a revised maximum consideration of \$4,350,976.
  - ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - ☐ No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

JEFFERSON COUNTY WASHINGTON  
BOARD OF COUNTY COMMISSIONERS

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

\_\_\_\_\_  
Greg Brotherton, Chair

\_\_\_\_\_  
Date

APPROVED AS TO FORM ONLY



March 14, 2023

Philip C. Hunsucker

Date

Chief Civil Deputy Prosecuting Attorney

APPROVED AS TO FORM ONLY

Assistant Attorney General

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

| Chart of Accounts Program Title          | Federal Award Identification # | Amend #   | Assist List #* | BARS Revenue Code** | Statement of Work             |                             | DOH Use Only                                |                                           | Funding Period Sub Total | Chart of Accounts Total |
|------------------------------------------|--------------------------------|-----------|----------------|---------------------|-------------------------------|-----------------------------|---------------------------------------------|-------------------------------------------|--------------------------|-------------------------|
|                                          |                                |           |                |                     | LHJ Funding Period Start Date | LHJ Funding Period End Date | Chart of Accounts Funding Period Start Date | Chart of Accounts Funding Period End Date |                          |                         |
| FFY23 USDA BFPC Prog Mgmt                | NGA Not Received               | Amd 10    | 10.557         | 333.10.55           | 10/01/22                      | 09/30/23                    | 10/01/22                                    | 09/30/23                                  | \$37,651                 | \$81,040                |
| FFY23 USDA BFPC Prog Mgmt                | NGA Not Received               | Amd 8, 10 | 10.557         | 333.10.55           | 10/01/22                      | 09/30/23                    | 10/01/22                                    | 09/30/23                                  | \$9,413                  |                         |
| FFY22 USDA BFPC Prog Mgmt                | 7WA700WA1                      | Amd 1     | 10.557         | 333.10.55           | 01/01/22                      | 09/30/22                    | 10/01/21                                    | 09/30/22                                  | \$43,389                 |                         |
| FFY24 USDA WIC Client Svs Contracts      | NGA Not Received               | Amd 10    | 10.557         | 333.10.55           | 10/01/23                      | 12/31/23                    | 10/01/23                                    | 12/31/23                                  | \$25,238                 | \$211,077               |
| FFY23 USDA WIC Client Svs Contracts      | 7WA700WA7                      | Amd 10    | 10.557         | 333.10.55           | 10/01/22                      | 09/30/23                    | 10/01/22                                    | 09/30/23                                  | \$99,463                 |                         |
| FFY23 USDA WIC Client Svs Contracts      | 7WA700WA7                      | Amd 1     | 10.557         | 333.10.55           | 10/01/22                      | 09/30/23                    | 10/01/22                                    | 09/30/23                                  | \$75,713                 |                         |
| FFY22 USDA WIC Client Svs Contracts      | 7WA700WA7                      | Amd 7     | 10.557         | 333.10.55           | 01/01/22                      | 09/30/22                    | 10/01/21                                    | 09/30/22                                  | \$23,750                 |                         |
| FFY22 USDA WIC Client Svs Contracts      | 7WA700WA7                      | Amd 5     | 10.557         | 333.10.55           | 01/01/22                      | 09/30/22                    | 10/01/21                                    | 09/30/22                                  | \$5,600                  |                         |
| FFY22 USDA WIC Client Svs Contracts      | 7WA700WA7                      | Amd 1     | 10.557         | 333.10.55           | 01/01/22                      | 09/30/22                    | 10/01/21                                    | 09/30/22                                  | \$6,726                  |                         |
| FFY23 USDA WIC Prog Mgmt CSS             | 7WA700WA7                      | Amd 10    | 10.557         | 333.10.57           | 01/01/23                      | 09/30/23                    | 10/01/22                                    | 09/30/23                                  | \$2,800                  | \$2,800                 |
| FFY22 USDA FMNP Prog Mgmt                | 7WA810WA7                      | Amd 4     | 10.572         | 333.10.57           | 05/01/22                      | 09/30/22                    | 10/01/21                                    | 09/30/22                                  | \$516                    | \$516                   |
| PS SSI 1-5 OSS Task 4                    | 01J18001                       | Amd 7     | 66.123         | 333.66.12           | 01/01/22                      | 06/30/23                    | 07/01/17                                    | 06/30/23                                  | \$233,844                | \$233,844               |
| PS SSI 1-5 OSS Task 4                    | 01J18001                       | Amd 2, 5  | 66.123         | 333.66.12           | 01/01/22                      | 06/30/23                    | 07/01/17                                    | 06/30/23                                  | \$235,498                |                         |
| FFY23 Swimming Beach Act Grant IAR (ECY) | NGA Not Received               | Amd 11    | 66.472         | 333.66.47           | 03/01/23                      | 10/31/23                    | 03/01/23                                    | 10/31/23                                  | \$15,000                 | \$30,000                |
| FFY22 Swimming Beach Act Grant IAR (ECY) | NGA Not Received               | Amd 2     | 66.472         | 333.66.47           | 03/01/22                      | 10/31/22                    | 01/01/22                                    | 11/30/22                                  | \$15,000                 |                         |
| FFY22 PHEP BP4 LHJ Funding               | NU90TP922043                   | Amd 7     | 93.069         | 333.93.06           | 07/01/22                      | 06/30/23                    | 07/01/22                                    | 06/30/23                                  | \$34,384                 | \$48,138                |
| FFY21 PHEP BP3 LHJ Funding               | NU90TP922043                   | Amd 2     | 93.069         | 333.93.06           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/22                                  | \$13,754                 |                         |
| FFY22 Title X Dire Needs                 | FPHA006495                     | Amd 2     | 93.217         | 333.93.21           | 01/14/22                      | 03/31/22                    | 01/14/22                                    | 03/31/22                                  | \$4,066                  | \$4,066                 |
| FFY22 Title X Family Planning            | FPHA006560                     | Amd 5     | 93.217         | 333.93.21           | 04/01/22                      | 03/31/23                    | 04/01/22                                    | 03/31/23                                  | \$27,137                 | \$27,137                |
| COVID19 Vaccines                         | NH23IP922619                   | Amd 4     | 93.268         | 333.93.26           | 01/01/22                      | 06/30/24                    | 07/01/20                                    | 06/30/24                                  | \$278,114                | \$278,114               |
| COVID19 Vaccines R4                      | NH23IP922619                   | Amd 4     | 93.268         | 333.93.26           | 01/01/22                      | 06/30/24                    | 07/01/20                                    | 06/30/24                                  | \$354,803                | \$709,606               |
| COVID19 Vaccines R4                      | NH23IP922619                   | Amd 1     | 93.268         | 333.93.26           | 01/01/22                      | 06/30/24                    | 07/01/20                                    | 06/30/24                                  | \$354,803                |                         |
| FFY23 VFC Ops                            | NH23IP922619                   | Amd 5     | 93.268         | 333.93.26           | 07/01/22                      | 06/30/23                    | 07/01/22                                    | 06/30/23                                  | \$5,600                  | \$11,200                |
| FFY22 VFC Ops                            | NH23IP922619                   | Amd 3     | 93.268         | 333.93.26           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/22                                  | \$5,600                  |                         |
| FFY19 COVID CARES                        | NU50CK000515                   | Amd 2     | 93.323         | 333.93.32           | 01/01/22                      | 04/22/22                    | 04/23/20                                    | 07/31/24                                  | \$14,664                 | \$14,664                |
| FFY19 ELC COVID Ed LHJ Allocation        | NU50CK000515                   | Amd 7     | 93.323         | 333.93.32           | 01/01/22                      | 10/18/22                    | 05/19/20                                    | 10/18/22                                  | \$1,737                  | \$1,737                 |
| FFY19 ELC COVID Ed LHJ Allocation        | NU50CK000515                   | Amd 4     | 93.323         | 333.93.32           | 01/01/22                      | 10/18/22                    | 05/19/20                                    | 10/18/22                                  | \$78,694                 |                         |
| FFY19 ELC COVID Ed LHJ Allocation        | NU50CK000515                   | Amd 2     | 93.323         | 333.93.32           | 01/01/22                      | 10/18/22                    | 05/19/20                                    | 10/18/22                                  | \$82,712                 |                         |

| Chart of Accounts Program Title         | Federal Award Identification # | Amend #   | Assist List # | BARS Revenue Code** | Statement of Work             |                             | DOH Use Only                                |                                           | Amount      | Funding Period SubTotal | Chart of Accounts Total |
|-----------------------------------------|--------------------------------|-----------|---------------|---------------------|-------------------------------|-----------------------------|---------------------------------------------|-------------------------------------------|-------------|-------------------------|-------------------------|
|                                         |                                |           |               |                     | LHJ Funding Period Start Date | LHJ Funding Period End Date | Chart of Accounts Funding Period Start Date | Chart of Accounts Funding Period End Date |             |                         |                         |
| FFY20 ELC EDE LHJ Allocation            | NU50CK000515                   | Amd 9     | 93.323        | 333.93.32           | 01/01/22                      | 07/31/23                    | 01/15/21                                    | 07/31/24                                  | (\$6,375)   | \$341,822               | \$341,822               |
| FFY20 ELC EDE LHJ Allocation            | NU50CK000515                   | Amd 4, 9  | 93.323        | 333.93.32           | 01/01/22                      | 07/31/23                    | 01/15/21                                    | 07/31/24                                  | (\$90,842)  |                         |                         |
| FFY20 ELC EDE LHJ Allocation            | NU50CK000515                   | Amd 2, 9  | 93.323        | 333.93.32           | 01/01/22                      | 07/31/23                    | 01/15/21                                    | 07/31/24                                  | \$439,039   |                         |                         |
| FFY22 NEHA Climate & Health Grant       | NU38OT000300                   | Amd 9     | 93.421        | 333.93.42           | 04/11/22                      | 12/31/22                    | 04/01/22                                    | 12/31/22                                  | \$11,000    | \$22,000                | \$22,000                |
| FFY22 NEHA Climate & Health Grant       | NU38OT000300                   | Amd 5     | 93.421        | 333.93.42           | 04/11/22                      | 12/31/22                    | 04/01/22                                    | 12/31/22                                  | \$11,000    |                         |                         |
| FFY23 MCHBG LHJ Contracts               | B04MC47453                     | Amd 7     | 93.994        | 333.93.99           | 10/01/22                      | 09/30/23                    | 10/01/22                                    | 09/30/23                                  | \$36,700    | \$36,700                | \$64,225                |
| FFY22 MCHBG LHJ Contracts               | B04MC45251                     | Amd 1     | 93.994        | 333.93.99           | 01/01/22                      | 09/30/22                    | 10/01/21                                    | 09/30/22                                  | \$27,525    | \$27,525                |                         |
| SFY23 School Based Health Centers       |                                | Amd 5     | N/A           | 334.04.90           | 07/01/22                      | 06/30/23                    | 07/01/22                                    | 06/30/23                                  | \$150,000   | \$150,000               | \$150,000               |
| SFY23 Sexual & Rep Hlth Cost Share      |                                | Amd 10    | N/A           | 334.04.91           | 07/01/22                      | 06/30/23                    | 07/01/22                                    | 06/30/23                                  | \$40,357    | \$80,009                | \$124,109               |
| SFY23 Sexual & Rep Hlth Cost Share      |                                | Amd 7, 10 | N/A           | 334.04.91           | 07/01/22                      | 06/30/23                    | 07/01/22                                    | 06/30/23                                  | \$39,652    |                         |                         |
| SFY22 Sexual & Rep Hlth Cost Share      |                                | Amd 5     | N/A           | 334.04.91           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/22                                  | \$5,880     | \$44,100                |                         |
| SFY22 Sexual & Rep Hlth Cost Share      |                                | Amd 1     | N/A           | 334.04.91           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/22                                  | \$38,220    |                         |                         |
| State Drug User Health Program          |                                | Amd 5     | N/A           | 334.04.91           | 07/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | \$15,000    | \$15,000                | \$22,500                |
| State Drug User Health Program          |                                | Amd 1     | N/A           | 334.04.91           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/23                                  | \$7,500     | \$7,500                 |                         |
| Rec Shellfish/Biotoxin                  |                                | Amd 9     | N/A           | 334.04.93           | 01/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | \$7,000     | \$17,500                | \$17,500                |
| Rec Shellfish/Biotoxin                  |                                | Amd 1     | N/A           | 334.04.93           | 01/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | \$10,500    |                         |                         |
| Small Onsite Management (ALEA)          |                                | Amd 1     | N/A           | 334.04.93           | 07/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | \$15,000    | \$15,000                | \$37,500                |
| Small Onsite Management (ALEA)          |                                | Amd 1     | N/A           | 334.04.93           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/23                                  | \$22,500    | \$22,500                |                         |
| Wastewater Management-GFS               |                                | Amd 1     | N/A           | 334.04.93           | 07/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | \$30,000    | \$30,000                | \$30,000                |
| SFY23 FPHS-LHJ-GFS                      |                                | Amd 6, 9  | N/A           | 336.04.25           | 07/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | \$1,433,000 | \$1,433,000             | \$1,433,000             |
| FPHS-LHJ-Proviso (YR2)                  |                                | Amd 7     | N/A           | 336.04.25           | 07/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | (\$550,000) | \$0                     | \$445,181               |
| FPHS-LHJ-Proviso (YR2)                  |                                | Amd 1     | N/A           | 336.04.25           | 07/01/22                      | 06/30/23                    | 07/01/21                                    | 06/30/23                                  | \$550,000   |                         |                         |
| FPHS-LHJ-Proviso (YR1)                  |                                | Amd 10    | N/A           | 336.04.25           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/23                                  | \$32,681    | \$445,181               |                         |
| FPHS-LHJ-Proviso (YR1)                  |                                | Amd 4     | N/A           | 336.04.25           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/23                                  | (\$137,500) |                         |                         |
| FPHS-LHJ-Proviso (YR1)                  |                                | Amd 1     | N/A           | 336.04.25           | 01/01/22                      | 06/30/22                    | 07/01/21                                    | 06/30/23                                  | \$550,000   |                         |                         |
| YR 25 SRF - Local Asst (15%) (FO-SW) SS |                                | Amd 11    | N/A           | 346.26.64           | 01/01/23                      | 12/31/23                    | 01/01/23                                    | 12/31/23                                  | \$2,200     | \$2,200                 | \$3,600                 |
| YR24 SRF - Local Asst (15%) (FO-SW) SS  |                                | Amd 1     | N/A           | 346.26.64           | 01/01/22                      | 12/31/22                    | 07/01/21                                    | 06/30/23                                  | \$1,400     | \$1,400                 |                         |
| Sanitary Survey Fees (FO-SW) SS-State   |                                | Amd 11    | N/A           | 346.26.65           | 01/01/22                      | 12/31/23                    | 07/01/21                                    | 12/31/23                                  | \$2,200     | \$3,600                 | \$3,600                 |
| Sanitary Survey Fees (FO-SW) SS-State   |                                | Amd 1, 11 | N/A           | 346.26.65           | 01/01/22                      | 12/31/23                    | 07/01/21                                    | 12/31/23                                  | \$1,400     |                         |                         |

| Chart of Accounts Program Title         | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work |          |                | DOH Use Only |          |             | Funding Period SubTotal | Chart of Accounts Total |
|-----------------------------------------|--------------------------------|---------|----------------|---------------------|-------------------|----------|----------------|--------------|----------|-------------|-------------------------|-------------------------|
|                                         |                                |         |                |                     | Start Date        | End Date | Funding Period | Start Date   | End Date | Amount      |                         |                         |
| YR 25 SRF - Local Asst (15%) (FO-SW) TA |                                | Amd 11  | N/A            | 346.26.66           | 01/01/23          | 12/31/23 | 01/01/23       | 12/31/23     |          | \$1,000     | \$1,000                 | \$2,000                 |
| YR24 SRF - Local Asst (15%) (FO-SW) TA  |                                | Amd 1   | N/A            | 346.26.66           | 01/01/22          | 12/31/22 | 07/01/21       | 06/30/23     |          | \$1,000     | \$1,000                 |                         |
| TOTAL                                   |                                |         |                |                     |                   |          |                |              |          | \$4,350,976 | \$4,350,976             |                         |
| Total consideration:                    |                                |         |                | \$4,330,576         |                   |          |                |              |          |             |                         | \$4,350,976             |
| GRAND TOTAL                             |                                |         |                | \$20,400            |                   |          |                |              |          |             |                         | \$2,081,986             |
|                                         |                                |         |                | \$4,350,976         |                   |          |                |              |          |             |                         | \$2,268,990             |

\*Catalog of Federal Domestic Assistance

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** BEACH Program - Effective March 1, 2023

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

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

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

**Period of Performance:** March 1, 2023 through October 31, 2023

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

**Revision Purpose:** N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|----------------------------------------|--------------------|--------------------------------|------------------|
| FFY23 SWIMMING BEACH GRANT IAR (ECY)     | TBD               | 66.472                    | 333.66.47         | 03/01/23 10/31/23                      | 0                  | 15,000                         | 15,000           |
|                                          |                   |                           |                   |                                        | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                        | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                        | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                        | 0                  | 0                              | 0                |
|                                          |                   |                           |                   |                                        | 0                  | 0                              | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                        | <b>0</b>           | <b>15,000</b>                  | <b>15,000</b>    |

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Deliverables/Outcomes                                                                                                                                                                                               | Due Date/Time Frame                                                                                                                                                 | Payment Information and/or Amount                                                                                                                        |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | BEACH Program Administration and Annual Meeting: Time spent on administrative duties related to the BEACH Program and the 2023 Annual meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                | Summarize time spent on administrative duties in annual report.                                                                                                                                                     | Annual meeting held in March 2023. Annual report due October 31, 2023.                                                                                              | Reimbursement for actual costs up to \$15,000 for tasks 1-3. Subrecipient may use their discretion in prioritizing which task(s) to pay with this award. |
| 2      | <u>Bacteria Monitoring &amp; Public Notification</u> <ul style="list-style-type: none"> <li>Collect samples and field observations in accordance with BEACH Program Quality Assurance Project Plan (QAPP). Notify BEACH Program Manager in advance if samples cannot be collected. Coordinate deviations from the QAPP and/or schedule with the BEACH Program Manager.</li> <li>Post and/or remove swimming advisory signs as needed. Provide public education about beach water quality. Notify BEACH Program Manager of swimming advisories as soon as possible.</li> </ul> | 1. Enter data into Department of Ecology's BEACH Program Database.<br>2. Email copies of laboratory analytical reports to BEACH Program Data Manager.<br>3. Include a list of swimming advisories in annual report. | 1. Enter data results into database by Friday each week of sample collection.<br>2. Email copies of reports upon receipt.<br>3. Annual report due October 31, 2023. |                                                                                                                                                          |

| Task # | Activity                                                                                                                                                                    | Deliverables/Outcomes                                                                                                   | Due Date/Time Frame                                                              | Payment Information and/or Amount |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|
| 3      | Illness Pollution Investigations<br>Notify BEACH Program Manager of any illness reports related to recreational swimming beaches. Conduct illness investigations as needed. | 1. Provide notification via telephone to BEACH Program Manager.<br>2. Summarize illness investigation in annual report. | 1. Within fourteen (14) business days.<br>2. Annual report due October 31, 2023. |                                   |

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

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

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

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

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

**Program Specific Requirements**

The funds for this project are being provided by an Environmental Protection Agency grant, Agreement Number CU-01J74301-1, Catalog of Federal Domestic Assistance Number 66.472 – Beach Monitoring and Notification Program Implementation Grants.

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

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

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

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

**Contract Number:** CLH31013

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

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

|                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Funding Source</b><br><input checked="" type="checkbox"/> Federal Contractor<br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (check if applicable)</b><br><input checked="" type="checkbox"/> FFATA (Transparency Act)<br><input type="checkbox"/> Research & Development | <b>Type of Payment</b><br><input type="checkbox"/> Reimbursement<br><input checked="" type="checkbox"/> 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:** The purpose of this revision is to extend the period of performance and SS-State funding end date from 12/31/22 to 12/31/23 and provide additional Sanitary Survey, Sanitary Survey State and Technical Assistance funding.

| 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 |
|------------------------------------------|-------------------|---------------------------|-------------------|----------------------------------------|--------------------|--------------------------------|------------------|
| SANITARY SURVEY FEES (FO-SW) SS-STATE    | 24232522          | N/A                       | 346.26.65         | 01/01/22 12/31/23                      | 1,400              | 2,200                          | 3,600            |
| YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS  | 24239224          | N/A                       | 346.26.64         | 01/01/22 12/31/22                      | 1,400              | 0                              | 1,400            |
| YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA  | 24239224          | N/A                       | 346.26.66         | 01/01/22 12/31/22                      | 1,000              | 0                              | 1,000            |
| YR 25 SRF - LOCAL ASST (15%) (FO-SW) SS  | 24239225          | N/A                       | 346.26.64         | 01/01/23 12/31/23                      | 0                  | 2,200                          | 2,200            |
| YR 25 SRF - LOCAL ASST (15%) (FO-SW) TA  | 24239225          | N/A                       | 346.26.66         | 01/01/23 12/31/23                      | 0                  | 1,000                          | 1,000            |
| <b>TOTALS</b>                            |                   |                           |                   |                                        | <b>3,800</b>       | <b>5,400</b>                   | <b>9,200</b>     |

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



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

| Task # | Activity | Deliverables/Outcomes                                                    | Due Date/Time Frame | Payment Information and/or Amount                                                                                                           |
|--------|----------|--------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|        |          | ODW Program Contact for approval (to ensure enough funds are available). |                     | current rates listed on the OFM Website <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a> |

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

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

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

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

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

**Program 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 ~~\$2,800~~ **\$2,000** for **Task 1**, and ~~\$1,000~~ **\$7,200** for **Task 2**, **Task 3** and **Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

**Special Instructions**

**Task 1**

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

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

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

#### **Task 2**

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

#### **Task 3**

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

#### **Task 4**

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

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Immunization COVID-19 Vaccine - Effective January 1, 2022 **Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH31013

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

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

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

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

**Revision Purpose:** The purpose of this revision is to modify the statement of work.

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date End Date | Current Allocation | Allocation Change None | Total Allocation |
|------------------------------------------|-------------------|---------------------------|-------------------|----------------------------------------|--------------------|------------------------|------------------|
| COVID19 Vaccines R4                      | 74310230          | 93.268                    | 333.93.26         | 01/01/22 06/30/24                      | 709,606            | 0                      | 709,606          |
| COVID19 Vaccines                         | 74310229          | 93.268                    | 333.93.26         | 01/01/22 06/30/24                      | 278,114            | 0                      | 278,114          |
|                                          |                   |                           |                   |                                        | 0                  | 0                      | 0                |
|                                          |                   |                           |                   |                                        | 0                  | 0                      | 0                |
|                                          |                   |                           |                   |                                        | 0                  | 0                      | 0                |
|                                          |                   |                           |                   |                                        | 0                  | 0                      | 0                |
| <b>TOTALS</b>                            |                   |                           |                   |                                        | <b>987,720</b>     | <b>0</b>               | <b>987,720</b>   |

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

| Task # | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                          | Due Date/Time Frame                                                                                                                                                                                   | Payment Information and/or Amount                                                          |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|        | <b>Example 2:</b> Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services.                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       |                                                                                            |
| 3.B    | Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Written report describing activity/activities and progress made to-date and strategies used (template to be provided)                                                                                                                                                                                                                                          | June 30, annually                                                                                                                                                                                     | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 3.C    | Catalog activities and conduct an evaluation of the strategies used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Written report, showing the strategies used and the final progress of the reach (template to be provided)                                                                                                                                                                                                                                                      | June 30, annually                                                                                                                                                                                     | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 3.D    | As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) <i>or adjust vaccine delivery approaches to optimize access</i> . Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below) | Reports summarizing quantity, type, and frequency of activities                                                                                                                                                                                                                                                                                                | December 31 and June 30, annually                                                                                                                                                                     | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 3.E    | At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a. LHJ Incentive Plan Proposal<br>b. Report that summarizes quantity of incentives purchased and distributed                                                                                                                                                                                                                                                   | a. Prior to implementing<br>b. June 30, annually                                                                                                                                                      | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |
| 3.F    | As needed to meet community needs, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.<br><br>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other                                                                                                                                                                | a. Complete a redistribution agreement.<br>b. Report inventory reconciliation page.<br>c. Report lost (expired, spoiled, wasted) vaccine to the IIS.<br>d. Report transfer doses in the IIS and VaccineFinder.<br>e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years. | a. Submit upon completion<br>b. Reconcile and submit inventory once monthly in the IIS.<br>c. Report lost vaccine within 72 hours in the IIS.<br>d. Update within 24 hours from when transfers occur. | Reimbursement for actual costs incurred, not to exceed total funding consideration amount. |

| Task # | Activity                                                                                                                                                                                                      | Deliverables/Outcomes | Due Date/Time Frame                                                 | Payment Information and/or Amount |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------|-----------------------------------|
|        | non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently |                       | e. Download as needed (retain temperature data on site for 3 years) |                                   |

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#### **Federal Funding Accountability and Transparency Act (FFATA)**

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#### **Program Specific Requirements**

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

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