

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 10

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITSAP PUBLIC HEALTH DISTRICT 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, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:
 - Childhood Lead Poisoning Prevention Program - Effective July 1, 2019
 - Foundational Public Health Services (FPHS) - Effective July 1, 2019
 - Office of Emergency Preparedness & Response - Effective July 1, 2019
- Amends Statements of Work for the following programs:
 - LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019
 - Maternal & Child Health Block Grant - Effective January 1, 2018
 - Office of Drinking Water Group A Program - Effective January 1, 2018
 - Office of Drinking Water Group B Program - Effective January 1, 2018
 - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018
 - Tobacco & Vapor Product Prevention & Control Program - Effective March 29, 2019
- Deletes Statements of Work for the following programs:

2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:

- Increase of \$921,764 for a revised maximum consideration of \$5,639,116.
- Decrease of _____ for a revised maximum consideration of _____.
- No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-10 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-9.


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.

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Date 9/10/2019



Date 9/13/19

APPROVED AS TO FORM ONLY
Assistant Attorney General

**2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Childhood Lead Poisoning Prevention Program - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2019 through June 30, 2020

Statement of Work Purpose: The purpose of this statement of work is to support local interventions with the case management of elevated blood lead levels in children 14 years of age and younger. The focus of this program is to build local capacity statewide to provide case management services to all children with elevated blood lead levels.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Healthy Communities	N/A	334.04.91	25611100	07/01/19 06/30/20	0	3,425	3,425
TOTALS					0	3,425	3,425

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Home Visit 1 a) Contact the provider to gather complete information on the assigned elevated blood lead level case. b) Contact the family to schedule the visit. c) Visit the child's residence (or other sites where the child spends significant amounts of time). d) Interview the caregivers using the Child Blood Lead Investigation Form and conduct an environmental assessment to identify factors that may impact the child's blood lead level. e) Determine if the family lives in Section 8 or HUD housing, and if the child is Medicaid enrolled. f) Provide educational material to the child's caregivers in the family's primary language. g) Arrange with family and provider to have the child retested following the Pediatric Environmental		Submit the information collected during the home visit via the applicable fields of the Washington Disease Reporting System (WDRS). Submit, as attachment(s) via WDRS the documentation of the Plan of Care prepared for the family (DOH will provide a template) including a summary of the environmental assessment and suggestions for reducing or eliminating exposure. Provide a copy of this document or documents to the child's caregivers and provider.	Submit as needed within 60 days after completion.	Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child not to exceed total funding consideration. Note: this excludes indirect costs.

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Health Speciality Unit (PEHSU) medical management guidelines: https://www.pehsu.net/Library/facts/medical-mgmt-childhood-lead-exposure-june-2013.pdf</p> <p>Home Visit 2 (optional)</p> <p>a) The purpose of the optional second home visit is to connect the family to other service providers, explain recommendations, answer questions, and provide any further needed assistance for the family in implementing recommendations.</p> <p>b) Facilitate the completion of a developmental screening to be conducted by LHJ staff, via the online WithinReach Developmental Screening Questionnaire http://www.parenthelp123.org/ or other methodology, or by referral to the child's physician or another entity trained to administer developmental screening tests.</p> <p>c) Encourage blood lead testing of other children less than 72 months of age and pregnant or nursing persons in the home.</p> <p>d) If appropriate, refer the family to the Women, Infants, and Children (WIC) program or a Registered Dietitian Nutritionist for a nutritional assessment and to other service providers as appropriate.</p> <p>e) Coordinate services and communicate with other involved professionals.</p>		<p>Submit a new or updated Plan of Care to DOH via WDRS and provide a copy to the child's caregivers and provider that includes:</p> <p>a) A summary of the results of any assessments conducted by LHJ staff and/or information on all referrals made.</p> <p>b) The names of any at-risk family members referred for blood lead testing.</p> <p>c) The names of all professionals who have been part of the Plan of Care or to which the family has been referred for services.</p>	Submit as needed within 60 days of completion	Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child not to exceed total funding consideration. Note: this excludes indirect costs.
3	<p>DOH will reimburse LHJ for costs incurred for field investigation sample laboratory testing, as well as costs incurred for interpretation and/or translation services needed as part of case management.</p>		Submit vendor invoices to DOH to document the reimbursement request.	As needed.	Total reimbursements may not exceed total funding consideration. (See Special Billing Requirements below.)

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Program Manual, Handbook, Policy References

Guide for Public Health Case Management of Children with Elevated Blood Lead Levels
<https://www.doh.wa.gov/Portals/1/Documents/4000/334-414.pdf>

A Targeted Approach to Blood Lead Screening in Children, Washington State
2015 Expert Panel Recommendations
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-383.pdf>

Special References (RCWs, WACs, etc)

Laboratories are required to report to the Department of Health all Blood Lead test results (WAC 246-101-201). Elevated results (greater than or equal to 5 mcg/dL) must be reported within two (2) days; non-elevated results need to be reported within one (1) month.

Monitoring Visits (frequency, type)

Telephone calls and/or in person meetings with contract manager on as as-needed basis.

Definitions

BLL – Blood Lead Level

EBLL – Elevated Blood Lead Level

PEHSU – Pediatric Environmental Health Specialty Units

Special Billing Requirements

The average total amount expended for laboratory, interpreter, and translation services is suggested to be approximately \$185 per home visit, per child. It is recognized that more complex cases may require a higher level of services, while simpler cases may require fewer services. Total reimbursements may not exceed total funding consideration. Please note WDRS event number(s) on invoice to allow DOH review of deliverables via WDRS. Payment to completely expend the “Total Consideration” for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices may be submitted as needed within 60 days after home visit completion and must be based on actual direct program costs. Billing for services on a monthly fraction of the “Total Consideration” will not be accepted or approved. If needed, additional funding may be requested and upon DOH approval may be added if funds are available.

Note: Blood Lead Case Management reimbursement excludes indirect costs.

DOH Program Contact

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DOH Fiscal Contact

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Assistant Secretary's Office
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Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Period of Performance: July 1, 2019 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of July 1, 2019 through June 30, 2021.

Note: The total consideration is for the period of July 1, 2019 through June 30, 2021. 2019-2021 biennial funding allocations will be divided into four six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July, 1, 2019; January 1, 2020; July 1, 2020; January 1, 2021.

The final disbursement of funds scheduled for January 1, 2021 and deliverables due dates after December 31, 2020 are included in this statement of work for informational purposes only and will be carried forward into a new statement of work in the new consolidated contract term beginning January 1, 2021.

FPHS funds must be spent in the state fiscal year (SFY) in which they are disbursed: SFY20 07/01/19-06/30/20 and SFY21 07/01/20-06/30/21.

2019-2021 Biennial Allocation: \$294,690

Annual Allocation: \$147,345

Six Month Disbursement: \$73,672.50

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FPHS FUNDING FOR LHJS	N/A	336.04.25	TBD	07/01/19 06/30/20	0	147,345	147,345
FPHS FUNDING FOR LHJS	N/A	336.04.25	TBD	07/01/20 12/31/20	0	147,345	147,345
TOTALS					0	294,690	294,690

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	These funds are for delivering ANY or all of the FPHS communicable disease, environmental public health or assessment service and can also be used for any of the other FPHS capabilities that support these FPHS as defined in the most current version of FPHS Definitions.	Annual Report (template provided by DOH) for SFY20 (07/01/19 – 06/30/20)	By 08/15/20	Funds are available beginning July 1, 2019. Half of the annual allocation will be disbursed each July upon receipt of the Annual Report and the second half will be disbursed each January.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Annual Report (template provided by DOH) for SFY21 (07/01/20 – 06/30/21)	By 08/15/21	Note: Funds must be spent in the state fiscal year (SFY) in which they are disbursed.

Tasks/Activities/Description	Impact Measures
<p>Control of Communicable Disease and Other Notifiable Conditions</p> <ol style="list-style-type: none"> 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. 5. Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions. 6. When Additional Important Services (AIS) are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well coordinated with foundational services. 	<p>Percent of toddlers and school age children that have completed the standard series of recommended vaccinations.</p> <p>Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report.</p> <p>Percent of new positive Hepatitis C case reports with completed investigations.</p> <p>Percent of Gonorrhea cases investigated.</p> <p>Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment for both Gonorrhea and Chlamydia at the same time)</p> <p>Percent of newly diagnosed syphilis cases that receive partner services interview.</p>
<p>Environmental Public Health</p> <ol style="list-style-type: none"> 1. Provide timely, state and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures. 2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources and advocate for high priority policy initiatives. 3. Conduct environmental public health investigations, inspections, sampling, laboratory analysis and oversight to protect food, recreational water, drinking water and liquid waste and solid waste systems in accordance with local, state and federal laws and regulations. 4. Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions and other public health threats related to environmental hazards. 5. Protect the population from unnecessary radiation exposure in accordance with local, state and federal laws and regulations. 6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes 7. When Additional Important Services (AIS) are delivered regarding environmental public health, assure that they are well coordinated with foundational services. 	<p>TBD</p>

Tasks/Activities/Description	Impact Measures
<p>Assessment (Surveillance and Epidemiology)</p> <ol style="list-style-type: none"> 1. Ability to collect sufficient, statewide and community level data and develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level. 2. Ability to access, analyze, use and interpret data. 3. Ability to conduct a comprehensive community or statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health. 	<p>TBD</p>
<p>Emergency Preparedness (All Hazards).</p> <ol style="list-style-type: none"> 1. Ability to develop emergency response plans for natural and man-made public health hazards; train public health staff for emergency response roles and routinely exercise response plans. 2. Ability to lead the Emergency Support Function 8 – Public Health & Medical and/or a public health response for the county, region, jurisdiction and state. 3. Ability to activate and mobilize public health personnel and response teams; request and deploy resources; coordinate with public sector, private sector and non-profit response partners and manage public health and medical emergencies utilizing the incident command system. 4. Ability to communicate with diverse communities across different media, with emphasis on populations that are disproportionately challenged during disasters, to promote resilience in advance of disasters and protect public health during and following disasters. 	<p>TBD</p>
<p>Communication.</p> <ol style="list-style-type: none"> 1. Ability to engage and maintain ongoing relations with local and statewide media. 2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Standards, to increase visibility of public health issues. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served. 	
<p>Policy Development and Support</p> <ol style="list-style-type: none"> 1. Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, must include evaluation plans. 2. Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative or promising and include evaluation plans) and that address the social determinants of health and health equity. 3. Ability to utilize cost-benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment. 	
<p>Community Partnership Development</p> <ol style="list-style-type: none"> 1. Ability to create and maintain relationships with diverse partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health inequity; private businesses and health care organizations; Tribal Nations, and local, state and federal government agencies and leaders. 	

Tasks/Activities/Description	Impact Measures
<p>2. Ability to select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.</p> <p>Business Competencies – Leadership Capabilities; Accountability and Quality Assurance Capabilities; Quality Improvement Information; Technology Capabilities; Human Resources Capabilities; Fiscal Management, Contract and Procurement Capabilities; Facilities and Operations; Legal Capabilities.</p>	<p>TBD</p>

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

Link to 2SHB 1497 – <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/House%20Passed%20Legislature/1497-S2.PL.pdf>

FPHS Definitions

www.doh.wa.gov/fphsresources

Special Instructions

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

SAO’s BARS Manual

Deliverables are to be submitted to Marie Flake at marie.flake@doh.wa.gov

DOH Program Contact

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Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: March 1, 2019 through September 29, 2020

Statement of Work Purpose: The purpose of this statement of work is to establish funding for Local Strategies for Physical Activity and Nutrition (LSPAN), a project of the State Physical Activity and Nutrition Program (SPAN).

Revision Purpose: The purpose of this revision is to extend the period of performance from September 29, 2019 to September 29, 2020 and add funding, add task 2d, revise and add deliverables and due dates for Year 2-FFY19 activities.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440248	03/01/19 09/29/19	60,000	0	60,000
FFY19 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440239	09/30/19 09/29/20	0	60,000	60,000
TOTALS					60,000	60,000	120,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	PROGRAM ADMINISTRATION: Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD).		Designated KPHD staff will participate in contract management calls.	March 1, 2019-September 29, 2019 2020	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
1b	PROGRAM ADMINISTRATION: Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.		Designated KPHD staff will participate in calls, webinars, and meetings.	March 1, 2019-September 29, 2019 2020	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1c	PROGRAM ADMINISTRATION: Perform administrative duties related to LSPAN.		Quarterly progress reports to DOH via SharePoint site or email	<i>Year 1-FFY18:</i> April 15, 2019 (covering March 1, 2019-March 30, 2019) July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019) <i>Year 2-FFY19:</i> January 15, 2020 (covering September 30, 2019-December 30, 2019) April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020) October 15, 2020 (covering June 30, 2020-September 29, 2020)	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2a	PROGRAM IMPLEMENTATION: Finalize Work Plan and Budget Workbook using DOH-provided templates.		Submit Work Plan to DOH Program Contact via email	<i>Draft due:</i> <i>Year 1-FFY18:</i> March 15, 2019 <i>Year 2-FFY19:</i> July 3, 2020 <i>Final due:</i> <i>Year 1-FFY18:</i> March 29, 2019 <i>Year 2-FFY19:</i> July 10, 2020	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2b	PROGRAM IMPLEMENTATION: Implement finalized community work plan focused on LSPAN that include: - Addressing at least two (2) state strategies required by this grant funding. - Achieving policy, systems, or environmental changes consistent with the strategies. - Identifying and reaching populations with health disparities.		Quarterly progress reports to DOH via SharePoint site or email	<i>Year 1-FFY18:</i> July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019) <i>Year 2-FFY19:</i> January 15, 2020 (covering September 30, 2019-December 30, 2019)	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2c	<p>PROGRAM IMPLEMENTATION: Report quarterly expenditures using DOH-provided template.</p>		<p>Report quarterly expenditures using DOH-provided template.</p>	<p>April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020) October 15, 2020 (covering June 30, 2020- September 29, 2020) Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019) July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019) Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019) April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020) October 15, 2020 (covering June 30, 2020- September 29, 2020)</p>	<p>Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.</p>
2d	<p>PROGRAM COMMUNICATION: Inform partners and public about program successes and related best practices, including social media posts and publication.</p>		<p>Provide copies of any relevant communication products with quarterly progress reports to DOH via SharePoint site or email</p>	<p>January 15, 2020 (covering September 30, 2019-December 30, 2019) April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020)</p>	<p>Reimbursement for actual costs, not to exceed total contract funding.</p>

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>Write a success story related to LSPAN projects.</i>		<i>One success story using DOH-provided template</i>	<i>October 15, 2020 (covering June 30, 2020- September 29, 2020) Draft due by August 30, 2020 Final due by October 15, 2020</i>	
3	PROGRAM EVALUATION: Participate in performance measure data collection and program evaluation activities in collaboration with DOH.		Quarterly progress reports to DOH via SharePoint site or email	Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019) July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019) Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019) April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020) October 15, 2020 (covering June 30, 2020- September 29, 2020)	Reimbursement for actual costs, not to exceed total contract funding.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

The Local Strategies for Physical Activity and Nutrition (LSPAN) project is providing funds to Kitsap Public Health District to implement policy, systems and environmental changes at the community level to enact healthy nutrition guidelines and support breastfeeding-friendly environments. These changes must support the health of priority populations who experience health disparities. LSPAN is part of DOH's State Physical Activity and Nutrition (SPANWA) Program. Funding for SPANWA is through a cooperative agreement awarded to DOH from the Centers for Disease Control and Prevention's (CDC) DP18-1807: State Physical Activity and Nutrition Program

Special Requirements

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 Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS):

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the Centers for Disease Control and Prevention (CDC), with a copy to the Health and Human Services (HHS) Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services, Romero Stokes, Grants Management Officer/Specialist, Centers for Disease Control and Prevention Chronic Disease and Birth Defects Services Branch, 2920 Brandywine Road, Mailstop E-09, Atlanta, Georgia 30341, Email: lnj0@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)
AND

U.S. Department of Health and Human Services, Office of the Inspector General, ATTN: Mandatory Grant Disclosures, Intake Coordinator, 330 Independence Avenue SW, Cohen Building, Room 5527, Washington, DC 20201, Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

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

- Only DOH-approved budget expenditures will be reimbursed.
- Subrecipients may not use funds to purchase furniture or equipment.
- Funds cannot be spent on capital projects to support built environment changes.
- Reimbursement of pre-award costs generally is not allowed, unless DOH provides written approval to the subrecipient.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Monitoring Visits (frequency, type)

In-person site visits at least once a year

Special Billing Requirements

Must use the budget workbook supplied by the program

DOH Program Contact

Amy Ellings, Healthy Eating Active Living Program Manager
Washington State Department of Health
PO Box 47848
Olympia, WA 98504
360-236-3754 (desk) / 360-480-1164 (mobile)
Amy.Ellings@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Maternal & Child Health Block Grant-
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through September 30, 2020

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding from September 30, 2019 to September 30, 2020 for continuation of MCHBG-related activities.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120281	01/01/18 09/30/18	119,891	0	119,891
FFY19 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120291	10/01/18 09/30/19	159,854	0	159,854
FFY20 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120292	10/01/19 09/30/20	0	159,854	159,854
TOTALS					279,745	159,854	439,599

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every quarter, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ		Designated LHJ staff will participate in contract management calls.	September 30, 2018 September 30, 2019 <i>September 30, 2020</i>	Reimbursement for actual costs, not to exceed total funding consideration.
1b	Report actual expenditures for October 1, 2017 through March 31, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 26, 2018	Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of
1c	Develop 2018-2019 MCHBG Budget Workbook for October 1, 2018 through September 30, 2019 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2018	

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2018 through March 31, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 24, 2019	work for the specified funding period.
1e	Develop 2019-2020 MCHBG Budget Workbook for October 1, 2019 through September 30, 2020 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2019	See Program Specific
1f	Report actual expenditures for October 1, 2017 through September 30, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2018	Requirements and Special Billing Requirements.
1g	Participate in DOH sponsored MCHBG fall regional meeting.		Designated LHJ staff will attend regional meeting.	September 30, 2020	
1h	Report actual expenditures for October 1, 2018 through September 30, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 6, 2019	
1i	Develop 2020-2021 MCHBG Budget Workbook for October 1, 2020 through September 30, 2021 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 6, 2020	
1j	Report actual expenditures for the six month period from October 1, 2019 through March 31, 2020		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 22, 2020	
MCHBG Assessment and Evaluation					
2a	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH	September 30, 2018 September 30, 2019 September 30, 2020	Reimbursement for actual costs, not to exceed total funding consideration.
2b	Report program level strategy measure data (CSHCN, UDS, ACES).		Documentation using report template provided by DOH	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018	See Program Specific
2c	Conduct a Maternal and Child Health (MCH) Needs Assessment.		Submit Needs Assessment documentation to DOH contract manager using templates provided by DOH	May 24, 2019	Requirements and Special Billing Requirements.
2d	Explore health equity approaches to maternal and child health and develop implementation plan		Include health equity plan in 2020-2021 MCHBG Action Plan using DOH- provided template.	Draft August 16, 2020 Final September 6, 2020	

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
MCHBG Implementation					
3a	Develop 2018-2019 MCHBG Action Plan for October 1, 2018 through September 30, 2019 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2018 Final- September 5, 2018	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Report activities and outcomes of 2017-2018 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	
3c	Develop 2019-2020 MCHBG Action Plan for October 1, 2019 through September 30, 2020 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2019 Final- September 5, 2019	
3d	Report activities and outcomes of 2018-2019 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	
3e	Develop 2020-2021 MCHBG Action Plan for October 1, 2020 through September 30, 2021 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 16, 2020 Final September 6, 2020	See Program Specific Requirements and Special Billing Requirements.
3f	Report activities and outcomes of 2019-2020 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	
Children and Youth with Special Health Care Needs (CYSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CSHCN Program Manual. Ensure client data is collected on all children served by CYSHCN contractors, including neurodevelopmental centers, regional maxillofacial coordinators, and the DOH Newborn Screening Program.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018 January 15, 2019 April 15, 2019 July 15, 2019 October 15, 2019 January 15, 2020 April 15, 2020 July 15, 2020	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
4b	Administer requested DOH Diagnostic and Treatment funds for infants and children per CYSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	See Program Specific Requirements and

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount Special Billing Requirements.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Requirements

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 Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USA Spending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

Children and Youth with Special Health Care Needs Manual - http://www.doh.wa.gov/Portals/1/Documents/Pubs/970_209_CSHCN_Manual.pdf
[https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGra](https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds)

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits (frequency, type)

Telephone calls with contract manager at least one every quarter, and annual site visit.

Special Billing Requirements

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

Special Instructions

Contact DOH contract manager below for approval of expenses not reflected in approved budget workbook.

DOH Program Contact

Kara Seaman, Community Consultant
Office of Family and Community Health Improvement
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-3963 / Fax: 360-236-3646
Email: kara.seaman@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: January 1, 2018 through December 31, 2020

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

Revision Purpose: The purpose of this revision is to decrease Total Consideration, revise Special Billing Requirements and Special Instructions, and move remaining SS and TA federal funds from Yr 21 SRF to Yr 22 SRF.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Decrease (-)	Total Consideration
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18 12/31/18	0	0	0
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18 12/31/18	0	0	0
Yr 20 SRF - Prog Mgmt (10%) (FS) TA	N/A	346.26.66	24137220	01/01/18 12/31/18	1,268	0	1,268
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18 06/30/19	27,500	-13,250	14,250
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18 06/30/19	3,149	-1,249	1,900
Yr 22 SRF - Local Asst (15%) (FO-SW) SS	N/A	346.26.64	24239222	01/01/19 12/31/19	0	12,750	12,750
Yr 22 SRF - Local Asst (15%) (FO-SW) TA	N/A	346.26.66	24239222	01/01/19 12/31/19	0	1,249	1,249
TOTALS					31,917	-500	31,417

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, observations, findings, recommendations, and	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 \$250 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 \$500 for each sanitary survey of a non-community system with four or more connections.

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.		referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office. The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.		or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline. Late or incomplete reports may not be accepted for payment.

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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: <ul style="list-style-type: none"> • 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 must have completed the mandatory Sanitary Survey Training. See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

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 ~~\$27,500~~ \$27,000 for Task 1, and \$4,417 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 Task 1, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date that 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 the DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions

Task 1

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

- No more than 3 surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than 28-27 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.
- No more than 1 surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.
- No more than 25 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.

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. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

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.

Program Manual, Handbook, Policy References

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

DOH Program Contact

Denise Miles
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Denise.Miles@doh.wa.gov
(360) 236-3028

DOH Fiscal Contact

Karena McGovern
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.McGovern@doh.wa.gov
(360) 236-3094

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Office of Drinking Water Group B Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide financial support to LHJs implementing local Group B water system programs.

Revision Purpose: The purpose of this revision is to extend the Period of Performance end date from June 30, 2019 to December 31, 2020, increase Total Consideration, and revise Special Billing Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
GFS - Group B (FO-SW)	N/A	334.04.90	24230103	01/01/18 06/30/18	0	0	0
FY1 Group B Programs for DW (FO-SW)	N/A	334.04.90	24230104	01/01/18 06/30/18	10,000	0	10,000
FY2 Group B Programs for DW (FO-SW)	N/A	334.04.90	24230105	07/01/18 06/30/19	20,000	0	20,000
GFS - Group B (FO-SW)	N/A	334.04.90	24230103	07/01/19 06/30/20	0	10,000	10,000
GFS - Group B (FO-SW)	N/A	334.04.90	24230103	07/01/20 12/31/20	0	10,000	10,000
TOTALS					30,000	20,000	50,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Memorandum of Agreement Number	Payment Information and/or Amount
1	Implement a Group B water system program through a local ordinance.		An executed memorandum of agreement (MOA) identifying responsibilities of a full Group B program through a local ordinance.	Reference DOH MOA #CLH23660	Lump sum payment (See Special Billing Requirements)

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Billing Requirements

For January 1, 2018 – June 30, 2019, the LHJ shall submit three semi-annual invoices as follows: \$10,000 in the first half of each calendar year (no later than May 15) and \$10,000 in the second half of each calendar year (no later than November 15). Payment cannot exceed a maximum cumulative fee of \$20,000 per year.

For July 1, 2019 – December 31, 2020, the LHJ shall submit two invoices as follows: \$10,000 between July 1, 2019 – June 30, 2020 (no later than May 15, 2020) and \$10,000 between July 1, 2020 – December 31, 2020. Payment cannot exceed the amounts indicated during the time periods above.

DOH Program Contact

Denise Miles
Southwest Regional Office
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Denise.Miles@doh.wa.gov
(360) 236-3028

DOH Fiscal Contact

Karena McGovern
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.McGovern@doh.wa.gov
(360) 236-3094

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Office of Emergency Preparedness & Response - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)

<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> Federal Compliance (check if applicable)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	<input type="checkbox"/> Research & Development	

Period of Performance: July 1, 2019 through June 30, 2020

Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2019 grant period.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY19 PHEP BP1 LHJ FUNDING	93.069	333.93.06	31102190	07/01/19 06/30/20	0	295,345	295,345
TOTALS					0	295,345	295,345

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) to advance LHJ preparedness or complete the deliverables in this statement of work.		Submit summary on the mid-year and end of year progress report.	December 31, 2019 and June 30, 2020	Reimbursement for actual costs not to exceed total funding consideration amount
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements including gap analysis, mid-year report and end-of-year report.		Submit completed templates to DOH.	Upon request	
3	Complete all performance measure reporting requirements as requested by DOH.		Submit completed performance measure data.	Upon request	
4	Training: 4.1) Provide training for appropriate staff who serve in the Emergency Operations Center (EOC) and the Emergency Support Function #8 (ESF#8)		Submit mid-year and end-of-year progress reports.	December 31, 2019 and June 30, 2020	

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Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>role on the Incident Command System, ESF#8 response plans and policies.</p> <p>4.2) Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by the local health department</p>		<p>Provide sign in sheets of trainings conducted, with attendee signatures and contact information, or registrations if training is conducted by an entity other than the LHJ.</p>	<p>Upon completion of training, but no later than June 30, 2020</p>	
5	<p>Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES):</p> <p>5.1) Maintain WASECURES program as the primary emergency notification system within the LHJ for receiving alerts from DOH, and include all critical LHJ positions as registered users.</p> <p>5.2) Participate in DOH-led WASECURES notification drills</p> <p>5.3) Conduct a notification drill using LHJ's preferred staff notification system.</p> <p>Notes: Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs on utilizing WASECURES. LHJs may choose to utilize other notification systems in addition to WASECURES to alert staff during incidents.</p> <p>Communications:</p> <p>6.1) Participate in at least one risk communications webinar hosted by DOH. Webinars will be offered twice; one in the first half of the budget period and one in the second half of the budget period.</p> <p>6.2) Participate in DOH Public Information Officer Workgroup.</p> <p>6.3) Participate in at least one risk communications drill conducted by DOH. Drill</p>		<p>Submit mid-year and end of year progress reports.</p> <p>A list of registered users with their title and role in the emergency response plan.</p> <p>Submit results of notification drills conducted or participated in.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>December 31, 2019</p> <p>Within one week of the drill, but no later than June 30, 2020</p>	
6			<p>Submit mid-year and end of year progress reports.</p> <p>Submit messaging used to inform the public during drills, including a summary of how communication tools were used.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>Within 90 days of drill, but no later than June 30, 2020</p>	

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	<p>will occur via webinar, conference call, and email. Drill will test LHJ's ability to develop and disseminate key messages via social media, email to community partners, phone trees, newsletters, and other means preferred by the LHJ.</p> <p>6.4) Produce an After Action Report (AAR) evaluating LHJ participation in the drill.</p> <p>6.5) Participation in a real-world incident will satisfy the need to participate in a communications drill.</p>		<p>Submit After Action Reports (AARs).</p> <p>Submit documentation of participation in incident including communication methods and tools used. Submit AAR.</p>	<p>Within 90 days of the drill, but no later than June 30, 2020</p> <p>Within 90 days of the end of the incident, but no later than June 30, 2020</p>	
7	<p>Non-CRI LHJs: Update plans to request, receive, and dispense medical countermeasures. Plans should include the addresses of all local public Points of Dispensing (PODs) (not including pharmacies or healthcare facilities), sources of public POD staffing, local receiving and pickup sites (Hubs) identified by the LHJ, and whether the LHJ intends to pick countermeasures from DOH.</p> <p>Note: LHJs are not required to maintain a HUB; LHJs may partner with other organizations to centralize distribution.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit updated plan to request, receive and dispense medical countermeasures.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p>	
8	<p>Provide immediate notification to the DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving utilization of emergency response plans and structures.</p>		<p>Submit mid-year and end of year progress reports including documentation that notification to DOH was provided; or statement that no incident response occurred.</p> <p>Send notification to DOH Duty Officer.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>As soon as possible (performance measure target is within 60 minutes)</p>	
9	<p>Produce and provide situation reports documenting LHJ activity to DOH during all incidents involving an emergency response or activation by the LHJ. Situation reports may be developed by the LHJ, or may be jurisdictional situation reports that include input from the LHJ.</p>		<p>Submit situation reports to DOH Duty Officer by email to HANAALERT@doh.wa.gov.</p> <p>Submit mid-year and end of year progress reports to include situation reports demonstrating</p>	<p>Upon completion</p> <p>December 31, 2019 and June 30, 2020</p>	

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10	Provide Essential Elements of Information (EEIs) during incident response upon request by DOH. Note: DOH will convey requests for specific data elements (EEIs) to the LHJ during an incident.		DOH was notified of incident response, or statement that no incident response occurred. Provide essential elements of information upon request.	Upon request	
11	Attend regional Health Care Coalition (HCC) district meetings as requested by HCC Lead and deemed appropriate by LHJ.		Submit mid-year and end of year progress reports documenting participation in meetings.	December 31, 2019 and June 30, 2020	
12	Participate in development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.		Submit mid-year and end of year progress reports documenting participation in DCAC.	December 31, 2019 and June 30, 2020	
13	Participate in at least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test (CST), or other drills and exercises to support planning and response efforts inclusive of public health and/or ESF8.		Submit mid-year and end of year progress reports documenting participation in drills/exercises.	December 31, 2019 and June 30, 2020	
14	Actively participate in discussions pertaining to Emergency Support Function #8 (ESF8) and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ.		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
15	Participate in HCC planning process to update plans by reviewing coalition plans for alignment with local ESF8 plans.		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
16	Coordinate with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
17	Participate in one or more exercises or real world incidents testing each of the following: <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining and maintaining situational awareness of, at a minimum: <ul style="list-style-type: none"> ○ The functionality of critical public health operations 		Submit mid-year and end of year progress reports. Submit After Action Reviews (AARs) and Corrective Action Plan (CAP) for each drill/exercise/incident conducted or participated in.	December 31, 2019 and June 30, 2020 Within 60 days of completion of exercise/incident, but no later than June 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
18	<ul style="list-style-type: none"> ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Vulnerable populations:</p> <p>18.1) Update and maintain the All Hazards Plan to address vulnerable populations.</p> <p>18.2) Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.</p> <p>18.3) Document the primary groups within the LHJ boundaries identified in CDC's Social Vulnerability Index to inform public health response planning.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit updated sections of the All Hazards Plan.</p> <p>Submit procedure checklist, job action sheet or other documentation.</p> <p>Documentation of primary vulnerable population groups.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p> <p>June 30, 2020</p> <p>June 30, 2020</p>	
19	<p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Plans must meet requirements defined in Washington Administrative Code (WAC) 246.100.045.</p>		<p>Submit mid-year and end of year progress reports.</p> <p>Submit logistical isolation and quarantine plan.</p>	<p>December 31, 2019 and June 30, 2020</p> <p>June 30, 2020</p>	

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Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
20	Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).		Submit mid-year and end of year progress reports. List of facilities and copies of current agreements.	December 31, 2019 and June 30, 2020 June 30, 2020	
21	Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACFs) or Federal Medical Station (FMS) operations including at a minimum: <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation 		Submit mid-year and end of year progress reports Vendor lists for the support services listed.	December 31, 2019 and June 30, 2020 December 31, 2019	
22	Update and maintain public health preparedness training and exercise plan.		Submit updated training and exercise plan.	December 31, 2019	
23	Complete an evaluation of your response capabilities based on a standard evaluation tool provided by DOH.		Document evaluation participation in the mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
24	Produce a budget plan including a detailed 12-month spending plan demonstrating how the LHJ plans to spend the funds during this period of performance, using a budget template provided by DOH. Note: 20% of LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.		Submit budget plan using DOH-provided template.	August 1, 2019	
Additional activities as requested by the LHJ:					
25	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	

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Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
26	Maintain county and regional public health emergency answering service and duty officer program. Costs will be pro-rated and shared equally with Kitsap Public Health District Emergency Preparedness, Community Health and Environmental Health programs.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	
27	Update County Pandemic Influenza Plan based on Center for Disease Control & Prevention guidance.		Submit mid-year and end of year progress reports Submit County Pandemic Influenza Plan.	December 31, 2019 and June 30, 2020 June 30, 2020	
28	Update County Emergency Support Function # 8 resource documents.		Submit mid-year and end of year progress reports Submit updated ESF 8 resource documents.	December 31, 2019 and June 30, 2020 June 30, 2020	
29	Review and update, as needed, LHJ's response plans, including: <ul style="list-style-type: none"> All Hazards Emergency Response Plan LHJ Continuity of Operations Plan LHJ Risk Communications Plan 		Submit mid-year and end of year progress reports Submit updated plans.	December 31, 2019 and June 30, 2020 June 30, 2020	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov

Special Requirements

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 Data Universal Numbering System (DUNS®) number.

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

Restrictions on Funds

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12cccc462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

DOH Program Contact

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Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Supplemental Nutrition Assistance Program - Education - Effective October 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: October 1, 2018 through September 30, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidance system.

Revision Purpose: The purpose of this revision is to add funds in the FFY20 CSS IAR SNAP Ed Program Management Region 5 category; update language in Task 2.0, replace Task 2.1 with a new revised Task 2.1, update language in Tasks 3.0, 3.1, 4.0, and 5.0; under Program Specific Requirements/Narrative section add language for Contract Noncompliance and Corrective Action, update URL for SNAP-Ed Assurances, change and update language to Curriculum Requirements for SNAP-Ed Statewide Initiatives, and update language under Travel and Special Billing Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 CSS IAR SNAP ED PROG MGNT CF	10.561	330.10.56	76211993	10/01/18 09/30/19	13,833	0	13,833
FFY19 CSS IAR SNAP ED PROG MGNT	10.561	330.10.56	76211991	10/01/18 09/30/19	69,875	0	69,875
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	10.561	330.10.56	76701905	10/01/19 09/30/20	0	83,000	83,000
TOTALS					83,708	83,000	166,708

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in their approved: <ul style="list-style-type: none"> FFY19 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and 		<ul style="list-style-type: none"> Project qualified target audiences reached Project activities completed (# direct education, PSE, Etc.) noted in project plans and workbooks. Required demographic data collected. 	For the Period: 10/01/18 to 09/30/19 Due: per the approved work plan and no later than 09/30/19	For the Period: 10/01/19 to 09/30/20 Due: per the approved work plan and no later than 09/30/20	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$83,708 \$166,708 .

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Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<p>United States Department of Agriculture (USDA) that was submitted to them via DOH email.</p> <ul style="list-style-type: none"> FFY 20 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email. 		<ul style="list-style-type: none"> Evaluation activities completed per the implementing agency and state evaluation team (pre and post surveys, PSE tracking, success stories etc.). 			<p>Kitsap Public Health District will be paid the allowable costs incurred based on their approved budget and program allowability. See special billing requirements section.</p> <p>**NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.</p>
2.0	<p>Quarterly Progress Reports The following data is collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> Project major achievements. Project major challenges. If projects are running on time with original timeline? If not why, and how will you correct the timeline? Any PSE progress. Any success stories to date. <p><i>Topics included in quarterly progress report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and</i></p>		<p>Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system.</p>	<p>FFY19 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/18 to 12/31/18. Final Due: COB 01/10/19 2nd quarter report for the work completed during 01/01/19 to 03/31/19. Final Due: COB 04/11/19 3rd quarter report for the work completed during 04/01/19 to 06/30/19. 	<p>FFY20 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/19 to 12/31/19. Final Due: COB 01/10/20 2nd quarter report for the work completed during 01/01/20 to 03/31/20. Final Due: COB 04/11/20 3rd quarter report for the work completed during 04/01/20 to 06/30/20. 	<p>See payment information as referenced in task number 1.0</p>

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Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<i>Nutrition Services (FNS) requirements.</i>			<p>Final Due: COB 07/11/19</p> <ul style="list-style-type: none"> Final report for all work not already reported. <p>Final Due: COB 09/21/19</p>	<p>Final Due: COB 07/11/20</p> <ul style="list-style-type: none"> Final report for all work not already reported. <p>Final Due: COB 09/21/20</p>	
2-1	<p>Education and Administrative Reporting System (EARS) Data and Reports</p> <p>EARS data is required for each project and in order to count clients toward unduplicated direct reach.</p> <p>Required entry for the PEARS database includes, but is not limited to:</p> <ul style="list-style-type: none"> Unduplicated number of clients served per project. Unduplicated clients served per project based on the following: <ul style="list-style-type: none"> Race-ethnicity Gender Age % SNAP eligible per site Setting type school; church etc. Top key messages delivered per project. Partners Partnership sectors <p><i>This information is collected through the following modules in PEARS: Program Activity (direct education), Indirect Activity</i></p>		<p>Submit EARS data for all project(s).</p> <p>LHs are required to collect and submit EARS data electronically or within a template provided by DOH.</p> <p>Direct education and completed activities should be reported in real time. Real time = As you provide services and no later than one week after data is collected.</p> <p>PSE and partnerships (new or updates) may be reported quarterly.</p>	<p>FFY19 data should be collected in real time and submitted to the state office by the following dates:</p> <ul style="list-style-type: none"> EARS data collected 10/01/18 to 09/13/19. Due: In real time and no later than one (1) week after services are provided. 	<p>FFY20 data should be collected in real time and submitted to the state office by the following dates:</p> <ul style="list-style-type: none"> EARS data collected 10/01/19 to 09/13/20. Due: In real time and no later than one (1) week after services are provided. 	<p>See payment information as referenced in task number 1-0</p>

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Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
2.2	<i>(Indirect intervention channels); PSE, and Partnerships.</i>					
2.1	<p>Education and Administrative Reporting Systems (EARS), Evaluation Data and Reports</p> <p>The following evaluation activities and information is required for all projects based on your approved project plan</p> <ul style="list-style-type: none"> • Formative • Process • PSE • Outcome • Qualitative <p>Please Note: the deliverables may change based on state evaluation team requirements.</p> <p><i>Education and Administrative Reporting Systems (EARS) data is required for each SNAP-Ed project. This information is collected through the following required modules in PEARs: Program Activity (direct education), Indirect Activity (indirect intervention channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.</i></p>	<p>Collect and submit reporting and evaluation data into PEARs electronically according to time frame approved, or using approved reporting method.</p> <ol style="list-style-type: none"> 1. Collect and report any formative and process data completed based on approved project plan. 2. Submit PSE progress and outcomes based on approved project plan. 3. Capture and submit qualitative (success stories, pictures, etc.) information in PEARs per your approved work plan. 4. Submit a required release for all photos submitted. 5. Conduct and submit/mail pretest surveys for each project class series. 6. Conduct and submit/mail posttest surveys for each project class series. 	<p>1-4. Due: At minimum quarterly.</p> <ul style="list-style-type: none"> • 1st quarter report due by 01/10/19 • 2nd quarter due by 04/11/19 • 3rd quarter due by 07/11/19 • Final report for all other work due 09/21/19 <p>5-6. Due: Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted no later than November 30 and so on...).</p>	<p>PEARs data reporting submitted 10/01/19 to 09/30/20.</p> <ul style="list-style-type: none"> • Due: PEARs Program Activities (direct education) module completed in real time and no later than two (2) weeks after services are provided. • Due: PEARs Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY which is due by 09/30/20. • Activities completed in Oct 2019 due in PEARs by 11/30/19 • Nov 2019 by 12/31/19 • Dec 2019 by 01/31/20 • Jan 2020 by 02/29/20 • Feb 2020 by 03/31/20 • Mar 2020 by 04/30/20 	<p>See payment information as referenced in task number 1.0</p>	

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Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
					<ul style="list-style-type: none"> • Apr 2020 by 05/31/20 • May 2020 by 06/30/20 • Jun 2020 by 07/31/20 • Jul 2020 by 08/31/20 • Aug 2020 by 09/30/20 • Sep 2020 by 09/30/20 <p>SNAP-Ed Direct education conducted between 10/01/18 and 09/30/20.</p> <ul style="list-style-type: none"> • Due: Pre- and post-test surveys submitted to DOH in real time and no later than two weeks after completion of the survey. All pre- and post-test surveys must be received no later than COB 09/30/20. <p>1-4. Due: At minimum quarterly:</p> <ul style="list-style-type: none"> • 1st quarter report due 1/10/20 • 2nd quarter due by 4/1/20 • 3rd quarter due by 7/1/20 • Final report for all other work due 9/21/20 <p>5-6. Due: Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted</p>	

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Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
3.0	<p>Civil Rights All staff must be trained each fiscal year in civil rights. *See special requirements section-civil rights</p>		<p>Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include:</p> <ul style="list-style-type: none"> • Training and source • Who attended • Date completed 	<p>Due: 12/31/19</p>	<p>Due: 12/31/20-19 New hires need to complete within 30 days.</p>	<p>See payment information as referenced in task number 1.0</p>
3.1	<p>Other Agency Training The following trainings are required for all agencies:</p> <ul style="list-style-type: none"> • Fiscal – fiscal lead, coordinator, and any staff who will purchase items for the SNAP-Ed program. • Data collection and reporting – coordinator and program staff who are reporting data. 		<p>Fiscal and Data reporting training completed.</p>	<p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years. If the data collection system changes in FFY19 every staff member entering data into the electronic system will be required to take training on new expectations or system changes.</p>	<p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five three years. If the data collection system changes in FFY20 every staff member entering data into the electronic system will be required to take training on any new expectations or system changes.</p>	<p>See payment information as referenced in task number 1.0</p>
4.0	<p>SNAP-Ed Inventory List Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure. *See special requirements section-monitoring.</p>		<p>SNAP-Ed inventory list</p>	<p>Due: Yearly, at the time of a fiscal monitoring and/or site visit. It can also be requested when deemed necessary.</p>	<p>Due: Inventory list is required to be updated at 12/31/19 and 09/18/20, as well as Yearly, at the time of a fiscal or program monitoring and/or site visit. It can also be requested when deemed necessary.</p>	<p>See payment information as referenced in task number 1.0</p>

AMENDMENT #10

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
5.0	<p>SNAP-Ed A19 Invoices Use the A19-1A specific to the DOH SNAP-Ed program. This document will be sent to all LHJs prior to October 16th based on the current fiscal year.</p>		<p>Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program <i>via the most current submission procedure</i> before approval of payment.</p> <p>Documentation of all costs incurred shall be accompanied by an agency financial system report. If your agency does not have a financial reporting system you must check with the SNAP-Ed program for further guidance.</p>	<p>Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...)</p> <p>Final invoice is due October 30, 2019</p> <p>Or</p> <p>*If pre-approved in writing by contract manager, LHJ can submit invoices every two (2) months. Invoices must be received by DOH no later than dates listed below:</p> <ul style="list-style-type: none"> ○ Oct and Nov due: 12/29/18 ○ Dec and Jan due: 02/28/19 ○ Feb and Mar due: 04/30/19 ○ Apr and May due: 06/29/19 ○ Jun and Jul due: 08/31/19 ○ Aug and Sept due: 10/30/19 	<p>Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...)</p> <ul style="list-style-type: none"> ○ Oct. Invoice: 11/30/19 ○ November: 12/30/19 ○ December: 01/30/20 ○ January: 02/29/20 ○ February: 03/30/20 ○ March: 04/30/20 ○ April: 05/30/20 ○ May: 06/30/20 ○ June: 07/30/20 ○ July: 08/30/20 ○ August: 09/30/20 ○ September: 10/30/20 <p>Final invoice is due October 30th, 2020</p> <p>Or</p> <p>*If pre-approved in writing by contract manager, agencies can submit invoices every two months. <i>Upon approval, a list of submission dates will be provided. Invoices must be received by DOH no later than dates listed below:</i></p> <ul style="list-style-type: none"> ○ Oct and Nov due: 12/29/19 ○ Dec and Jan due: 02/28/20 ○ Feb and Mar due: 04/30/20 	<p>See payment information as referenced in task number 1.0</p>

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
					<ul style="list-style-type: none"> ○ Apr and May due: 06/29/20 ○ Jun and Jul due: 08/31/20 ○ Aug and Sept due: 10/30/20 	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Special Requirements

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 contractor must have a Data Universal Numbering System (DUNS®) number.

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

***Program Specific Requirements/Narrative**

Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)

The agency must meet the required set of deliverables and adhere to contractual obligations. The contract deliverables along with specified due dates will be determined by the SNAP-Ed program and provided to the LHJ in writing. Based on contract performance (i.e. program and fiscal monitoring results and findings) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see <https://www.govregs.com/regulations/2/200.207>), DOH reserves the right to withhold up to 10% of funds from the LHJ for deliverables that are not completed, not submitted by the due dates specified (without approved extension by DOH in writing), or not carried out sufficiently or consistently. After DOH SNAP-Ed provides documentation of the issue and outlines the appropriate correction action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the LHJ. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each monthly payment until the appropriate corrective action is completed. The LHJ may request reconsideration by submitting a letter to Washington Department of Health, PO Box 47886, Olympia, WA 98504-7886, or email to snaped@doh.wa.gov. 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, state plan, and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance.

Staff Requirements

Upon request by DOH, LHJ must demonstrate that SNAP-Ed staff meet requirements appropriate to their positions including but not limited to: background checks, food handlers' permits, qualifications, and training required by DOH.

SNAP-Ed Assurances: The following assurances must be followed (see program Guidance

<https://snaped.fns.usda.gov/national-snap-ed-plan-guidance-and-templates>) <https://snaped.fns.usda.gov/program-administration/guidance-and-templates>

- The LHJ is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Efforts are made to target SNAP-Ed to the SNAP-Ed target audience.
- Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) may be claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed targeted individuals. In no case may activities funded under the EFNEP grant be included in the budget for SNAP-Ed.
- Contracts are procured through competitive bid procedures governed by State procurement regulations.
- Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.
- Program activities do not supplant existing nutrition education and obesity prevention programs, and where operating in conjunction with existing programs, enhance as well as supplement them. This applies to all activities and costs under the Federal budget.
- Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.
- All materials developed with SNAP-Ed funds include the appropriate USDA non-discrimination statement and credit SNAP as a funding source in standard font that is easily readable.

Audits

The LHJ must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

Monitoring Expectations

The LHJ's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing program activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

Curriculum-Requirements SNAP-Ed Statewide Initiatives

Agencies are expected to communicate with, respond to, and comply with ~~all state-curriculum team requests, sites visits, approved curriculum list, training and curriculum fidelity findings, requests, requirements, and/or on-site visits from WA SNAP-Ed statewide initiative entities.~~

Any curriculum modifications should be developed and executed based on the most current curriculum modification guidance. Local Agencies must consult their DOH contract manager as directed. <https://s3.wp.wsu.edu/uploads/sites/2090/2017/01/Guidance-for-Curriculum-Modification-FFY2018-Modified-10.9.17-PDF.pdf>

Indirect Rate/Allocation Plan

All indirect rate/allocation plans must be submitted and preapproved by the DOH grants office and the DOH SNAP-Ed program. The LHJ is responsible for ensuring that indirect costs included in the LHJ's SNAP-Ed plan are supported by an indirect rate and/or cost allocation plan approved by the appropriate agency. The LHJ cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

Annual Civil Rights Training Requirement (see FNS Instruction Number 113-1 Chapter XI) <http://www.fns.usda.gov/sites/default/files/113-1.pdf> "Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Local agencies are responsible for training their subrecipients, including 'frontline staff' 'Frontline staff' who interact with program applicants or participants, and those persons who supervise 'frontline staff' must be provided civil rights training on an annual basis."

Records - Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2

SNAP-Ed regulations require that all records be retained for six (6) years from fiscal closure. This requirement applies to fiscal records, program reports, and client information (pre/post surveys, demographics etc.). Supporting documentation may be kept at the sub-grantee level, but shall be available for review for six (6) years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP-Ed.

Travel

The LHJ is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10. <http://www.ofm.wa.gov/policy/10.htm>, and with the travel requirements found in the current year's SNAP-Ed federal guidance.

Amendments

Agencies should check the current year's federal SNAP-Ed guidance, DOH SNAP-Ed budget amendment guidance, and with the DOH contract manager to know what kinds of changes they can make on their own and what changes require an amendment and pre-approval in writing. Agencies must submit a written amendment request to DOH, and receive written pre-approval from DOH, prior to making/implementing any changes within their project or budget. Any requests needing FNS approval must be submitted to DOH no later than April 1st of each fiscal year. If agencies are making smaller changes that do not require FNS approval, DOH can review those and make approvals on a case by case basis. All of these non FNS amendments should be submitted to DOH no later than July 16th of each fiscal year.

Overtime

Staff overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed and preapproved by the state DOH SNAP-Ed program in advance and was approved in writing.

Special Funding Requirements

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this contract and prior to normal completion DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the LHJ within seven (7) working days upon notice by the funding source of funding availability.

Special Billing Requirements

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
 - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice Voucher.
 - A SNAP-Ed specific A19-1A must be submitted to the agency's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
 - An agency may request pre-approval to bill every two (2) months instead, in which case, that agency is required to adhere to the billing due dates listed in the table provided by DOH.
3. In FFY19 and FFY20 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason the LHJ is unable to submit the SNAP-Ed A19-1A on the due date, the LHJ is required to submit a request for an exception to the DOH no later than seven (7) days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
 - At the very least this means a copy of an agency's financial expanded/detailed general ledger level report.
 - Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
5. If an agency meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH SNAP-Ed program.
 - All new SNAP-Ed contractors within their 1st fiscal year.
 - LHJs with current fiscal findings.
 - LHJs who have not submitted adequate or accurate backup documentation within the last year.

BUDGET	
Source	Amount
USDA	\$83,708 \$166,708

DOH Program Contact
Christine Ciancetta, SNAP-Ed Contract Manager
Department of Health
PO Box 47886, Olympia, WA 98504-7886
Christine.Ciancetta@doh.wa.gov / 360-236-3788

DOH Fiscal Contact
Kim Henderson, Fiscal Analyst
Department of Health
PO Box 47886, Olympia, WA 98504-7886
Kim.Henderson@doh.wa.gov / 360-236-3491

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control
Program - Effective March 29, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: March 29, 2019 through June 30, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide state and federal funding for tobacco and vapor product prevention and control activities.

Revision Purpose: The purpose of this revision is to add \$5,950 of SFY20 Marijuana Education funding and task 5 to address vaping in schools and add the master index code for Youth Tobacco Vapor Products.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Youth Tobacco Vapor Products	N/A	334.04.93	77410890	07/01/19 06/30/20	46,854	0	46,854
FFY19 Tobacco Prevention	93.305	333.93.30	77410280	03/29/19 04/28/20	24,482	0	24,482
SFY20 Marijuana Education	N/A	334.04.93	77420820	07/01/19 06/30/20	0	5,950	5,950
TOTALS					71,336	5,950	77,286

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Planning and Coordination</p> <p>Required:</p> <p>A. Revise and update 2018-2019 implementation plan for 2019-2020 using a template provided by Tobacco and Vapor Product Prevention and Control Program (TVPPCP) involving representatives from all counties within the respective Accountable Communities of Health (ACH) region.</p> <p>B. Attend at least two (2) in-person statewide planning meetings and one (1) webinar convened by the WA State DOH TVPPCP to reduce tobacco-related disparities, prevent</p>		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	03/29/19 - 06/30/20	<p>Funding utilized: State and federal (YTYPP and CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for TVPPCP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>youth initiation, promote and support cessation, and eliminate secondhand exposure to smoke and vape emissions. Include partners from respective ACH region as resources permit.</p> <p>Prevent Tobacco use Among Youth and Young Adults with Emphasis on Nicotine Consumed Through Electronic Cigarettes/Vapor Products</p> <p>Required: Create and implement an internal and external communications plan addressing diverse audiences to educate about Tobacco and Vape 21 (<u>Engrossed House Bill 1074</u>). Ensure all communications materials are culturally and linguistically appropriate.</p>		<p>Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month.)</p>	<p>03/29/19 - 06/30/20</p>	<p>The expenditure worksheet in the TVPPCP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p> <p>Funding utilized: State and federal (YTVPP and CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for TVPPCP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the TVPPCP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
3	<p>Promote and Support Tobacco Cessation</p> <p>Required:</p> <p>A. Educate providers about cessation resources and referral processes, including those for the Washington State Tobacco Quitline (WAQL) and 2Morrow Health application.</p> <p>B. In collaboration with TVPPCP, incorporate 2019-2020 Centers for Disease Control and Prevention (CDC) (e.g., <i>Tips</i>[®] campaign) materials into agency social media content, and report communications and media efforts in a template provided by the TVPPCP as part of the monthly reporting requirement.</p>		<p>Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month.)</p>	<p>03/29/19 - 04/28/20</p>	<p>Funding utilized: State and federal (YTVPP and CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for TVPPCP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the TVPPCP budget</p>

AMENDMENT #10

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<p><u>As resources permit:</u></p> <p>C. In collaboration with TVPPCP, assess provider tobacco dependence treatment practices in three health system entities within region (e.g., hospitals, clinics).</p> <p>Eliminate Exposure to Secondhand Smoke and Vape Emissions</p> <p><u>Required:</u></p> <p>A. Ensure LHJ websites in respective ACH regions are updated with contact information for smoking in public places and vaping in public places violations, and that there is a set protocol on responding to complaints.</p> <p><u>As resources permit:</u></p> <p>B. Plan and implement activities within LHJ's respective ACH region addressing local smoking and vaping in public places policies.</p> <p>C. Conduct outreach and/or provide technical assistance to local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies.</p>		<p>Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month.)</p>	<p>07/01/19 - 06/30/20</p>	<p>workbook must be completed by the 30th of the month following the month in which costs were incurred.</p> <p>Funding utilized: State (YTVPP)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for TVPPCP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the TVPPCP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
5	<p>SFY20 Marijuana Education</p> <ul style="list-style-type: none"> The TVPPCP regional contractor will work collaboratively with their marijuana prevention partners in their regions and communities to address vaping in schools. The TVPPCP priority population and regional contractor will coordinate efforts to provide education, technical assistance and resources to schools on the development and implementation of vapor product policies, including alternatives to suspension. Educational presentations will address any potential changes to current policies and the strengthening or development of needed policies; all presentations must be approved by the TVPPCP program manager. Organizations or schools demonstrating readiness for policy 		<p>Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month)</p>	<p>07/01/19 - 06/30/20</p>	<p>Funding utilized: State [Marijuana Prevention and Education (MPEP)]</p> <p>Implementation Plans due by August 15, 2019, including detailed activities for which the MPEP funding is to be used. These plans will need to be approved by the respective contract manager before work can begin. TVPPCP will approve plans by August 30, 2019.</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	change will be prioritized for additional educational presentations and technical assistance.				A19-1A invoice for TVPPCCP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the TVPPCCP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.

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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/Narrative

Definitions:

CONTRACTOR – LHJ performing work as a Subrecipient under this statement of work.

A. Contractor will:

1. Fulfill program administration roles and responsibilities:
 - Ensure required infrastructure. It is recommended that each regional contractor have 0.4 FTE but will have no less than a .25 FTE (10 hours/week).
 - Participate in required conference calls, trainings, webinars, and in-person meetings for TVPPCCP contractors hosted by DOH.
 - Participate in contract management conference calls/webinars with Tobacco and Vapor Product Prevention and Control Program (TVPPCCP) every other month, beginning in July 2018. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.
 - Attend at least two (2) in-person statewide planning meetings and one (1) webinar convened by the WA State Department of Health Tobacco and Vapor Product Prevention and Control Program to reduce tobacco-related disparities, prevent youth initiation, promote and support cessation, and eliminate secondhand exposure to smoke and vape emissions. Include partners from respective ACH region as resources permit.

- Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
- Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
- Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each TVPPCP Regional Contractor.
- Meet all requirements outlined in the TVPPCP Work Plan and Reporting Guidebook provided by TVPPCP.
- Have completed background checks and on file for any staff or volunteer (funded and/or representing a TVPPCP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

B. DOH will support Contractor by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - b) Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - c) Providing relevant resources and training, as resources permit.
 - d) Meeting performance measure, evaluation, and data collection requirements.
 - e) Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether TVPPCP funds may be used for activities and projects proposed by the LHJ.

C. Program Administration:

1. The contractor shall perform the requirements and activities defined in this statement of work (SOW) and the Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, revised 2019. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19-1A invoice. TVPPCP staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by TVPPCP.
2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with TVPPCP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this SOW.
3. DOH reserves the right to determine the amount of any reduction to this statement of work, based on contractor's performance. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual work plan and budget must be approved by TVPPCP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

D. Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:
 - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.

2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:
 - Provide verification that background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

E. Required Plans and Reports

The contractor shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

<u>Report</u>	<u>Date Due</u>
1. Submit an annual plan and budget	Annually, no later than July 30, 2019, using a template provided by TVPPCP. DOH approval will occur no later than August 15, 2019. Update as needed on SharePoint.
2. Expenditure Report and Request for Reimbursement (A19-1A)	A19-1A and updated budget workbook due the 30 th of the month following the month in which costs are incurred.
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY20: July 10, 2020 Final Expenditure Reports are due within 45 days of the end of the contract year
4. Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by TVPPCP. All documents related to task activities will be attached.
5. Assessment and Evaluation	Using a template provided by TVPPCP, complete project evaluation activity developed and coordinated by TVPPCP as requested.

The contractor shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

F. Payment

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, revised 2019.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2019 to June 30, 2020.
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.

8. Backup documentation can include, but is not limited to: receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Program Manual, Handbook, Policy References

Meet requirements outlined in the Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, Budget Workbook

H. Restrictions on Funds:

Federal Funding Restrictions and Limitations:

- Awardees may not use federal funds for lobbying.
- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may not use funds to supplant existing state funding or to supplant funds from federal or state sources.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and sources.
- Awardees are the direct and primary recipients in a cooperative agreement program and must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees are generally not allowed to use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Awardees may not be reimbursed for pre-award costs.
- Awardees may only use funds for evidence-based tobacco control interventions, strategies, and activities.
- Awardees may not use funds to provide direct cessation services or other direct services other than those through evidence-based quit line services.
- Awardees may not use funds to purchase nicotine replacement therapy or other products used for cessation.
- Awardees may not use funds to purchase K-12 school curricula.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

Notice of Funding Opportunity (NOFO) Restrictions: Recipients may not use funds for research. Recipients may not use funds for clinical care. Recipients may not use funds to supplant existing state funding or to supplant funds from federal or state sources. Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and sources. Recipients are the direct and primary recipients in a cooperative agreement program and must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible. Recipients are generally not allowed to use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget. Recipients may not be reimbursed pre-award costs. Recipients may only use funds for evidence-based tobacco control interventions, strategies, and activities. Recipients may not use funds to provide direct cessation services or other direct services other than those through evidence-based quitline services. Recipients may not use funds to purchase nicotine replacement therapy or other products used for cessation. Recipients may not use funds to purchase K-12 school curricula. In addition, other than for normal and recognized executive-legislative relationships, no funds may be used for: (1) publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; (2) the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body. NOTE: See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services Romero Stokes, Grants Management Specialist Centers for Disease Control and Prevention.

Office of Grants Services (OGS) Office of Financial Resources (OFR) Office of the Chief Operating Officer (OCCO)

2920 Brandywine Road Mailstop E-09

Atlanta, Georgia 30341

Email: rstokes@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services Office of the Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW Cohen Building, Room 5527

Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Subrecipients must include this mandatory disclosure requirement in all subawards and contracts under this award. Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

I. Special References (RCWs, WACs, etc)

As a provision of the Youth Tobacco and Vapor Product Prevention Account, [RCW 70.155.120](#), DOH shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce tobacco and vapor product use by youth.

DOH Program Contact

Stacia Wasmundt, Contract Manager

Youth Tobacco and Vapor Product Prevention Consultant

Office of Healthy and Safe Communities

Tobacco and Vapor Product Prevention and Control Program

Washington State Department of Health

Street Address: 310 Israel Rd SE, Tumwater, WA 98501

Mailing Address: PO Box 47848, Olympia, WA 98504

Telephone: 360-236-2568 / Fax: 360-236-3646

Email: stacia.wasmundt@doh.wa.gov

DOH Fiscal Contact

Sharon Shields

Fiscal Consultant

Prevention and Community Health

Washington State Department of Health

Street Address: 310 Israel Rd SE, Tumwater, WA 98501

Mailing Address: PO Box 47855, Olympia, WA 98504

Telephone: 360-236-3609/ Fax: 360-664-2619

Email: sharon.shields@doh.wa.gov

Kitsap Public Health District

**EXHIBIT B-10
ALLOCATIONS
Contract Term: 2018-2020**

Contract Number: CLH18248
Date: July 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)
Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts	Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
						Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY20 CSS USDA	FINI Prog Mgmt	NGA Not Received	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	(\$13,410)	\$25,000	\$145,847
FFY20 CSS USDA	FINI Prog Mgmt	NGA Not Received	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410		
FFY19 CSS USDA	FINI Prog Mgmt	20157001823357	Amd 8	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	(\$10,716)	\$78,347	
FFY19 CSS USDA	FINI Prog Mgmt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063		
FFY18 CSS USDA	FINI Prog Mgmt	20157001823357	Amd 8	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$7,500)	\$42,500	
FFY18 CSS USDA	FINI Prog Mgmt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)		
FFY18 CSS USDA	FINI Prog Mgmt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA	FINI Prog Mgmt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY20 CSS IAR SNAP Ed Prog Mgmt-Region 5		NGA Not Received	Amd 10	10.561	333.10.56	10/01/19	09/30/20	10/01/19	09/30/20	\$83,000	\$83,000	\$83,000
FFY19 CSS IAR SNAP Ed Program Mgmt		197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708	\$69,875	\$159,906
FFY19 CSS IAR SNAP Ed Program Mgmt		197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167		
FFY18 CSS IAR SNAP Ed Program Mgmt CF		187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgmt		187WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgmt		187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgmt		187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgmt CF		1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
FFY19 Housing People with AIDS Formula		WAH18-F999	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	\$141,402
FFY18 Housing People with AIDS Formula		WAH18-F999	Amd 8	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$36,083	\$88,023	
FFY18 Housing People with AIDS Formula		WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940		
PS SSI 1-5 BEACH Task 4		01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	10/31/19	\$5,800	\$5,800	\$11,600
PS SSI 1-5 BEACH Task 4		01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800		
PS SSI 1-5 PIC Task 4		01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4		01J18001	N/A, Amd 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$78,805		
FFY19 Swimming Beach Act Grant IAR (ECY)		01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$14,000	\$14,000	\$28,000
FFY18 Swimming Beach Act Grant IAR (ECY)		00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	
FFY17 EPR PHEP BP1 LHJ Funding		NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding		NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		

Kitsap Public Health District

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18248
Date: July 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)
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FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$5,318	\$295,345	\$295,345
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$290,027		
FFY19 PHEP BP1 LHJ Funding	NGA Not Received	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$295,345	\$295,345	\$295,345
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	\$14,258	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$2,500	\$2,500	\$5,000
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	\$2,500	
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$27,588	\$27,588	\$27,588
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$16,134	\$16,134	\$23,188
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$24,482	\$24,482	\$35,494
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	(\$6,120)	\$0	
FFY19 Tobacco Prevention	U58DP006004	Amd 8	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	\$6,120		
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	
FFY19 Phys Actvty & Nutrition Prog	NGA Not Received	Amd 10	93.439	333.93.43	09/30/19	09/29/20	09/30/19	09/29/20	\$60,000	\$60,000	\$120,000
FFY18 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 8	93.439	333.93.43	03/01/19	09/29/19	09/28/18	09/29/19	\$60,000	\$60,000	
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$69,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		

Kitsap Public Health District

**EXHIBIT B-10
ALLOCATIONS
Contract Term: 2018-2020**

Contract Number: CLH18248
Date: July 15, 2019

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						Funding Period Start Date	Funding Period End Date	Chart of Accounts Start Date	Chart of Accounts End Date			
FFY19 RW HIV Peer Nav Proj-Propviso		5X07HA000832800	Amd 8	93.917	333.93.91	04/01/19	06/30/19	04/01/19	06/30/19	\$14,353	\$14,353	\$71,765
FFY18 RW HIV Peer Nav Proj-Propviso		5X07HA000832800	Amd 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$22,871	\$57,412	
FFY18 RW HIV Peer Nav Proj-Propviso		5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541		
FFY18 RW HIV Provider Capacity-Propviso		5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
FFY20 MCHBG LHJ Contracts		NGA Not Received	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$159,854	\$159,854	\$439,599
FFY19 MCHBG LHJ Contracts		B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$159,854	\$159,854	
FFY18 MCHBG LHJ Contracts		B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
GFS-Group B (FO-SW)			Amd 10	N/A	334.04.90	07/01/20	12/31/20	07/01/20	06/30/21	\$10,000	\$20,000	\$20,000
GFS-Group B (FO-SW)			Amd 10	N/A	334.04.90	07/01/19	06/30/20	07/01/19	06/30/21	\$10,000	\$0	
GFS-Group B (FO-SW)			Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)		
GFS-Group B (FO-SW)			N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000		
FY2 Group B Programs for DW (FO-SW)			Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)			Amd 3	N/A	334.04.90	01/01/18	06/30/18	01/01/18	06/30/18	\$20,000	\$20,000	
Healthy Communities			Amd 10	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$3,425	\$3,425	\$3,425
State Drug User Health Program			Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$40,000	\$40,000	\$94,478
State Drug User Health Program			Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$54,478	\$54,478	
State HIV CS/End AIDS WA			Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$2,083	\$12,496	\$23,948
State HIV CS/End AIDS WA			Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$10,413		
State HIV CS/End AIDS WA			Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$2,083	\$2,083	
State HIV CS/End AIDS WA			Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	
State HIV CS/End AIDS WA			Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	
State HIV Prevention			Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	(\$43,333)	\$0	\$51,667
State HIV Prevention			Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333		
State HIV Prevention			Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention			N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention			N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP			Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP			Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	

Kitsap Public Health District

**EXHIBIT B-10
ALLOCATIONS
Contract Term: 2018-2020**

Contract Number: CLH18248
Date: July 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)
Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$5,950	\$5,950	\$5,950
SFY21 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$247,509	\$247,509	\$898,341
SFY20 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$15,000	\$15,000	\$37,500
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$45,000	\$45,000	\$75,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$15,000	\$15,000	\$45,000
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$46,854	\$46,854	\$129,542
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	\$91,728
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		

Kitsap Public Health District

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18248
Date: July 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)
Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS Revenue		Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
				Code**	Code**	Start Date	End Date	Start Date	End Date			
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536	
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214			
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	\$116,146	\$116,146	\$914,043	
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	\$348,437	\$348,437		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	03/31/20	\$112,230	\$112,230		
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230		
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000		
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	\$41,749	
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$147,345	\$147,345	\$442,035	
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$147,345	\$147,345		
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345		
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0	
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750			
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$13,250)	\$14,250	\$14,250	
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$12,750			
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$14,750			
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10	N/A	346.26.64	01/01/19	12/31/19	01/01/19	12/31/19	\$12,750	\$12,750	\$12,750	
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0	
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	12/31/18	\$2,000			
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$468	\$1,268	\$1,268	
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$800			
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,249)	\$1,900	\$1,900	
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,949			
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,200			
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10	N/A	346.26.66	01/01/19	12/31/19	01/01/19	12/31/19	\$1,249	\$1,249	\$1,249	

Kitsap Public Health District

**EXHIBIT B-10
ALLOCATIONS
Contract Term: 2018-2020**

Contract Number: CLH18248
Date: July 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
TOTAL									\$5,639,116	\$5,639,116
Total consideration:										\$5,639,116
GRAND TOTAL										\$5,639,116
									Total Fed	\$2,329,165
									Total State	\$3,309,951

*Catalog of Federal Domestic Assistance

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

Exhibit C-10 Schedule of Federal Awards

AMENDMENT #10

Date: July 15, 2019

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
CONTRACT CLH18248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	NGA Not Received	NGA Not Received	10/01/19	09/30/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	NGA Not Received	NGA Not Received
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY20 CSS IAR SNAP ED PROG MGMT-REGION 5	333.10.56	NGA Not Received	NGA Not Received	10/01/19	09/30/20	\$83,000	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY19 CSS IAR SNAP-ED PROG MGMT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,875	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGMT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$89,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q3900	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	09/30/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/19	\$11,600	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,991	03/01/19	10/31/19	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	NGA Not Received	NGA Not Received	07/01/19	06/30/20	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP92;1889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT

Exhibit C-10 Schedule of Federal Awards

KITSAP PUBLIC HEALTH DISTRICT-SHW0027359-00
CONTRACT CLH18248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

AMENDMENT #10

Date: July 15, 2019

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$27,588	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$24,482	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP06004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/29/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP06004	TOBACCO CONTROL PROGRAM
FFY19 PHYS ACTVY & NUTRITION PROG	333.93.43	NGA Not Received	NGA Not Received	09/30/19	09/29/20	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services	NGA Not Received	NGA Not Received
FFY18 PHYS ACTVY & NUTRITION PROG	333.93.43	09/01/18	\$923,000	03/01/19	09/29/19	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services	NU58DP06004	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant-funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,931	01/01/18	09/29/18	\$29,034	93.758	Preventive Health and Health Services Block Grant-funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

Exhibit C-10 Schedule of Federal Awards

AMENDMENT #10

Date: July 15, 2019

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
CONTRACT CLH16248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 EPRI HPP BP1 HEALTHCARE SYS PREP	333 93 98	07/18/17	\$4,279,234	01/01/18	06/30/18	\$18,420	93 989	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 RW HIV PEER NAV PROJ-PROVISO	333 93 91	04/02/18	\$13,631,623	04/01/19	06/30/19	\$14,353	93 917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000632800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	333 93 91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93 917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000632800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PEER NAV PROJ-PROVISO	333 93 91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93 917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000632800	RYAN WHITE CARE ACT TITLE II
FFY20 MCHBG LHJ CONTRACTS	333 93 99	NGA Not Received	NGA Not Received	10/01/19	09/30/20	\$159,854	93 994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	NGA Not Received	NGA Not Received
FFY19 MCHBG LHJ CONTRACTS	333 93 99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$159,854	93 994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333 93 99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93 994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES

TOTAL \$2,329,165