



**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:

SUBJECT: Agenda Item – Consolidated Contracts Amendment #19 with the Department of Health; January 1 2022 – December 31, 2024; additional \$57,229 for a total of \$8,197,713

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #19 between JCPH and State of Washington Department of Health (DOH); January 1, 2022 – December 31, 2024; additional \$57,229 for a total of \$8,197,713.

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:

- COVID-19 LHJ Gap Funding; revision clears funding and adds coding for General Fund State for remaining balance
- Office of Drinking Water Group A Program; finalizes activity completed 1/1/22 – 12/31/23 for Sanitary Survey, and updates funding provided for activity assigned 1/1/24 – 12/31/24.
- School-Based Health Centers Program; adds funds for FY24 to support professional development for SBHC staff, and adds funds for FY25 budget (additional 39,000).
- Sexual & Reproductive Health Program; adds funds to FFY24 FPHPA Title X Family Plan Funds, and updates SOW language (additional \$17,733)
- WIC Nutritional Program; provides additional funds (additional \$496)

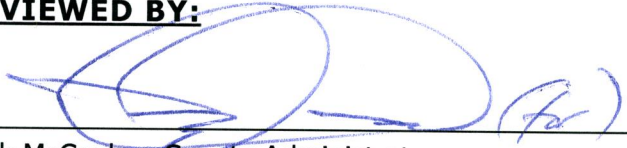
FISCAL IMPACT/COST BENEFIT ANALYSIS :

Total consideration for this Contract Amendment is an increase of \$57,229 for a total of \$8,197,713. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

RECOMMENDATION:

JCPH Management recommends BOCC approval of Consolidated Contract Amendment #18; January 1 2022 – December 31, 2024; additional \$57,229 for a total of \$8,197,713.

REVIEWED BY:



Mark McCauley, County Administrator

5.2.24

Date

CONTRACT REVIEW FORM

(INSTRUCTIONS ARE ON THE NEXT PAGE)

Clear Form

CONTRACT WITH: State of WA Dept of Health

Contract No: CC-22-002-A19

Contract For: Consolidated Contracts, Amendment 19

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

COUNTY DEPARTMENT: Public Health

Contact Person: Veronica Shaw

Contact Phone: x 409

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

AMOUNT: Additional \$57,229 for a total of \$8,197,713

Revenue: \$57,229

Expenditure:

Matching Funds Required:

Sources(s) of Matching Funds

Fund # 127

Munis Org/Obj 12756220

PROCESS:

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

APPROVAL STEPS:

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

CERTIFIED: ☐ N/A: ☒

Signature

May 1, 2024

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

May 1, 2024

Date

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

Electronically approved by Risk Management on 5/2/2024.

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

Electronically approved as to form by PAO on 5/2/2024.
State contract -- cannot change.

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

STEP 6: CONTRACTOR SIGNS

STEP 7: SUBMIT TO BOCC FOR APPROVAL

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

CONTRACT NUMBER: CLH31013

AMENDMENT NUMBER: 19

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://statcofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?c1:9a94688da2d94d3ca80ac7fbc32c4d7c>
 - ☐ Adds Statements of Work for the following programs:
 - ☒ Amends Statements of Work for the following programs:
 - COVID-19 LHJ Gap Funding - Effective July 1, 2023
 - Office of Drinking Water Group A Program - Effective January 1, 2022
 - School-Based Health Centers Program – Effective July 1, 2023
 - Sexual & Reproductive Health Program - Effective January 1, 2022
 - WIC Nutrition Program - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-19 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-18 Allocations as follows:
 - ☒ Increase of \$57,229 for a revised maximum consideration of \$8,197,713.
 - ☐ 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

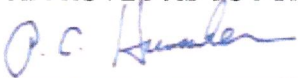
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Kate Dean, Chair Date

Date

APPROVED AS TO FORM ONLY

APPROVED AS TO FORM ONLY
Assistant Attorney General


Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List**	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$37,651	\$37,651	\$118,691
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$28,238	\$37,651	
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 10, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$9,413		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1, 17	10.557	333.10.55	01/01/22	09/30/24	10/01/21	09/30/24	\$43,389	\$43,389	
FFY25 USDA WIC Client Svs Contracts	NGA Not Received	Amd 17	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$26,268	\$26,268	\$399,993
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 18	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$48,183	\$155,011	
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 17	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$79,090		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$2,500		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10, 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$25,238		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$11,657	\$132,338	
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 12	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$21,218		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 10	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$75,713		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$23,750		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 7	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$5,600	\$86,376	
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 5	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$6,726		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$74,050		
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7	Amd 10	10.557	333.10.55	01/01/23	09/30/23	10/01/22	09/30/23	\$2,800	\$2,800	\$2,800
FFY24 USDA FMNP Prog Mgmt	7WA810WA7	Amd 19	10.572	333.10.57	05/01/24	09/30/24	10/01/23	09/30/24	\$496	\$496	\$1,508
FFY23 USDA FMNP Prog Mgmt	7WA810WA7	Amd 15	10.572	333.10.57	06/01/23	09/30/23	10/01/22	09/30/23	\$496		
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		
FFY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	(\$37,439)	\$9,301	\$9,301
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 15, 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	\$46,740		
LHJ COVID-19 Gap Supplemental	SLFRP0002	Amd 13	21.027	333.21.02	01/01/23	06/30/23	01/01/23	06/30/23	\$35,651	\$35,651	\$35,651
PS SSI 1-5 OSS Task 4	01J18001	Amd 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$30,000	\$263,844	\$263,844
PS SSI 1-5 OSS Task 4	01J18001	Amd 7, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	(\$1,654)		
PS SSI 1-5 OSS Task 4	01J18001	Amd 2, 5, 15	66.123	333.66.12	01/01/22	11/30/23	07/01/17	08/31/28	\$235,498		
FFY24 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 18	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$15,000	\$15,000	\$45,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$15,000		
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000		
FFY23 PHEP BP5 LHJ Funding	NU90TP22043	Amd 15	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$34,384	\$34,384	\$82,522
FFY22 PHEP BP4 LHJ Funding	NU90TP22043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$34,384		
FFY21 PHEP BP3 LHJ Funding	NU90TP22043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$13,754		
FFY23 OD2A OI2 CDC	NU17CE010218	Amd 17	93.136	333.93.13	01/01/24	08/31/24	09/01/23	08/31/24	\$98,000	\$98,000	\$98,000

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					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY22 Title X Dire Needs	FPHPA006495	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$4,066	\$4,066	\$4,066
FFY24 FPHPA Title X Family Plan	NGA Not Received	Amd 19	93.217	333.93.21	04/01/24	12/31/24	04/01/24	03/31/25	\$17,733	\$17,733	\$17,733
FFY23 Title X Family Planning	FPHPA006560	Amd 14	93.217	333.93.21	04/01/23	03/31/24	04/01/23	03/31/24	\$30,822	\$30,822	\$57,959
FFY22 Title X Family Planning	FPHPA006560	Amd 5	93.217	333.93.21	04/01/22	03/31/23	04/01/22	03/31/23	\$27,137	\$27,137	
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$278,114	\$278,114	\$278,114
COVID19 Vaccines R4	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803	\$709,606	\$709,606
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$354,803		
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$560	\$6,160	\$6,160
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$5,600		
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$5,600	\$5,600	\$11,200
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$5,600	\$5,600	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$14,664	\$14,664	\$14,664
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$2,281)	\$1,737	\$1,737
FFY19 ELC COVID Ed 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		
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		
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 16	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	\$200,000
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		
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 17	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 15	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$36,700	\$36,700	\$56,566
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 15	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$16,834)	\$19,866	
FFY23 HRSA 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		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 15	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$16,834	\$16,834	\$16,834
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	\$27,525

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Chart of Accounts Program Title	Federal Award Identification #	Amdmt #	Assist List #*	BARS Revenue Code**	Statement of Work LHM Funding Period Start Date End Date	DOH Use Only Chart of Accounts Funding Period Start Date End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
SFY25 SBHC Proviso		Amd 19	N/A	334.04.90	07/01/24 12/31/24	07/01/24 06/30/25	\$29,000	\$91,000	\$246,000
SFY25 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/24 12/31/24	07/01/24 06/30/25	\$62,000		
SFY24 SBHC Proviso		Amd 19	N/A	334.04.90	07/01/23 06/30/24	07/01/23 06/30/24	\$10,000	\$155,000	
SFY24 SBHC Proviso		Amd 16	N/A	334.04.90	07/01/23 06/30/24	07/01/23 06/30/24	\$35,000		
SFY24 SBHC Proviso		Amd 14	N/A	334.04.90	07/01/23 06/30/24	07/01/23 06/30/24	\$110,000		
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
SFY24 Sexual & Rep Hlth Cost Share		Amd 18	N/A	334.04.91	07/01/23 06/30/24	07/01/23 06/30/24	\$1,800	\$87,652	\$211,761
SFY24 Sexual & Rep Hlth Cost Share		Amd 17	N/A	334.04.91	07/01/23 06/30/24	07/01/23 06/30/24	\$42,926		
SFY24 Sexual & Rep Hlth Cost Share		Amd 15, 17	N/A	334.04.91	07/01/23 06/30/24	07/01/23 06/30/24	\$42,926		
SFY23 Sexual & Rep Hlth Cost Share		Amd 10	N/A	334.04.91	07/01/22 06/30/23	07/01/22 06/30/23	\$40,357	\$80,009	
SFY23 Sexual & Rep Hlth Cost Share		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		
SFY25 Drug User Health Program		Amd 17	N/A	334.04.91	07/01/24 12/31/24	07/01/24 06/30/25	\$40,250	\$40,250	\$88,000
SFY24 Drug User Health Program		Amd 17	N/A	334.04.91	01/01/24 06/30/24	07/01/23 06/30/24	\$40,250	\$40,250	
SFY24 Drug User Health Program		Amd 14	N/A	334.04.91	07/01/23 12/31/23	07/01/23 06/30/24	\$7,500	\$7,500	
State Drug User Health Program		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	
LHJ COVID-19 GFS		Amd 19	N/A	334.04.92	07/01/23 06/30/24	07/01/23 06/30/24	\$37,439	\$37,439	\$37,439
Rec Shellfish/Biotoxin		Amd 14	N/A	334.04.93	07/01/23 12/31/24	07/01/23 06/30/25	\$11,100	\$11,100	\$28,600
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	01/01/22 06/30/23	07/01/21 06/30/23	\$7,000	\$17,500	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22 06/30/23	07/01/21 06/30/23	\$10,500		
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/24 12/31/24	07/01/23 06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/23 06/30/24	07/01/23 06/30/25	\$33,333	\$33,333	
Small Onsite Management (ALEA)		Amd 12	N/A	334.04.93	07/01/22 06/30/23	07/01/21 06/30/23	\$9,375	\$24,375	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22 06/30/23	07/01/21 06/30/23	\$15,000		
Small Onsite Management (ALEA)		Amd 12	N/A	334.04.93	01/01/22 06/30/22	07/01/21 06/30/23	(\$9,375)	\$13,125	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22 06/30/22	07/01/21 06/30/23	\$22,500		
Small Onsite Management (GFS)		Amd 16	N/A	334.04.93	07/01/24 12/31/24	07/01/23 07/01/25	(\$31,970)	\$0	\$0
Small Onsite Management (GFS)		Amd 14	N/A	334.04.93	07/01/24 12/31/24	07/01/23 07/01/25	\$31,970		
SFY25 Wastewater Management-GFS		Amd 16	N/A	334.04.93	07/01/24 12/31/24	07/01/23 06/30/25	\$31,970	\$31,970	\$61,970
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22 06/30/23	07/01/21 06/30/23	\$30,000	\$30,000	

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period Start Date End Date	DOH Use Only Chart of Accounts Funding Period Start Date End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
SFY23 FPHS-LHHJ-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
SFY24 FPHS-LHHJ-Funds-GFS		Amd 15	N/A	336.04.25	07/01/23 06/30/24	07/01/23 06/30/25	\$900,000	\$2,333,000	\$2,333,000
SFY24 FPHS-LHHJ-Funds-GFS		Amd 14	N/A	336.04.25	07/01/23 06/30/24	07/01/23 06/30/25	\$1,433,000		
FPHS-LHHJ-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-LHHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22 06/30/23	07/01/21 06/30/23	\$550,000		
FPHS-LHHJ-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-LHHJ-Proviso (YR1)		Amd 4	N/A	336.04.25	01/01/22 06/30/22	07/01/21 06/30/23	(\$137,500)		
FPHS-LHHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22 06/30/22	07/01/21 06/30/23	\$550,000		
YR 26 SRF - Local Asst (15%) SS		Amd 16	N/A	346.26.64	01/01/24 12/31/24	07/01/23 06/30/25	\$1,800	\$1,800	\$5,400
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23 12/31/23	01/01/23 12/31/23	\$2,200	\$2,200	
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22 12/31/22	07/01/21 06/30/23	\$1,400	\$1,400	
Sanitary Survey Fees SS-State		Amd 16	N/A	346.26.65	01/01/22 12/31/24	07/01/21 12/31/24	\$1,800	\$5,400	\$5,400
Sanitary Survey Fees SS-State		Amd 11, 16	N/A	346.26.65	01/01/22 12/31/24	07/01/21 12/31/24	\$2,200		
Sanitary Survey Fees SS-State		Amd 1, 11, 16	N/A	346.26.65	01/01/22 12/31/24	07/01/21 12/31/24	\$1,400		
YR 26 SRF - Local Asst (15%) TA		Amd 19	N/A	346.26.66	01/01/24 12/31/24	01/01/23 06/30/25	\$1,000	\$1,000	\$2,000
YR 25 SRF - Local Asst (15%) TA		Amd 19	N/A	346.26.66	01/01/23 12/31/23	01/01/23 12/31/23	(\$1,000)	\$0	
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23 12/31/23	01/01/23 12/31/23	\$1,000		
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22 12/31/22	07/01/21 06/30/23	\$1,000	\$1,000	
TOTAL							\$8,197,713	\$8,197,713	
Total consideration:	\$8,140,484								\$8,197,713
	\$57,229								
GRAND TOTAL	\$8,197,713								\$3,023,296
									\$5,174,417

*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: COVID-19 LHJ Gap Funding -
Effective July 1, 2023

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

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

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to support LHJ COVID-19 work utilizing American Rescue Plan Act (ARPA) funding and General Fund State funding.

Revision Purpose: The purpose of this revision is to clear the ARPA LHJ COVID 19 balance and add coding for General Fund State for the remaining balance.

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
FY24 LHJ COVID-19 ARPA	926C0240	21.027	333.21.02	07/01/23 02/29/24	46,740	-37,439	9,301
LHJ COVID-19 GFS	926C0140	N/A	334.04.92	07/01/23 06/30/24	0	37,439	37,439
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					46,740	0	46,740

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1, 2, and 3	Activities Supported by LHJ COVID-19 Gap Supplemental		July 1, 2023 – June 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding allocation.
1.	Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional	Vaccine availability to the community and prioritized in your jurisdiction's community.		Due date: Every 60 days as specified in the ConCon billing instructions.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	hours such as evenings and weekends. 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, community outreach/messaging or to supplement the work of other community partners in underserved communities and may include administration costs for COVID-19 vaccine.			
1A.	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) then include internet based, phone option and other methods to ensure equitable registration. The state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 48 hours of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Within two (2) days of vaccine use	
1B.	Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe.	Final written report including activities completed and how LHJ addressed equitable distribution of the vaccine, community outreach and messaging.	Report due within 30 days of the end of each quarter listed below: Year 1 Quarter 1 July 1, 2023-September 30, 2023 Year 1 Quarter 2 October 1, 2023-December 31, 2023 Year 1 Quarter 3 January 1, 2024-March 31, 2024 Year 1 Quarter 4 April 1, 2024-June 30, 2024	
1C.	COVID-19 vaccine purchase	See Special Requirements Below	See reporting requirements in 1A and 1B	
2.	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. Examples of key activities include: • Incident management for the response	See Special Requirements below.	See Special Requirements below.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.			
3.	1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH. a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a. - Contact tracing - Strive to maintain the capacity to conduct targeted investigations as appropriate. - Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. - Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. ii. Case investigation 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct targeted case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.	Enter all case investigation data in WDRS-following guidance from DOH.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and	Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested. Ensure all COVID positive test results are entered into WDRS within 2 days of receipt Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis). v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations. vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings. f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc. g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine). i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.	Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required. Report census numbers to include historic total by month and monthly total for current quarter to date		

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:

A report on the specific areas the LHJ partners have spent the ARPA vaccine dollars if the legislature requests this information.

The funds from the American Rescue Plan Act are not available for the purchase of vaccines when the federal government is already making COVID-19 vaccines available to certain populations. The Department of Health Office of Immunization, is using a combination of federal and state funds to supply COVID-19 vaccines for the following groups:

- *All children less than 19 years of age.*
- *Adults 19 years of age and older who are:*
 - *Uninsured.*
 - *Underinsured – lacks cost-free coverage for COVID-19 vaccines.*

To access these vaccines, healthcare providers must be enrolled in the Childhood Vaccine Program and/or the Adult Vaccine Program.

In order for LHJs to utilize the American Rescue Plan Act (FY24 LHJ COVID-19 ARPA) funding as listed on the LHJ con-con to purchase COVID-19 vaccines beyond what is currently available as stated above for administration in their jurisdiction, the LHJ must follow the guidance provided. In this guidance, it specifically asks that this funding is targeted to disproportionately impacted, underserved populations and communities having COVID-19 impacts that are documented and the response must be tailored to benefit this impacted class.

DOH has received the following guidance: to (1) identify and respond to other pandemic impacts and (2) serve other populations that experienced pandemic impacts, beyond the enumerated uses and presumed eligible populations. Recipients can also identify groups or "classes" of beneficiaries that experienced pandemic impacts and provide services to those classes. You should refer to pages 32 and 33 of the Overview of the Final Rule for (1) identifying impacts to a specific household or class of households and (2) tailoring the response to benefit this impacted class.

If LHJs identify a disproportionately impacted underserved population in their LHJ COVID-19 vaccination plan that would benefit from expanded access to COVID-19 vaccines and is not already served by another state program, they may use this funding to purchase COVID-19 vaccines in support of a documented mission.

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)** 4

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

Funding Source ☒ Federal Contractor ☒ 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: The purpose of this revision is to finalize activity completed 1/1/2022 through 12/31/2023 for Sanitary Survey, Sanitary Survey State and Technical Assistance and to update funding provided for Sanitary Survey, Sanitary Survey State and Technical Assistance activity assigned 1/1/2024 through 12/31/2024..

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	24112522	N/A	346.26.65	01/01/22 12/31/24	5,400	0	5,400
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%) SS	24119226	N/A	346.26.64	01/01/23 12/31/23	2,200	0	2,200
YR 25 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/23 12/31/23	1,000	-1,000	0
YR 26 SRF - LOCAL ASST (15%) SS	24119226	N/A	346.26.64	01/01/24 12/31/24	1,800	0	1,800
YR 26 SRF - LOCAL ASST (15%) TA	24119226	N/A	346.26.66	01/01/24 12/31/24	0	1,000	1,000
TOTALS					12,800	0	12,800

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	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.	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.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	sanitary surveys and providing technical assistance to small community and non-community Group A water systems.	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.		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.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH.	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
	See Special Instructions for task activity.	ODW Program Contact for approval (to ensure enough funds are available).		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 **\$10,800 for Task 1**, and **\$2,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

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

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

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

Special Instructions

Task 1

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

- No more than 1 surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than 3 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- No more than 3 surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than 4 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.
- No more than 1 survey of non-community systems with three or fewer connections be completed between January 1, 2024 and December 31, 2024.
- No more than 4 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2024 and December 31, 2024.

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

Local Health Jurisdiction Name: Jefferson County Public Health

Contract Number: CLH31013

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

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

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

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

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

Revision Purpose: The purpose of this revision is to add \$10,000 in funds for FY24 to support professional development for SBHC staff. This amendment also adds \$29,000 in the FY25 budget for the current contract, increasing the grant award to the previous award level (year one award of \$150,000).

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY24 SBHC PROVISO	78310840	N/A	334.04.90	07/01/23 06/30/24	145,000	10,000	155,000
SFY25 SBHC PROVISO	78310850	N/A	334.04.90	07/01/24 12/31/24	62,000	29,000	91,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					207,000	39,000	246,000

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Workplan will identify the due date, staff that will work on each task, and staff's role for each task			
1b	Review and update sustainability workplan for 2024-2025 school year. Continue previous project/focus area or identify a new focus. Update tasks, activities, roles, and due dates.	SBHC Operations project workplan and sustainability plan updates	September 30, 2024	\$25,000 <i>\$32,000</i>
1c	Provide updates to DOH on progress of SBHC operations, project, and workplan completion. - Include status report of SBHC operations (hours of operation, staffing model, and services provided) - Include milestones, successes, challenges, and barriers	Quarterly report	Quarterly, October 15 January 15 April 15 July 15	\$24,000 (\$4,000 per report)
2a	Attend bi-monthly contract meetings, starting by August 31, 2023, with DOH to discuss progress, support needs, barriers/challenges. Participate in at least one key training, support, and/or technical assistance activity per quarter, as recommended by DOH or WA School-Based Health Alliance (SBHA). Identify additional resources or training needed; collaborate with DOH to participate in and/or get access to resources, if needed.	Quarterly report that includes: - List of contract meetings attended during the reporting period - List of trainings and TA meetings attended during the reporting period - List of any additional resources or training needed	Quarterly, October 15 January 15 April 15 July 15	\$12,000 (\$2,000 per report)
2b	<i>Participate in professional development opportunities for SBHC staff, such as conferences, trainings, or continuing education opportunities.</i>	<i>Professional development plan</i>	<i>June 30, 2024</i>	<i>\$10,000</i>
3a	Update health equity plan each <i>for 2023-2024</i> school year.	Updated health equity plan	September 30, 2023 September 30, 2024	\$20,000 (\$10,000 each)
3b	<i>Update health equity plan for 2024-2025 school year.</i>	<i>Updated health equity plan</i>	<i>September 30, 2024</i>	<i>\$32,000</i>
3b 3c	Implement health equity plan and provide progress updates: - Can include pictures, products, stories, and/or testimonials - Include successes, challenges, and any barriers to completing this activity	Quarterly report	Quarterly, October 15 January 15 April 15 July 15	\$15,000 (\$2,500 per report)
4a	In collaboration with DOH SBHC epidemiologist, draft SBHC evaluation plan for SBHC operations and identified project. Include reporting mechanism for identified evaluation measures.	Evaluation plan	December 31, 2023	\$30,000
4b	Provide updates on implementation of evaluation plan; review and update evaluation plan, as needed. Include successes, challenges, and any barriers to completing this activity.	Quarterly report	Quarterly, October 15 January 15 April 15	\$12,000 (\$2,000 per report)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			July 15	
4c	Collect and report on required performance measures, using provided DOH performance measure spreadsheet.	Quarterly performance measure report	Quarterly, October 15 January 15 April 15 July 15	\$18,000 (\$3,000 per report)
4d	Write plan that outlines steps, barriers, and resources needed for participation in SBHC statewide data platform.	Draft data reporting plan	March 30, 2024 June 30, 2024	\$26,000

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

Program Specific Requirements

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

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

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

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

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

Billing Requirements:

- The LHJ will invoice no more than monthly and no less than quarterly.
- Due dates and deliverables can be negotiated on and changed, as needed, with prior approval from the contract manager.
- Invoices will be submitted on the DOH A19-1A Invoice Voucher form with a copy of the general ledger (or grant budget and spending documentation) and agreed upon back-up documentation. Invoices must reference this contract number and provide detailed information as requested.

- All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. DOH will issue payment within 30 days of receiving a correct and complete invoice and approving the deliverable(s).
- DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance.
- The LHJ will not invoice for services if they are entitled to payment, have been, or will be paid by any other source for that service.
- The LHJ may bill incrementally for progress on objectives, but the entire product will be delivered for the amount specified regardless of time spent on the tasks for each objective.
- Quarterly report deadlines and invoice amounts are as follows (invoice amount listed below is an estimate and is flexible based on deliverables completed):
 - Year 1, Q1 deliverables (July-September) due by October 15, 2023: \$48,500
 - Year 1, Q2 deliverables (October-December) due by January 15, 2024: \$43,500
 - Year 1, Q3 deliverables (January-March) due by April 15, 2024: ~~\$39,500~~ \$13,500
 - Year 1, Q4 deliverables (April-June) due by July 15, 2024: ~~\$13,500~~ \$49,500
 - Year 2, Q1 deliverables (July-September) due by October 15, 2024: ~~\$48,500~~ \$77,500
 - Year 2, Q2 deliverables (October-December) due by January 15, 2025: \$13,500
- DOH must receive correct and complete invoices within 60 days of the contract expiration date. Late invoices will be paid at the discretion of DOH and are contingent upon the availability of funds.
 - Submit all final billings within 45 days of the end of the contract
 - Submit all required program reports and deliverables within 60 days

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Sexual & Reproductive Health Program -

Effective January 1, 2022

Contract Number: CLH31013

SOW Type: Revision **Revision # (for this SOW)** 9

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

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

This Statement of Work spans Years 1-3 of the contract, which runs January 1, 2022 – March 31, 2025.

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

For federal funding, due dates after December 31, 2024 are for reporting only. LHJs may not bill federal funds under this contract for work done after December 31, 2024.

Revision Purpose: The purpose of this revision is to add \$17,733 to FFY24 FPHPA Title X Family Plan Funds for the period of 04/01/2024 - 12/31/2024, and update SOW language.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY22 Sexual & Rep Hlth Cost Share	78430120	N/A	334.04.91	01/01/22 06/30/22	44,100	0	44,100
FFY22 Title X Dire Needs	78430222	93.217	333.93.21	01/14/22 03/31/22	4,066	0	4,066
FFY22 Title X Family Planning	78430225	93.217	333.93.21	04/01/22 03/31/23	27,137	0	27,137
SFY23 Sexual & Rep Hlth Cost Share	78430130	N/A	334.04.91	07/01/22 06/30/23	80,009	0	80,009
FFY23 Title X Family Planning	78430241	93.217	333.93.21	04/01/23 03/31/24	30,822	0	30,822
SFY24 Sexual & Rep Hlth Cost Share	78430140	N/A	334.04.91	07/01/23 06/30/24	87,652	0	87,652
FFY24 FPHPA Title X Family Plan	78430240	93.217	333.93.21	04/01/24 12/31/24	0	17,733	17,733
TOTALS					273,786	17,733	291,519

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.	A19 invoice vouchers submitted in a timely manner accompanied by an R&E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy.	No more than monthly and no less than quarterly.	Billing must be based on a current cost analysis approved by

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
A.	Comply with Washington State SRHP Manual, federal Title X requirements and all state and federal laws. Also see Program Manual, Handbook, Policy References under Reporting Requirements below.	- All reports described in Reporting Requirements table below. - Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.)	As described in Reporting Requirements table below.	DOH (see Reporting Requirements table).
B.	Complete required Agency Information Dashboard that includes Request including Title X Assurance of Compliance and National Provider Identifier (NPI) billing numbers.	- 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. Site review directed by DOH SRHP. Follow-up site visits are performed as needed until identified issues are resolved. Submit documentation to DOH SRHP as requested for a desk review prior to site visit. Appropriate staff and documentation readily available to DOH SRHP prior to and during site visit.	As requested by DOH	DOH reserves the right to withhold payment until: - Compliance issues or a previous SOW <i>invoice</i> are resolved in a way accepted by DOH - Current data is submitted to, and accepted by, Ahlers. - A19 back up documentation required by DOH has been submitted and approved. - Other deliverables have been met. Payment is limited to the maximum funds available for funding source. DOH will reimburse for: - Actual allowable costs according to your approved cost analysis (see Reporting Requirements table). or - The amount remaining in the SOW R&E divided by the number of months remaining
C.	Provide medical services, community education and outreach, and staff training, consistent with state requirements: - LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. - Medical, laboratory, and other services related to abortion are not covered by this task. - Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with no fewer than five (5) or more members and up to as many members as the LHJ determines; be that is broadly representative of the population or community for which materials are intended. The committee must review all educational materials for clients; a batch of patient-facing materials annually (at least 15 products or 15% of your total number of materials, whichever is smaller); meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6])			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.	Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity. Washington State Sexual and Reproductive Health Network priority populations are: • Teens • People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) • Rural communities • Hispanic • Black, Indigenous, People of Color Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories. Provide all services in accordance with: • DOH SRHP & Title X Manual • Other state and federal requirements • LHH's Current Scope Report (defined under 3- Reporting Requirements (see below)	CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. • Data for each month • Corrected CVR data Email briefly describing change.	The last day of the next month--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.	in the funding source, plus one, whichever is less. Payment will be calculated by R&E provided by DOH (see Reporting Requirements table). All services through the end of this contract period must be billed within 60 days of the budget period, with the exception of the December billing that is due within 45 days to meet federal reporting requirements.
D.	Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual. 1. Maintain a computer system that includes normal safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.			
E.	Notify DOH contract manager of all: • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW SRHP/Title X funding.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Reporting Requirements				
1.	Agency Information Dashboard Request <i>DOH SRHP requires updated information required at the beginning of this SOW period: from all members of the SRHP Network to This information ensure that DOH has accurate information about records of LHJ's organization and the services it provides.</i> In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements <i>regarding including</i> client fees <i>and</i> required services <i>requirements</i> are met. <i>It also provides other information to The updated information also</i> 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. <i>It Requested information will include:</i> Information about your agency contacts and your organization's staffing A. Head of Organization B. Head of Finance C. Medical Director D. NPI numbers used to bill Medicaid E. The following (one person might fill more than one role) a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information Information regarding sexual and reproductive health related services offered at each clinic site: A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ no more than <i>within</i> three years prior to the start date of this SOW. <i>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.</i>	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
		B. Sliding fee schedule that includes all services required in the SRH Manual. Additional Task 1 SRH-related services <i>as outlined in Task 1</i> may also be included on LHJ's sliding fee schedule. - Sliding fee schedule must be based on cost analysis described above. - Fee schedule must be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc. - LHJ must not implement a revised fee schedule until it has been approved in writing by DOH. - Income conversion tables must be updated annually and approved by DOH Information related to current Community Outreach Plan: LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs assessment. This process must include the following steps: <i>Utilize the state level priority populations, county level demographic data, and agency profile to identify unmet need in the community served.</i> <i>Determine objectives and activities to expand sexual and reproductive health to reach populations in need of services in the community served.</i> <i>Measure completion of the objectives and activities.</i> Define the populations LHJ serves and identify opportunities to expand reach within those populations and to unreached populations in each community it serves. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. Gather available data and current assessments (secondary data) Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data) Aggregate secondary and primary data and analyze aggregated data Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and	Submit an updated income conversion table by March 15 of each year of the contract.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		education materials and activities J. Document and disseminate the community health needs assessment to LHJ's SRH consultant and appropriate stakeholders Information related to billing and client fees Cost analysis: How LHJ determines appropriate expenses for the purpose of billing DOH. If LHJ cost analysis was approved by DOH at the beginning of the contract period, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.		
2.	Progress Summary Report Updates Summary of <i>ongoing</i> activities <i>related to the SRH Program from previous SRHP services SOW</i>. It informs quality improvement of the Washington State SRH Network.	This information must be reported using the template or format provided by DOH. It will include information about contractor's work during the previous current and past SOWs: A. Community education and outreach strategies and activities and a discussion of their effectiveness. B. Staff training.	<i>During quarterly check ins and as</i> requested by DOH	
3.	Family Planning Annual Report (FPAR) Information DOH is requesting to develop trend data. All information is for <i>the</i> calendar year 2023 (January through December 2023). The subsequent agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance.	Organization-level data on clinical services emailed to DOH SRH data manager Number of: A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide sexual and reproductive health services: - Physicians - Physician assistants + nurse practitioners + certified nurse midwives - Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. Financial data emailed to DOH Contract Manager R&E showing Other Revenue through 03-31-24 the end of the grant as described below.	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
		Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR due 01-31 annually through 2027)		
4.	Clinic Visit Reports (CVRs)	Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf. CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. - Each month's CVR data - Corrected CVR data Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.	The last day of the next month - 15th of the following month. Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	
5.	Revenue and Expense Reports (R&E)	Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH. A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.	Submitted with each invoice (A19). No more than monthly and no less than quarterly. R&E showing all sources of revenue that support services <i>must be billed within 45 days of the budget period. December billings must be submitted by February 10th for April 2023–March 2024 due through the end of this contract period must be billed within 60 days.</i>	

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

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf](https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf) ([wa.gov](https://www.wa.gov)) Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information **~~Dashboard~~ Request**.

Billing Requirements:

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

Special Instructions:

Accessibility of Services

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to **~~target~~ 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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

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

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

SOW Type: Revision **Revision # (for this SOW)** 10

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: To add FFY24 USDA FMNP MGMT funds.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	07/01/22 09/30/22	86,376	0	86,376
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22 09/30/23	132,338	0	132,338
FFY22 USDA BFPC PROG MGMT	76214231	10.557	333.10.55	01/01/22 09/30/24	43,389	0	43,389
FFY22 USDA FMNP PROG MGMT	76540237	10.572	333.10.57	05/01/22 09/30/22	516	0	516
FFY23 USDA BFPC PROG MGMT	76214241	10.557	333.10.55	10/01/22 12/31/24	37,651	0	37,651
FFY23 USDA WIC PROG MGMT CSS	76101242	10.557	333.10.55	01/01/23 09/30/23	2,800	0	2,800
FFY24 USDA WIC CLIENT SVS CONTRACTS	7610124B	10.557	333.10.55	10/01/23 09/30/24	155,011	0	155,011
FFY23 USDA FMNP MGMT	76540248	10.572	333.10.57	06/01/23 09/30/23	496	0	496
FFY24 USDA BFPC PROG MGMT	7621424A	10.557	333.10.55	10/01/23 09/30/24	37,651	0	37,651
FFY25 USDA WIC CLIENT SVS CONTRACTS	76101251	10.557	333.10.55	10/01/24 12/31/24	26,268	0	26,268
FFY24 USDA FMNP MGMT	76540241	10.572	333.10.57	05/01/24 09/30/24	0	496	496
					0	0	0
TOTALS					522,496	496	522,992

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.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = 250	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines.		Revised authorized participating caseload for January 2023 through December 2024 = 265 Revised authorized caseload for January 2024 through December 2024 = 270	
1.2	Submit the annual Nutrition Services Plan for each year of the contract.	Nutrition Services Plan	First year due 9/30/22 Second year due 9/30/23 Third year due 9/30/24	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the contract.	Nutrition Services Expenditure Report	11/30/22 11/30/23 11/30/24	Payment withheld if not received by due date.
1.4	Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.5	Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Issue WIC benefits while assuring adequate WIC card security and reconciliation.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.8a	Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract	Budget Workbook	First year due 9/30/22 Second year due 9/30/23 Third year due 9/30/24	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19	Revenue and Expense Report and A-19	First year due monthly through December 31, 2022 Second year due monthly through December 31, 2023 Third year due monthly through December 31, 2024	
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 11/30/22 Second year due 11/30/23 Third year due 11/30/24	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			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. - 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	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/22 Second year due 8/30/23 Third year due 11/30/24 Biennial WIC Monitor	
3	Breastfeeding Peer Counseling Program (BFPC)			See "Billing Requirements" below.
3.1	Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.	First year due 12/31/22 Second year due 12/31/23 Third year due 12/31/24 Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022, Oct. 1, 2023, and Oct 1, 2024 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](https://www.usaspending.gov) by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

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

Staffing Requirements:

The LHJ shall:

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

Restrictions on Funds:

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

Special References:

What is the WIC program?

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

Monitoring Visits:

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

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

Assurances/Certifications:

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

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

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

The LHJ agrees to:

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

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

2. Civil Rights Assurance

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

3. 2CFR 200

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

Billing Requirements:

1. Definitions

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

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

- There are four federal budget periods

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

2. Billing Information:

- Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- A-19s are submitted monthly and must be received by the Department within 30 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 LHJ 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 LHJ 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 Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$2,800	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.
January 2023 - September 2023	January 2023 - September 2023	\$2,800	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits or contractor), and other approved WIC training expenses.

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

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