

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2021 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 20

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

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

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:
- Amends Statements of Work for the following programs:
 - COVID-19 Coordinated Response - Effective July 1, 2020
 - Division of Emergency Preparedness & Response COVID-19 - Effective January 20, 2020
 - HIV Client Services HOPWA - Effective July 1, 2020
 - Infectious Disease Client Services (IDCS) RW CARES - Effective January 20, 2020
 - Marijuana Prevention & Education Program - Effective July 1, 2019
 - Office of Drinking Water Group A Program - Effective January 1, 2018
- Deletes Statements of Work for the following programs:

2. Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:

- Increase of **\$4,770,770** for a revised maximum consideration of **\$20,055,953**.
- 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-20 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-19.

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

Keith Grellner
Keith Grellner (Apr 9, 2021 10:16 PDT)

Brenda Henrikson, Contracts Specialist
Brenda Henrikson, Contracts Specialist (Apr 9, 2021 15:41 PDT)

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

**2018-2021 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS**

DOH Program Name or Title: COVID-19 Coordinated Response - Effective July 1, 2020..... 3

DOH Program Name or Title: Division of Emergency Preparedness & Response-COVID-19 - Effective January 20, 2020 15

DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2020 25

DOH Program Name or Title: Infectious Disease Client Services (IDCS) RW CARES - Effective January 20, 2020 28

DOH Program Name or Title: Marijuana Prevention & Education Program - Effective July 1, 2019 33

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018 41

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: COVID-19 Coordinated Response - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2020 through December 31, 2021

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other <input checked="" type="checkbox"/> Federal *Contractor | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

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

NOTE: Pending execution of a new consolidated contract term or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, DOH plans to continue the task activities and funding as noted in the task(s) below in a new or revised statement of work effective January 1, 2022.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2021 to December 31, 2021; add funding and extend end date for Task 3 FFY21 COVID19 VACCINE SERVICES-CARES through December 31, 2021; add FFY20 ELC EDE LHJ ALLOCATION and FFY19 ELC COVID ED LHJ ALLOCATION funding and revise language for Tasks 1 and 2; add Task 4 and funding information for MASS VACCINATION FEMA 100% and add Program Specific Requirements and DOH program and fiscal contact information.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|-----------------------------------------|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| BITV-COVID ED LHJ ALLOCATION-CARES | 21.019 | 333.21.01 | 1897129V | 07/01/20 | 12/30/21 | 1,461,780 | 0 | 1,461,780 |
| FEMA-75 COVID LHJ ALLOCATION | 97.036 | 333.97.03 | 1897129W | 07/01/20 | 12/30/20 | 0 | 0 | 0 |
| FFY21 COVID19 VACCINE SERVICES-CARES | 93.268 | 333.96.26 | 74310209 | 07/01/20 | 12/31/21 | 42,016 | 1,022,214 | 1,064,230 |
| FFY20 ELC EDE LHJ ALLOCATION | 93.323 | 333.93.32 | 1897120D | 01/15/21 | 12/31/21 | 0 | 2,560,581 | 2,560,581 |
| FFY19 ELC COVID ED LHJ ALLOCATION | 93.323 | 333.93.32 | 1897129G | 01/01/21 | 12/31/21 | 0 | 1,145,035 | 1,145,035 |
| *MASS VACCINATION FEMA 100% | 97.036 | 333.97.03 | 934V0200 | 01/21/21 | 04/20/21 | 0 | 0 | 0 |
| TOTALS | | | | | | 1,503,796 | 4,727,830 | 6,231,626 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
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| | Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. | | | | |
| | Examples of key activities include: | | | | |
| | <ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing | | | | |

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| <ul style="list-style-type: none"> • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting <p>Previous funding provided by DOH for COVID response (federal Crisis Cooperative Agreement funding, state Disaster Recovery Account funding) must be fully utilized before these funds can be accessed. The total state funding consideration is for the period of December 31, 2020 through June 30, 2021.</p> <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p> | | | | | |
| DCHS COVID-19 Response - Tasks 1 and 2 | | | | | |
| 1 | <p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.</p> <p>DOH does recognize the public health response goes beyond December 2020 2021 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 2021 as applicable.</p> | | Submit the budget plan and narrative using the template provided. | Within 30 days of receiving any new award for DCHS COVID-19 Response tasks. | <p>Reimbursement of actual costs incurred, not to exceed <i>\$5,167,396 total.</i></p> <p>\$1,461,780 BITV-COVID ED LHI ALLOCATION-CARES Funding (MI 1897129V)</p> |
| 2 | <p>1) LHI Active monitoring activities. In partnership with WA DOH <i>and neighboring Tribes</i>, the LHI must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: <i>Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</i></p> <p>i. Contact tracing</p> <p>1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH</p> | | <p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p> | <p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p> | <p><i>\$2,560,581 FFY20 ELC EDE LHI ALLOCATION Funding (MI 1897120D)</i></p> <p><i>\$1,145,035 FFY19 ELC COVID ED LHI ALLOCATION Funding (MI 1897129G)</i></p> |

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| | <p>centralized investigations will count towards this minimum.</p> <ol style="list-style-type: none"> 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with <i>Tribal</i>, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. <i>Coordinate with Tribal partners in conducting contact tracing for Tribal members.</i> 5. <i>Follow up with 90% of contacts within two (2) days of positive lab reporting. This can be modified and adapted based on caseloads and current case investigation and contact tracing prioritization recommendations.</i> 6. <i>Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. Strive to achieve DOH Case and Contact Tracing Metrics. (https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID19-CaseInvestigationContractTracingReport.pdf)</i> 7. Perform daily monitoring for symptoms during quarantine period of contacts <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in | | <p>Enter all case investigation data in</p> | | |

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| | <p>the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.</p> <p>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.</p> <ol style="list-style-type: none"> a. Strive to enter all case investigation and outbreak data into <i>CREST</i> as directed by DOH. b. Ensure all staff designated to utilize WDRS have access and are trained in the system. c. Include if new positive cases are tied to a known existing positive case or indicate community spread. d. Conduct case investigation and monitor outbreaks. e. <i>Coordinate with Tribal partners in conducting case investigations for tribal members. Strive to achieve DOH Case and Contact Tracing Metrics.</i> <i>(https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data_tables/COVID19-CaseInvestigationContractTracingReport.pdf)</i> <p>3. <i>Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</i></p> <p>b. Testing</p> <ol style="list-style-type: none"> i. Work with partners <i>and Tribes</i> to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners <i>and Tribes</i> to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and | | <p>WDRS-following guidance from-DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> | | |

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| | <p>as a part of the jurisdiction’s contact tracing strategy.</p> <ul style="list-style-type: none"> iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. c. Surveillance <i>FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</i> <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results <i>from LHJ</i> are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results <i>from the LHJ</i> and enter into WDRS when resources permit or send test results to DOH. iii. <i>Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</i> d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe, <i>if patient providers permission to notify tribes.</i> e. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), | | <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p> | | |

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| | <p>support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. <i>Ensure adequate resources are directed towards h28 housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</i></p> <p>g. Community education. Work with <i>Tribes and</i> partners to provide culturally and linguistically</p> | | | | |

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| | <p>responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine measures.</p> <p>i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <p>ii. Conduct at least one (1) exercise per year with the identified isolation and quarantine site to include a minimum of: confirmation of wrap around services (food service/delivery, laundry service, water/septic, garbage, ambulance service, cleaning/sanitation), facility intake and discharge procedures, transport procedures, and staffing.</p> <p>iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need.</p> <p>iv. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access</p> | | <p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, date of exercise to be conducted and confirmation of appropriate planning and coordination as required.</p> | | |
| <p>COVID-19 Vaccine Services - Task 3 – will be extended through June 30, 2022 in new contract term effective January 1, 2022. Any unspent funds may be carried forward.</p> | | | | | |
| 3.A | <p>Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.</p> <p>Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used</p> | | <p>Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.</p> | <p>January 31, 2021 <i>Annually</i></p> | <p><i>Reimbursement of actual costs incurred, not to exceed:</i></p> <p>\$42,016 \$1,064,230 FFY21 COVID19 VACCINE SERVICES-CARES</p> |

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| | <p>with health care providers and other partners and the locally identified population anticipated to reach.</p> <p>Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p> | | | | Funding (MI 74310209) |
| 3.B | Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services. | | Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided) | March 31, 2021 <i>Annually</i> | |
| 3.C | Catalog activities and conduct an evaluation of the strategies used | | Final written report, showing the strategies used and the final progress of the reach (template to be provided) | June 30, 2021 <i>Annually</i> | |
| <i>Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4</i> | | | | | |
| | <p><i>*NOTE: Task 4 activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</i></p> <p><i>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional IMT to administer the vaccine as efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.</i></p> <p><i>Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.).</i></p> <p><i>Leaders Intent about this work from DOH is included as an attachment.</i></p> | | | | <p><i>*Reimbursement of eligible costs.</i></p> <p><i>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</i></p> <p><i>(See Program Specific Requirements for Mass Vaccination Task 4 below)</i></p> |

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| | <p><i>Guidance on vaccination protocols must be followed as provided by DOH and CDC.</i></p> | | | | |
| 4.A | <p><i>Local health jurisdiction (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</i></p> <p><i>Request for regional IMT should be submitted through the normal process through WebEOC.</i></p> <p><i>Local health jurisdiction is the coordinating agency for the mass vaccination plan within the county.</i></p> <p><i>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</i></p> <p><i>Provide any information as requested by the regional IMT.</i></p> | | <p><i>Submit to DOH a mass vaccination plan including:</i></p> <ul style="list-style-type: none"> <i>• type of site,</i> <i>• site locations,</i> <i>• throughput,</i> <i>• considerations made to ensure equity to historically marginalized populations,</i> <i>• and to the extent possible a regional map of sites/locations.</i> | <p><i>Within 30 days of contract amendment execution.</i></p> | |
| 4.B | <p><i>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</i></p> <p><i>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</i></p> | | <p><i>Submit estimated budget for the mass vaccination plan.</i></p> <p><i>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</i></p> | <p><i>Within 30 days of contract amendment execution.</i></p> <p><i>Monthly</i></p> | |

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| 4.C | <p><i>Vaccination data – will be maintained according to current state and federal requirements.</i></p> <p><i>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.</i></p> | | <p><i>Submission of vaccine use into WA IIS database within 24hrs of use.</i></p> <p><i>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</i></p> | <i>Daily</i> | |
| 4.D | <p><i>Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).</i></p> | | <p><i>Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.</i></p> | <i>Monthly</i> | |

***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 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.

Program Specific Requirements/Narrative

DCHS COVID-19 Response - Tasks 1 and 2

Restrictions on Funds: Indirects are NOT allowable for CARES funding from September 2, 2020 forward – LHJ can charge administrative activities as direct costs but not incur indirects from September 2, 2020 through December 30, 2020 for activities funded with CARES funds (COVID LOCAL CARES - COVID LHJ OFM ALLOCATION-CARES, BITV-COVID ED LHJ ALLOCATION-CARES, FEMA-75 COVID LHJ ALLOCATION)

- Since the federal guidance was not updated until September 2, 2020, DOH understands that indirects could be charged from March–August, 2020.

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

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

Mass Vaccination – Task 4***Program Manual, Handbook, Policy References****Emergency Response Plan (or equivalent)**Medical Countermeasure/Mass Vaccination Plan****Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.):****Non-mass vaccination efforts are not allowable through this funding stream.**Duplication of billing (sending request for reimbursement) to entities outside of this agreement is prohibited.**Indirect rates are not applicable to these funds.****Special References (RCWs, WACs, etc.)****County Health Emergency Documentation if applicable****Monitoring Visits (frequency, type):****Occasional visits from DOH or IMT/IMO personnel for the purpose of monitoring and surveillance of mass vaccination activities may be expected.****Definitions****Mass vaccination clinic are those outside of the usual healthcare delivery methods such as pop-up clinics, mobile clinics, non-clinical facility clinics (i.e., fairgrounds, arenas, etc.).****Special Billing Requirements:****Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.**Contract (MI) Code: 934V0200 General Mass Vaccination**BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement****Special Instructions:****The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.**Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.*

Eligible costs from the timeframe of January 21, 2021 through April 20, 2021 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

DOH Program Contact

~~Kasey Walker~~ Alyssa Lavin, LHJ Contract Manager

DOH, PHOCIS

1610 NE 150th St, Shoreline, WA 98155

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DOH COVID19 Vaccine Services Program Contacts (Task 3)

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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Division of Emergency Preparedness & Response- COVID-19 - Effective January 20, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: January 20, 2020 through December 31, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to prevent, prepare for, and respond to the COVID-19 disease outbreak.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2021 to December 31, 2021, extend the funding period for federal COVID-19 funds, and add report deliverables and due dates. The funding period end date for the state Disaster Response funds remains June 30, 2021.

NOTE: Pending execution of a new contract or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, program plans to extend the period of performance and funding in this statement of work through March 15, 2022. Deliverable due dates after December 31, 2021 are referenced for informational purposes only and will be updated in a new or revised statement of work effective January 1, 2022.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change None | Total Consideration |
|------------------------------------------|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|-------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe | 93.354 | 333.93.35 | 31104102 | 01/20/20 | 12/31/21 | 340,263 | 0 | 340,263 |
| FY20/21 COVID-19 Disaster Response | N/A | 334.04.92 | 934A0101 | 01/20/20 | 06/30/21 | 309,737 | 0 | 309,737 |
| TOTALS | | | | | | 650,000 | 0 | 650,000 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <p>Federal Funds</p> <p>Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.</p> <p>Activities must address one or more of the following six domains:</p> | | Activity report(s) on template to be provided DOH. | <p>June 30, 2020 December 31, 2020 March 15, 2021 June 30, 2021 December 31, 2021 March 15, 2022</p> <p>Frequency and due dates of reports may change based on federal requirements.</p> | <p>Reimbursement for actual costs not to exceed total funding consideration amount</p> <p>Note: Per Federal funding requirements, prior approval from DOH is required for reimbursement of expenses incurred on or</p> |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Incident management for early crisis response • Jurisdictional recovery • Information management • Countermeasures and mitigation • Surge management • Biosurveillance <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total federal funding consideration is for the period of January 20, 2020 through March 15, 2021 2022. <i>Any unspent funds, tasks and deliverables with due dates after December 31, 2021 will be included in a new statement of work under the new consolidated contract term beginning January 1, 2022.</i></p> | | | <p>DOH will notify LHJ of any changes via email.</p> <p>A final activity report is required prior to DOH releasing the final amount of funding.</p> | <p>after January 20, 2020 through March 4, 2020.</p> <p>After approval is received from DOH, LHJ must submit a separate invoice for reimbursement of these expenses.</p> |
| 2 | <p>State Funds</p> <p>Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.</p> <p>Activities must address one or more of the following six domains:</p> <ul style="list-style-type: none"> • Incident management for early crisis response • Jurisdictional recovery • Information management • Countermeasures and mitigation • Surge management • Biosurveillance <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total state funding consideration is for the period of January 20, 2020 through June 30, 2021.</p> | | Activity report(s) on template to be provided DOH. | <p>July 15, 2020 October 15, 2020 January 15, 2021 April 15, 2021 June 30, 2021</p> | LHJ has already received these funds as a one-time distribution. |

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

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12cccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Allowable Activities - See list of allowable activities below, Appendix 2 from COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding, Interim Guidance, March 15, 2020.

Costs that are NOT allowable

- Facility purchases – May be if prior approval received from the feds and state. Send those requests to Amy.Ferris@doh.wa.gov
- Research
- Clinical care except as provided for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source.
- Publicity and propaganda (lobbying):
 - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - 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
 - 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
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Graantees_July_2012.pdf
- Funds cannot be used to supplant existing federal funds awarded by other federal sources
- Funds cannot be used to match funding on other federal awards.

DOH Program Contact

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Appendix 2. Allowable Activities

| Domain | Activity Category | Allowable Activities |
|-----------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incident Management for Early Crisis Response | Emergency Operations and Coordination | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Conduct jurisdictional COVID-19 risk assessment. <ul style="list-style-type: none"> ● Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. ● Implement public health actions designed to mitigate risks in accordance with CDC guidance. ○ Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial, and Tribal Public Health Agencies. ○ Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. ○ Activate the jurisdiction’s emergency operations center (EOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> ● Staff the EOC with the numbers and skills necessary to support the response, assure worker safety, and continually monitor absenteeism. ● Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed. ○ Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources. ○ Activate emergency hiring authorities and expedited contracting processes. ○ Assess the jurisdiction’s public health and healthcare system training needs. <ul style="list-style-type: none"> ● Provide materials and facilitate training designed to improve the jurisdiction’s public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. ● Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. ○ Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction. |

| Domain | Activity Category | Allowable Activities |
|--------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Responder Safety and Health | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Assure the health and safety of the jurisdiction’s workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, and responder mental health support. Determine gaps and implement corrective actions. ○ Implement personal protective equipment (PPE)- sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. ○ Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions, and gather lessons learned. ○ Establish a team of communicators who can interpret CDC guidance and assist with implementation of worker safety and health strategies. ○ Create tools to assist and anticipate supply chain shortages, track PPE inventory. ○ Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long-term care facilities, and other health facilities; work with suppliers and coalitions to develop statewide plans for caching or redistributing/sharing. This strategy should be integrated with health care coalitions’ system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. ○ Purchase required PPE (if available). |

| Domain | Activity Category | Allowable Activities |
|--------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Identification of vulnerable populations | Examples of allowable activities: <ul style="list-style-type: none"> ○ Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. ○ Update response and recovery plans to include populations at risk. ○ Enlist other governmental and nongovernmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them with available social services. ○ Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). ○ Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to COVID-19 prevention. ○ Identify gaps and implement strategies that encourage risk-reduction behaviors. |
| Jurisdictional Recovery | Jurisdictional Recovery | Examples of allowable activities: <ul style="list-style-type: none"> ○ Recovery efforts to restore to pre-event functioning. ○ Conduct a hot wash/after-action review and develop an improvement plan. |

| Domain | Activity Category | Allowable Activities |
|-------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Information Management | Information Sharing | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, emergency medical services (EMS) providers, and the public. ○ Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders. ○ Develop new systems or utilize existing systems to rapidly report public health data. ○ Develop community messages that are accurate, timely, and reach at-risk populations |
| | Emergency Public Information and Warning and Risk Communication | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. <ul style="list-style-type: none"> • Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus. ○ Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). ○ Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. <ul style="list-style-type: none"> • Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to COVID-19 prevention. • Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed. ○ Contract with local vendors for translation (as necessary), printing, signage, and audiovisual/public service announcement development and dissemination. ○ Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. ○ Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach. |

| Domain | Activity Category | Allowable Activities |
|---------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> ○ Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. ○ Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance). |
| Countermeasures and Mitigation | Nonpharmaceutical Interventions | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Develop plans and triggers for the implementation of community interventions, including: <ul style="list-style-type: none"> ● Activating emergency operations plans for schools, higher education, and mass gatherings; ● Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and ● Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. ○ Anticipate disruption caused by community spread and interventions to prevent further spread. <ul style="list-style-type: none"> ● Planning for school dismissal including continuity of education and other school-based services (e.g., meals); ● Ensuring systems are active to provide guidance on closure of businesses, government offices, and social services agencies; ● Ensuring systems are in place to monitor social disruption (e.g., school closures); and ● Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions. |
| | Quarantine and Isolation Support | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source. ○ Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials. |

| Domain | Activity Category | Allowable Activities |
|------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Distribution and Use of Medical Material | <ul style="list-style-type: none"> ○ Identify and secure safe housing for persons subject to restricted movement and other public health orders. ○ Develop and implement behavioral health strategies to support affected populations. <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: <ul style="list-style-type: none"> ● Enhancement of immunization information systems ● Maintaining ability for vaccine-specific cold chain management ● Coordinating mass vaccination clinics for emergency response ● Assessing and tracking vaccination coverage ● Rapidly identifying high-risk persons requiring vaccine ● Planning to prioritize limited medical countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS) ○ Ensure jurisdictional capacity for distribution of MCM and supplies. |
| Surge Management | Surge Staffing | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Activate mechanisms for surging public health responder staff. ○ Activate volunteer organizations including but not limited to Medical Reserve Corps. |
| | Public Health Coordination with Healthcare Systems | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. ○ Coordinate with Hospital Preparedness Program (HPP) entities, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. ○ Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. ○ Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control. ○ Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources. |

| Domain | Activity Category | Allowable Activities |
|-----------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> ○ Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care. |
| | Infection Control | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Follow updated CDC guidance on infection control and prevention and PPE. ○ Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as: <ul style="list-style-type: none"> ● Changes in hospital/healthcare facility visitation policies, ● Social distancing, and ● Infection control practices in hospitals and long-term care facilities, such as: <ul style="list-style-type: none"> ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients. |
| Biosurveillance | Public Health Surveillance and Real-time Reporting | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). ○ Assess risk of travelers and other persons with potential COVID-19 exposures. ○ Enhance surveillance systems to provide case-based and aggregate epidemiological data. ○ Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. ○ Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. ○ Enhance systems to track outcomes of pregnancies affected by COVID-19. ○ Develop models for anticipating disease progression within the community. |
| | Public Health Laboratory Testing, Equipment, Supplies, and Shipping | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Assess commercial and public health capacity for lab testing. ○ Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public. |

| Domain | Activity Category | Allowable Activities |
|--------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> ○ Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing. ○ Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. ○ Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: <ul style="list-style-type: none"> • Report weekly percent positive COVID-19 outpatient visits by age group. • Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10-confirmed ILI patients. <ul style="list-style-type: none"> ▪ This allowable activity is similar to “Sentinel COVID-19 Surveillance, March 2020, and ILINet Enhancements in 2019.” It may include, but is not limited to the following: <ul style="list-style-type: none"> – Conduct testing at public health laboratories – Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19 ○ Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19. ○ Enhance laboratory surge capacity plans. ○ Determine maximum lab testing capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. ○ Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. ○ Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. ○ Provide testing for impacted individuals. |
| | Data Management | <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure data management systems are in place and meet the needs of the jurisdiction. ○ Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions. ○ Ensure efficient and timely data collection. |

| Domain | Activity Category | Allowable Activities |
|--------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> ○ Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners. ○ Coordinate data systems for epidemiological and laboratory surveillance. |

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH18248

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

Period of Performance: July 1, 2020 through June 30, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding to help the housing needs of persons with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) or related diseases and their families.

Revision Purpose: The purpose of this revision is to extend the period of performance from December 31, 2020 to June 30, 2021 and extend the funding end date and add additional funding for the tasks through June 2021.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|-----------------------------------------|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| FFY20 HOUSING-PEOPLE WITH AIDS FORMULA | 14.241 | 333.14.24 | 12660201 | 07/01/20 | 06/30/21 | 26,690 | 26,690 | 53,380 |
| TOTALS | | | | | | 26,690 | 26,690 | 53,380 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</p> | | <p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p> | <p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p> | <p>Administrative: \$1,746 \$3,492</p> <p>Support Services: \$1,250 \$2,500</p> <p>STRMU: \$3,750 \$7,500</p> <p>Permanent Housing Placement: \$0</p> <p>Tenant Based Rental Assistance: \$19,944 \$39,888</p> |

| | | | | | |
|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|
| | | | <p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10th of the month.</p> <p>-Submission of Consolidated Annual Performance Report (CAPER) by August 10.</p> <p>-Submission of Monitor responses by the due date requested.</p> | | <p>Housing Information Services: \$0</p> <p>TOTAL: \$26,690 \$53,380</p> |
|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|

***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 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.

Program Specific Requirements/Narrative

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA Program.

LHJ shall provide the following inputs:

- Staff who provide services described in this Statement of Work (SOW)

Compensation and Payment:

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by ~~January~~ **July 25, 2021**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**

(1) The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.

iv) **Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.

E-mail invoices to: ID.Operations@doh.wa.gov

Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

(1) **Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.

(2) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

Confidentiality Requirements:

LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: Contractors that keep confidential and identifiable records including medical diagnosis and lab slips.

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records.* Proof of LHJ meeting these requirements may be requested during a site visit or audit. To meet the requirements LHJ must have the following in place:

- Clearly written agency policies regarding confidentiality and security of records;
- Appropriate physical and electronic security measures to prevent unauthorized disclosures;
- Signed statements of confidentiality and security for the staff member hired under this agreement who has access to sensitive information, either through access to files or through direct contact with clients. This statement will be on file at LHJ’s office and updated yearly; and
- Appropriate confidentiality training provided to the staff member hired under this agreement with records of attendance.

Technical assistance is available through the Washington State Department of Health.

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

DOH Program Contact

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DOH Fiscal Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Infectious Disease Client Services (IDCS) RW CARES - Effective January 20, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: January 20, 2020 through September 30, 2021

Statement of Work Purpose: The purpose of this statement of work is to provide funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act in order to address the impact created by COVID-19.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from December 31, 2020 to September 30, 2021.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change None | Total Consideration |
|-----------------------------------------|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|-------------|---------------------|
| | | | | Start Date | End Date | | | |
| RYAN WHITE PART B COVID-19 RESPONSE | 93.917 | 333.93.91 | 12613200 | 01/20/20 | 09/30/21 | 24,730 | 0 | 24,730 |
| TOTALS | | | | | | 24,730 | 0 | 24,730 |

| Task Number | Task/Activity/Description | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Ryan White - CARES | | | | |
| COVID-19 CARES Act | All activities and purchases supported with Ryan White HIV/AIDS Program (RWHAP) CARES Act COVID-19 awards must be used for services, activities, and supplies needed to prevent or minimize the impact of COVID-19 on RWHAP clients. The following activities are approved: <ul style="list-style-type: none"> • Medical Case Management • Non-Medical Case Management • Emergency Financial Assistance • Food Bank/Home Delivered Meals • Essential Non-food Items • Health education/Risk Reduction • Housing • Linguistic Services • Medical Transportation | Agency must track and report within the DOH approved data system any and all activity related to this Service Category Additionally, all activities related to CARES Act funding must be tracked in a monthly COVID-19 Data Report (CDR) per Health Resources and Services Administration (HRSA) requirements. | CARES Act funding must be expended by December 31, 2020 <i>September 30, 2021</i> Expenses incurred related to COVID-19 may be reimbursed back to January 20, 2020. | \$24,730 – MI 12613200 – Ryan White CARES \$24,730 for 01/20/20– 12/31/20 <i>09/30/21</i> |

| Task Number | Task/Activity/Description | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|-----------------------------------|
| | <ul style="list-style-type: none"> • Outreach Services • Psychosocial Support Services | Progress reports to be submitted quarterly. | | |

***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 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.

Program Specific Requirements/Narrative**1. Definitions**

- a. CARES Act – The Coronavirus Aid, Relief, and Economic Security Act
- b. CONTRACTOR – LHJ receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

2. Client Eligibility and Certification - Reference the HCS Manual for more information.

3. Title XIX HIV Medical Case Management – Reference the HCS Manual for more information.

4. Quality Management/Improvement Activities – Reference the HCS Manual for more information.

5. HIV Statewide Data System – Reference the HCS Manual for more information.

6. Reporting Requirements – Agency must report in agency approved data system any and all activity related to this service category. Additionally, all activities related to CARES Act funding must be tracked in a monthly COVID-19 Data Report (CDR) as determined by HRSA.

7. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services

- a. Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. It allows individuals and organizations to perform at a greater capacity.
- b. Any capacity building must be related to preventing, preparing, or responding to COVID-19.

8. Training Requirements – Reference the HCS Manual for more information.

9. Contract Management – Reference the HCS Manual for more information.

- a. **Fiscal Guidance**

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by ~~January 21, 2020~~ *October 25, 2021*. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
- iv) **Advance Payments Prohibited** – Reference the HCS Manual for more information.
- v) **Payer of Last Resort** – Reference the HCS Manual for more information.
- vi) **Cost of Services** – Reference the HCS Manual for more information.
- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- x) **Supervision** - Under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

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

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

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

- 1) Laptops and Notebook Computers

2) Tablets and Smart Phones

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

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

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

Food for staff meetings/trainings is not allowable.

PLEASE NOTE: If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for the clients only at per diem. Any expenses over per diem will be denied.

b. **Contract Modifications**

- i) **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii) **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH.

c. **Subcontracting**

This statement of work does not allow a CONTRACTOR to subcontract for services.

d. **Written Agreements**

The CONTRACTOR should execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- (1) Partner Counseling and Re-Linkage Services (PCRS)
- (2) HIV Testing Services
- (3) Medical Providers providing services to agency's medical case management clients
- (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR.

Technical assistance is available through DOH.

10. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through this RFA will:

- a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health
PO Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3579/Fax: (360) 664-2216
Email: Michael.Barnes@doh.wa.gov

- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub-contractors). Such notice must consist of language similar to the following: “This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website.”

11. Youth and Peer Outreach Workers

For purposes of this agreement, the term “youth” applies to persons under the age of 18. All programs, including subcontractors, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

12. Confidentiality Requirements – Reference the HCS Manual for more information.

13. Whistleblower

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

14. Allowable Costs

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

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

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

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

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

DOH Program Contact, PLWH

Chris Wukasch
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-34329/Fax: 360-664-2216
Chris.Wukasch@doh.wa.gov

DOH Fiscal Contact

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Abby.Gilliland@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Marijuana Prevention & Education Program - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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


Period of Performance: July 1, 2019 through June 30, 2021

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

Statement of Work Purpose: The purpose of this statement of work is to fund the activities of a regional Youth Marijuana Prevention and Education Program (YMPEP).

Revision Purpose: The purpose of this revision is extend the period of performance and SFY21 funding end date from 12/31/20 to 06/30/21 and to change the name and contact information for the DOH contract manager.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change None | Total Consideration |
|-----------------------------------------|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|-------------|---------------------|
| | | | | Start Date | End Date | | | |
| SFY20 MARIJUANA EDUCATION | N/A | 334.04.93 | 77420820 | 07/01/19 | 06/30/20 | 247,509 | 0 | 247,509 |
| SFY21 MARIJUANA EDUCATION | N/A | 334.04.93 | 77420821 | 07/01/20 | 06/30/21 | 247,509 | 0 | 247,509 |
| TOTALS | | | | | | 495,018 | 0 | 495,018 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------|-----------------------------------------------------------------------------------|
| LHJ is required to complete the following tasks and deliverables and adhere to all requirements contained in the attached Youth Marijuana Prevention and Education Guide. | | | | | |
|  YMPEPRegGuide.pdf | | | | | |
| Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for SFY20 and SFY21. SFY21 will be split between the current 2018-2020 Consolidated Contract (ConCon) and the new ConCon term beginning January 1, 2021. Any unused portion of SFY21 will be carried forward into the new contract term. | | | | | |
| 1. Groundwork – Build program and regional capacity to plan, coordinate, implement and evaluate regional Youth Marijuana Prevention and Education Program (YMPEP) activities based on the regionally developed strategic plan: | | | | | |
| A. | Hire YMPEP Regional Coordinator. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | Reimbursement for actual expenditures, not to exceed total funding consideration. |
| B. | Create and maintain Regional Network and partnerships with people throughout the region. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Provide needed education and skill enhancement opportunities for Regional Network. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred. |
| D. | Identify organizational structure of the Regional Network | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| E. | Form a subcommittee of the Regional Network; refer to them as the Planning Team | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| 2. Assessment – Conduct ongoing needs assessment data within the region to support planning activities | | | | | |
| A. | Form or identify an Epidemiological Workgroup | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred. |
| B. | Conduct/update a needs assessment to assess regional needs, assets, gaps, and readiness. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| C. | Determine which of the most pressing needs prevention efforts can influence. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| 3. Capacity – Recruit and convene a regional network and raise awareness of its mission and purpose | | | | | |
| A. | Host regular meetings with Regional Network. (Planning team meets monthly during Strategic Planning Process; Full network meets quarterly at a minimum.) | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month |
| B. | Use knowledge about the community's level of readiness to publicize the issue and encourage participation on Regional Network | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| C. | Expand the Regional Network to include sectors within the region and other members interested in preventing substance use disorder. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D. | Develop a plan for attending health equity trainings, recruiting and developing partnerships with a diverse representation of the community, etc. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | following the month in which costs were incurred. |
| 4. Planning – Coordinate development of a mission, logic model and strategic and sustainability plans for the region. | | | | | |
| A. | Convene the planning team. | | Report progress and submit invoices monthly. | 06/30/20 06/30/21 | Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred. |
| B. | Train the planning team. | | Report progress an submit invoices monthly | 06/30/20 06/30/21 | |
| C. | Analyze risk and protective factors and local conditions | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| D. | Choose the factors on which the region will concentrate | | Choose the factors on which the region will concentrate | 06/30/20 06/30/21 | |
| E. | Establish Mission of YMPEP region | | Report progress an submit invoices monthly | 06/30/20 06/30/21 | |
| F. | Develop logic model to guide effort | | Report progress an submit invoices monthly | 06/30/20 06/30/21 | |
| G. | Create regional strategic plan to include policies, programs and practices. Include a minimum of 70 percent of time to Primary activities and up to 30 percent of time to implement approved Innovative activities | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| H. | Choose policy, systems, and environmental (PSE) activities to address the risk and protective factors the Regional Network prioritized. | | Report progress and submit invoices monthly. | 06/30/20 06/30/21 | |
| I. | Present the plan to the communities it will serve throughout the region and gather support | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| J. | Create Sustainability Plan | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| 5. Implementation – Coordinate implementation of the strategic plan | | | | | |
| A. | Hire staff, subcontract and/or recruit volunteers to implement Regional Strategic Plan. | | Report progress and submit invoices monthly. | 06/30/20 06/30/21 | Reimbursement for actual expenditures, not to exceed total funding consideration. |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Follow the Regional Strategic Plan throughout the implementation process | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred. |
| C. | Continue to track and monitor resources annually. Update and revise resource assessment as needed. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| D. | Meet regularly with Regional Network. | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| E. | Keep regional partners informed using a newsletter, listserv, monthly meetings | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| F. | Write grant applications (as appropriate) to increase funding opportunities and ensure sustainability of YMPEP region | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | |
| 6. Evaluation – Plan and participate in state and regional evaluation efforts | | | | | |
| A. | Create Regional Evaluation Plan | | Report progress and submit invoices monthly | 06/30/20 06/30/21 | Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred. |
| 7. Work Plan – LHJ must prepare and submit a work plan and budget for the remainder of the biennium | | | | | |
| A. | Prepare and submit Annual Work Plans and budgets for SFY 20 and SFY 21. | | Completed work plan and budget | 06/30/20 06/30/21 | Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---------------------------|--------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred. |

***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**A. Local Health Jurisdiction (LHJ) will:**

1. Fulfill program administration roles and responsibilities:
 - a) Meet requirements outlined in the YMPEP Regional Implementation Guide provided by DOH, which includes (but is not limited to) conducting a regional assessment of needs, coordinating and maintaining a regional network, preparing, annually updating and managing the implementation of the region's strategic plan.
 - b) Ensure program staffing is at least 1.0 FTE (divided among no more than three (3) people). These staff are required to attend either the Substance Abuse Prevention Skills Training (SAPST) or DOH SAPST within nine (9) months of being hired.
 - c) Participate in required conference calls, trainings, and webinars and virtual or in-person meetings for YMPEP contractors hosted by DOH.
 - d) Submit an Annual Plan and Budget according to the deadlines in Section E below.
 - e) Submit accurate and complete progress and expenditure reports, using the required guidance, reporting tool or system, and deadlines provided by DOH (See Section E below).
 - f) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YMPEP Regional Contractor/LHJ.
 - g) Participate in the DOH-funded Marijuana Prevention Practice Collaborative by following the guidelines and expectations developed by the collaborative membership.
 - h) Have completed background checks completed and on file for any staff or volunteer (funded and/or representing an YMPEP 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 statement of work. This requirement is consistent with existing statute RCW 9.96A.020

2. Meet evaluation requirements:
 - a) Submit at least one (1) Success Story using guidance and tools provided by DOH.
 - b) Perform annual close out procedures as directed by DOH.
 - c) Participate in performance measure data collection activities in collaboration with DOH.
 - d) Participate in project evaluation activities developed and coordinated by DOH.
 - e) Consult with and submit an Exception Request to the Washington State Institutional Review Board (wsirb@dshs.wa.gov) when intending to conduct focus groups, key-informant interviews, surveys, or any other method used to gather data systematically. Provide a copy of the WSIRB Exception Request and approval to the DOH Contract Manager.

3. Written Policies and Procedures/Documents

- a) Written policies and procedures, consistent with federal and state regulations, as applicable, shall be kept on file in the office of the LHJ and be available for review at the request of DOH staff. Such policies and procedures shall include, but not be limited to, as appropriate:
 - i. Position Descriptions
 - ii. Confidentiality Policy
 - iii. Regional Needs Assessment
 - iv. 5-Year Regional Strategic Plan (includes annual work plan)
 - v. Completed background checks for those staff, subcontractors or volunteers working directly with youth (ages 0-17).
 - vi. Latest Agency Audit
 - vii. Subcontractor Agreements

B. DOH will support LHJ 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. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Updating regional needs assessment.
 - b) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - c) 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>.
 - d) Providing relevant resources and training.
 - e) Meeting performance measure, evaluation, and data collection requirements.
 - f) Developing 5-year regional strategic plans, annual work plans, budgets and logic models.
 - g) Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether YMPEP funds may be used for activities and projects proposed by the LHJ.

C. Program Administration

1. The LHJ shall perform the requirements and activities defined in this agreement and the YMPEP Regional Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each Monthly Report, and Monthly Expenditure Report and Request for Reimbursement Form (A19).
2. The YMPEP Regional Contractor/LHJ 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 YMPEP funds.
3. Failure of the YMPEP Regional Contractor/LHJ 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 statement of work.
4. DOH reserves the right to determine the amount of any reduction, based on YMPEP Regional Contractor's/LHJ's performance, and to amend the contract to effect any reduction. Any reduction shall be based on a review of the YMPEP Regional Contractor's/LHJ's expenditure patterns and actual performance.
5. The LHJ will make a reasonable and ongoing effort, throughout the period of performance, to secure and/or leverage resources from private and public entities to supplement the administrative, operational, and implementation costs under this program. Documentation of any collaborative efforts and securing of resources that benefit this project shall be kept current and on file in the office of the YMPEP Regional Contractor/LHJ and shall be available for review upon request by DOH staff.
6. The LHJ's annual work plan and budget must be approved by the DOH MPEP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, including personnel changes, must also be approved by the DOH contract manager prior to implementation.

D. Subcontractor Performance Expectations

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

| Report | Date Due |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Submit an Annual Plan and Budget | Annually no later than April 30. DOH approval will occur no later than June 15. |
| 2. Expenditure Report and Request for Reimbursement | A19 and updated budget workbook due the 30 th of the month following the month in which costs are incurred. |
| 3. Final Expenditure Report and Request for Reimbursement (FY Closeout) | Year-end projections are due as follows: FY20: July 10, 2020 FY21: July 10, 2021 Final Expenditure Reports are due within 45 days of the end of the contract year. |
| 4. Contractor Monthly Report | The 15 th of the month following the month in which activities were performed. |
| 5. Success Story | Annually, No later than June 30, 2019 |

The LHJ 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. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.
2. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the LHJ 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. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY 20 (July 1, 2019 to June 30, 2020) and SFY 21 (July 1, 2020- June 30, 2021).
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Activity Report, Monthly Expenditure Report and Request for Reimbursement form (A19) according to Section E of this contract. If the Monthly Activity Report, Expenditure Report and/or Request for Reimbursement form 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 annually 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. Evaluation of YMPEP Regional Contractor's/LHJ's Performance

1. LHJ's performance will be evaluated on the following:
 - a) Biennial submittal and DOH approval of an updated Regional Needs Assessment in accordance with DOH guidance and requirements.
 - b) Biennial submittal and DOH approval of an updated 5-year Regional Strategic Plan in accordance with DOH guidance and requirements.
 - c) Timely completion, submission of proposed Annual Budget (Budget Line Items, Summary Budget Projections, Budget Narrative) and work plan in accordance with DOH guidance and requirements.
 - d) Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management via ConCon and the YMPEP Budget Workbook by the due dates listed in Section E.
 - e) Submission of 24 monthly Activity Reports by the due dates listed in Section E.
 - f) One on-site visit per biennium per requirements and protocols provided by DOH MPEP.

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

1. Recipients may not use funds for research.
2. Recipients may not use funds for clinical care.
3. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy marijuana products or paraphernalia used in the consumption and/or use of marijuana products.
4. Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
5. Recipients may not use funding for construction or other capital expenditures.
6. The contractor/LHJ must comply with DOH MPEP guidance on food, incentives and use of DOH logo outlined in the YMPEP Regional Implementation Guide, and should not exceed federal per diem rates.
7. Reimbursement of pre-award costs is not allowed.

I. Special References

As a provision of Dedicated Marijuana Account ([RCW 69.50.540](#)) DOH shall fund a grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth.

DOH - Primary Point of Contact:

~~David Harrelson~~ ~~Angela Boyer~~, YMPEP Contracts Consultant Manager

Office Phone: ~~360-972-0199~~ (360) 688-6140

Email Address: ~~david.harrelson@doh.wa.gov~~ ~~angela.boyer@doh.wa.gov~~

Mailing Address: PO Box 47855, Olympia, WA 98504-7855

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

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)** 7

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

Period of Performance: January 1, 2018 through December 31, 2021

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

Revision Purpose: The purpose of this revision is to extend the Period of Performance thru December 31, 2021, provide Sanitary Survey and Technical Assistance funding in Year 23, revise Special Billing Requirements and Special Instructions, and change DOH Fiscal Contact.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) | | Current Consideration | Change Increase (+) | Total Consideration |
|-----------------------------------------|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
| | | | | Start Date | End Date | | | |
| 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 | 14,250 | 0 | 14,250 |
| Yr 21 SRF - Local Asst (15%) (FS) TA | N/A | 346.26.66 | 24139221 | 01/01/18 | 06/30/19 | 1,900 | 0 | 1,900 |
| Yr 22 SRF - Local Asst (15%) (FO-SW) SS | N/A | 346.26.64 | 24239222 | 01/01/19 | 12/31/20 | 21,750 | 0 | 21,750 |
| Yr 22 SRF - Local Asst (15%) (FO-SW) TA | N/A | 346.26.66 | 24239222 | 01/01/19 | 12/31/20 | 4,249 | 0 | 4,249 |
| Yr 23 SRF - Local Asst (15%) (FO-SW) SS | N/A | 346.26.64 | 24239223 | 01/01/21 | 12/31/21 | 0 | 14,250 | 14,250 |
| Yr 23 SRF - Local Asst (15%) (FO-SW) TA | N/A | 346.26.66 | 24239223 | 01/01/21 | 12/31/21 | 0 | 2,000 | 2,000 |
| TOTALS | | | | | | 43,417 | 16,250 | 59,667 |

| 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. | | Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, | 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 |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | See Special Instructions for task activity. | | <p>observations, recommendations, and referrals for further ODW follow-up.</p> <ol style="list-style-type: none"> 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. <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> | | <p>be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p> |
| 2 | <p>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.</p> <p>See Special Instructions for task activity.</p> | | 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. | <p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p> |
| 3 | <p>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.</p> <p>See Special Instructions for task activity.</p> | | 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. | <p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <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 <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | 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 ~~\$36,000~~ **\$50,250** for **Task 1**, and ~~\$7,417~~ **\$9,417** 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 ~~27~~ **28** 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.
- No more than **18** surveys of non-community systems with three or fewer connections to be completed between January 1, 2020 and December 31, 2020.
- No more than **8** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2020 and December 31, 2020.
- *No more than 7 surveys of non-community systems with three or fewer connections to be completed between January 1, 2021 and December 31, 2021.*
- *No more than 25 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2021 and December 31, 2021.*

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

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|-----------------------------------------------|--------------------------------|---------------|---------------|---------------------|----------------------------------|----------|-----------------------------------------------|----------|-----------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| FFY20 CSS USDA FINI Prog Mgnt | 20157001823357 | 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 Mgnt | 20157001823357 | 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 Mgnt | 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 Mgnt | 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 Mgnt | 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 Mgnt | 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 Mgnt | 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 Mgnt | 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 Mgnt-Region 5 | 207WAWA5Q3903 | 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 Mgnt | 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 Mgnt | 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 Mgnt 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 Mgnt | 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 Mgnt | 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 Mgnt | 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 Mgnt 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 | |
| FFY21 IAR SNAP Ed Prog Mgnt-Region 5 | NGA Not Received | Amd 18 | 10.561 | 333.10.56 | 10/01/20 | 09/30/21 | 10/01/20 | 09/30/21 | \$97,864 | \$97,864 | \$97,864 |
| FFY20 Housing People with AIDS Formula | WAH20-F999 | Amd 20 | 14.241 | 333.14.24 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$26,690 | \$53,380 | \$194,782 |
| FFY20 Housing People with AIDS Formula | WAH20-F999 | Amd 16 | 14.241 | 333.14.24 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$26,690 | | |
| 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 | |
| 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 | | |
| Hous. Opp for Ppl w/AIDS CARES COVID-19 | WA-H2001W074 | Amd 17, 18 | 14.241 | 333.14.24 | 07/01/20 | 06/30/21 | 01/20/20 | 06/30/21 | \$15,000 | \$15,000 | \$15,000 |
| BITV-COVID Ed LHJ Allocation-CARES | NGA Not Received | Amd 19 | 21.019 | 333.21.01 | 07/01/20 | 12/30/21 | 07/01/20 | 12/30/21 | \$1,096,335 | \$1,461,780 | \$1,461,780 |
| BITV-COVID Ed LHJ Allocation-CARES | NGA Not Received | Amd 17, 19 | 21.019 | 333.21.01 | 07/01/20 | 12/30/21 | 07/01/20 | 12/30/21 | \$365,445 | | |
| COVID LHJ OFM Allocation-CARES | NGA Not Received | Amd 17, 19 | 21.019 | 333.21.01 | 03/01/20 | 06/30/21 | 03/01/20 | 06/30/21 | \$5,402,000 | \$5,402,000 | \$5,402,000 |
| PS SSI 1-5 BEACH Task 4 | 01J18001 | Amd 13 | 66.123 | 333.66.12 | 03/01/20 | 10/31/20 | 07/01/17 | 06/30/23 | \$5,800 | \$5,800 | \$17,400 |
| 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 | |
| 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 | \$5,800 | |

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|---------------------------------------------|--------------------------------|---------------|---------------|---------------------|----------------------------------|-----------------|-----------------------------------------------|----------|--------------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| 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 | | |
| 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 | | |
| FFY20 PHEP BP2 LHJ Funding | NU90TP922043 | Amd 18 | 93.069 | 333.93.06 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$118,138 | \$295,345 | \$590,690 |
| FFY20 PHEP BP2 LHJ Funding | NU90TP922043 | Amd 16, 18 | 93.069 | 333.93.06 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$177,207 | | |
| FFY19 PHEP BP1 LHJ Funding | NU90TP922043 | Amd 10 | 93.069 | 333.93.06 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/20 | \$295,345 | \$295,345 | |
| FFY20 Overdose Data to Action Prev | NU17CE925007 | Amd 17, 19 | 93.136 | 333.93.13 | 09/01/20 | 08/31/21 | 09/01/20 | 08/31/21 | \$50,000 | \$50,000 | \$100,000 |
| FFY19 Overdose Data to Action Prev | NU17CE925007 | Amd 11 | 93.136 | 333.93.13 | 09/01/19 | 08/31/20 | 09/01/19 | 08/31/20 | \$50,000 | \$50,000 | |
| 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 | |
| FFY21 COVID19 Vaccine Services-CARES | NH23IP922619 | Amd 20 | 93.268 | 333.93.26 | 07/01/20 | 12/31/21 | 07/01/20 | 12/31/21 | \$1,022,214 | \$1,064,230 | \$1,064,230 |
| FFY21 COVID19 Vaccine Services-CARES | NH23IP922619 | Amd 19, 20 | 93.268 | 333.93.26 | 07/01/20 | 12/31/21 | 07/01/20 | 12/31/21 | \$42,016 | | |
| 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 |
| FFY21 PPHF Ops | NH23IP922619 | Amd 18 | 93.268 | 333.93.26 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$1,250 | \$2,500 | \$7,500 |
| FFY21 PPHF Ops | NH23IP922619 | Amd 16, 18 | 93.069 | 333.93.06 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$1,250 | | |
| 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 | |
| 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 | |
| FFY21 VFC IQIP | NH23IP922619 | Amd 18 | 93.268 | 333.93.26 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$21,000 | \$42,000 | \$69,588 |
| FFY21 VFC IQIP | NH23IP922619 | Amd 16, 18 | 93.069 | 333.93.06 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$21,000 | | |
| 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 | |

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|------------------------------------------|--------------------------------|----------------|---------------|---------------------|----------------------------------|----------|-----------------------------------------------|----------|--------------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| FFY21 VFC Ops | NH23IP922619 | Amd 16 | 93.268 | 333.93.26 | 07/01/20 | 12/31/20 | 07/01/20 | 06/30/21 | \$8,067 | \$8,067 | \$31,255 |
| 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 | |
| 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 COVID CARES | NU50CK000515 | Amd 16, 19 | 93.323 | 333.93.32 | 06/01/20 | 12/31/21 | 06/01/20 | 12/31/21 | \$314,824 | \$314,824 | \$314,824 |
| FFY19 ELC COVID Ed LHJ Allocation | NGA Not Received | Amd 20 | 93.323 | 333.93.32 | 01/01/21 | 12/31/21 | 01/01/21 | 12/31/21 | \$1,145,035 | \$1,145,035 | \$1,145,035 |
| FFY20 ELC EDE LHJ Allocation | NGA Not Received | Amd 20 | 93.323 | 333.93.32 | 01/15/21 | 12/31/21 | 01/15/21 | 12/31/21 | \$2,560,581 | \$2,560,581 | \$2,560,581 |
| FFY20 Tobacco-Vape Prev Comp 1 | NU58DP006808 | Amd 18 | 93.387 | 333.93.38 | 07/01/20 | 04/28/21 | 06/29/20 | 04/28/21 | \$12,241 | \$24,482 | \$24,482 |
| FFY20 Tobacco-Vape Prev Comp 1 | NU58DP006808 | Amd 17, 18 | 93.387 | 333.93.38 | 07/01/20 | 04/28/21 | 06/29/20 | 04/28/21 | \$12,241 | | |
| FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe | NU90TP922069 | Amd 14, 19, 20 | 93.354 | 333.93.35 | 01/20/20 | 12/31/21 | 01/01/20 | 12/31/21 | \$340,263 | \$340,263 | \$340,263 |
| FFY20 Phys Actvty & Nutrition Prog | NGA Not Received | Amd 18 | 93.439 | 333.93.43 | 09/30/20 | 09/29/21 | 09/30/20 | 09/29/21 | \$60,000 | \$60,000 | \$180,000 |
| FFY19 Phys Actvty & Nutrition Prog | NU58DP006504 | Amd 10, 16, 18 | 93.439 | 333.93.43 | 09/30/19 | 09/29/20 | 09/30/19 | 09/29/20 | \$60,000 | \$60,000 | |
| 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 | | |
| FFY19 RW HIV Peer Nav Proj-Proviso | 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-Proviso | 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-Proviso | 5X07HA000832800 | Amd 2, 4 | 93.917 | 333.93.91 | 04/01/18 | 03/31/19 | 04/01/18 | 03/31/19 | \$34,541 | | |

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|----------------------------------------|--------------------------------|------------|--------|---------------------|----------------------------------|----------|-----------------------------------------------|----------|---------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| FFY18 RW HIV Provider Capacity-Proviso | 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 |
| Ryan White Part B COVID-19 Response | 6X7CHA368990101 | Amd 16, 20 | 93.917 | 333.93.91 | 01/20/20 | 09/30/21 | 01/20/20 | 09/30/21 | \$24,730 | \$24,730 | \$24,730 |
| FFY19 Ryan White Supp Direct Svcs | 5X07HA000832800 | Amd 12 | 93.917 | 333.93.91 | 09/30/19 | 06/30/20 | 09/30/19 | 09/29/20 | \$109,140 | \$109,140 | \$109,140 |
| FFY21 MCHBG LHJ Contracts | BO440169 | Amd 18 | 93.994 | 333.93.99 | 10/01/20 | 09/30/21 | 10/01/20 | 09/30/21 | \$159,854 | \$159,854 | \$599,453 |
| FFY20 MCHBG LHJ Contracts | B04MC32578 | Amd 10 | 93.994 | 333.93.99 | 10/01/19 | 09/30/20 | 10/01/19 | 09/30/20 | \$159,854 | \$159,854 | |
| 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 | |
| FEMA-75 COVID LHJ Allocation | NGA Not Received | Amd 19 | 97.036 | 333.97.03 | 07/01/20 | 12/30/20 | 07/01/20 | 12/30/20 | (\$1,096,335) | \$0 | \$0 |
| FEMA-75 COVID LHJ Allocation | NGA Not Received | Amd 17 | 97.036 | 333.97.03 | 07/01/20 | 12/30/20 | 07/01/20 | 12/30/20 | \$1,096,335 | | |
| GFS-Group B (FO-SW) | | Amd 10 | N/A | 334.04.90 | 07/01/20 | 12/31/20 | 07/01/19 | 06/30/21 | \$10,000 | \$10,000 | \$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 | \$10,000 | |
| 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) | \$0 | |
| 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 12 | N/A | 334.04.91 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/21 | (\$3,425) | \$0 | \$0 |
| Healthy Communities | | Amd 10 | N/A | 334.04.91 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/21 | \$3,425 | | |
| State Drug User Health Program | | Amd 18 | N/A | 334.04.91 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$20,000 | \$40,000 | \$134,478 |
| State Drug User Health Program | | Amd 16, 18 | N/A | 334.04.91 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$20,000 | | |
| 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 | |
| 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 | |

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

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|-----------------------------------------|--------------------------------|---------------|-------|---------------------|----------------------------------|----------|-----------------------------------------------|----------|------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| 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 | | |
| 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 | |
| FY20/21 COVID-19 Disaster Response Acct | | Amd 14, 19 | N/A | 334.04.92 | 01/20/20 | 06/30/21 | 01/01/20 | 06/30/21 | \$309,737 | \$309,737 | \$309,737 |
| FPH Lead Case Mgmt-FPH | | Amd 15 | N/A | 334.04.93 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/20 | (\$2,425) | \$1,000 | \$1,000 |
| FPH Lead Case Mgmt-FPH | | Amd 12 | N/A | 334.04.93 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/20 | \$3,425 | | |
| 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 | |
| SFY21 Marijuana Education | | Amd 16, 18 | N/A | 334.04.93 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$5,766 | \$5,766 | \$506,734 |
| SFY21 Marijuana Education | | Amd 9, 20 | N/A | 334.04.93 | 07/01/20 | 06/30/21 | 07/01/20 | 06/30/21 | \$247,509 | \$247,509 | |
| 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 | |
| SFY20 Marijuana Education | | 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 | \$403,323 |
| 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 19 | N/A | 334.04.93 | 07/01/19 | 06/30/21 | 07/01/19 | 06/30/21 | \$7,500 | \$22,500 | \$45,000 |
| Rec Shellfish/Biotoxin | | Amd 9, 16, 19 | N/A | 334.04.93 | 07/01/19 | 06/30/21 | 07/01/19 | 06/30/21 | \$15,000 | | |
| 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 | |

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|-------------------------------------------|--------------------------------|------------|-------|---------------------|----------------------------------|----------|-----------------------------------------------|----------|-------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| Small Onsite Management (ALEA) | | Amd 19 | N/A | 334.04.93 | 01/01/21 | 06/30/21 | 07/01/19 | 06/30/21 | \$15,000 | \$15,000 | \$90,000 |
| 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 | |
| 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 19 | N/A | 334.04.93 | 01/01/21 | 06/30/21 | 07/01/19 | 06/30/21 | \$15,000 | \$15,000 | \$60,000 |
| Wastewater Management-GFS | | Amd 9, 19 | N/A | 334.04.93 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$15,000 | \$15,000 | |
| 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 | |
| FPH-Youth Tobacco Vapor Prevention | | Amd 16, 18 | N/A | 334.04.93 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$24,289 | \$24,289 | \$48,801 |
| FPH-Youth Tobacco Vapor Prevention | | Amd 11 | N/A | 334.04.93 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/21 | \$24,512 | \$24,512 | |
| Youth Tobacco Vapor Products | | Amd 16, 18 | N/A | 334.04.93 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$38,402 | \$38,402 | \$159,493 |
| Youth Tobacco Vapor Products | | Amd 11 | N/A | 334.04.93 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/21 | (\$8,451) | \$38,403 | |
| 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 | | |
| 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 | | |
| FFY20 Swim Beach Act Grant IAR (ECY-ALEA) | | Amd 15 | N/A | 334.04.96 | 03/01/20 | 10/31/20 | 12/15/19 | 12/14/20 | \$18,000 | \$18,000 | \$18,000 |
| HIV Local Proviso | | Amd 18 | N/A | 334.04.98 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$41,748 | \$83,496 | \$83,496 |
| HIV Local Proviso | | Amd 16, 18 | N/A | 334.04.98 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$41,748 | | |
| ADAP Rebate (Local) 19-21 | | Amd 16, 18 | N/A | 334.04.98 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$45,864 | \$45,864 | \$137,592 |
| 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 | |
| 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 | | |

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|------------------------------------------------|--------------------------------|---------------|------------|---------------------|----------------------------------|----------|-----------------------------------------------|----------|-----------------|--------------------------|-------------------------|
| | | | | | 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 | | |
| FFY21 RW Grant Year Local (Rebate) | | Amd 18 | N/A | 334.04.98 | 04/01/21 | 06/30/21 | 04/01/21 | 03/31/22 | \$116,146 | \$116,146 | \$1,269,487 |
| FFY20 RW Grant Year Local (Rebate) | | Amd 18 | N/A | 334.04.98 | 07/01/20 | 03/31/21 | 04/01/20 | 03/31/21 | \$116,146 | \$348,438 | |
| FFY20 RW Grant Year Local (Rebate) | | Amd 16, 18 | N/A | 334.04.98 | 07/01/20 | 03/31/21 | 04/01/20 | 03/31/21 | \$232,292 | | |
| FFY20 RW Grant Year Local (Rebate) | | Amd 12 | N/A | 334.04.98 | 04/01/20 | 06/30/20 | 04/01/20 | 03/31/21 | (\$27,285) | \$88,861 | |
| 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 | | |
| FFY19 RW Grant Year Local (Rebate) | | Amd 12 | N/A | 334.04.98 | 07/01/19 | 03/31/20 | 04/01/19 | 03/31/20 | (\$81,855) | \$266,582 | |
| 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 | | |
| 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 17, 19 | N/A | 336.04.25 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$64,789 | \$212,134 | \$571,613 |
| FPHS Funding for LHJs | | Amd 10, 19 | N/A | 336.04.25 | 07/01/20 | 06/30/21 | 07/01/19 | 06/30/21 | \$147,345 | | |
| FPHS Funding for LHJs | | Amd 17 | N/A | 336.04.25 | 07/01/19 | 06/30/20 | 07/01/19 | 06/30/21 | \$64,789 | \$212,134 | |
| 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 | | |
| 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 15 | N/A | 346.26.64 | 01/01/19 | 12/31/20 | 07/01/19 | 06/30/21 | \$500 | \$21,750 | \$21,750 |
| YR 22 SRF - Local Asst (15%) (FO-SW) SS | | Amd 12 | N/A | 346.26.64 | 01/01/19 | 12/31/20 | 07/01/19 | 06/30/21 | \$8,500 | | |
| YR 22 SRF - Local Asst (15%) (FO-SW) SS | | Amd 10, 12 | N/A | 346.26.64 | 01/01/19 | 12/31/20 | 07/01/19 | 06/30/21 | \$12,750 | | |
| YR 23 SRF - Local Asst (15%) (FO-SW) SS | | Amd 20 | N/A | 346.26.64 | 01/01/21 | 12/31/21 | 09/01/20 | 06/30/21 | \$14,250 | \$14,250 | \$14,250 |
| 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 | | |

**EXHIBIT B-20
ALLOCATIONS
Contract Term: 2018-2021**

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)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | CFDA* | BARS Revenue Code** | Statement of Work Funding Period | | DOH Use Only Chart of Accounts Funding Period | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|------------------------------------------------|--------------------------------|---------------|------------|---------------------|----------------------------------|-----------------|-----------------------------------------------|-----------------|---------------------|--------------------------|-------------------------|
| | | | | | Start Date | End Date | Start Date | End Date | | | |
| 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, 10 | 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, 10 | 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 12 | N/A | 346.26.66 | 01/01/19 | 12/31/20 | 07/01/19 | 06/30/21 | \$3,000 | \$4,249 | \$4,249 |
| YR 22 SRF - Local Asst (15%) (FO-SW) TA | | Amd 10, 12 | N/A | 346.26.66 | 01/01/19 | 12/31/20 | 07/01/19 | 06/30/21 | \$1,249 | | |
| YR 22 SRF - Local Asst (15%) (FO-SW) TA | | Amd 20 | N/A | 346.26.66 | 01/01/21 | 12/31/21 | 09/01/20 | 06/30/21 | \$2,000 | \$2,000 | \$2,000 |
| TOTAL | | | | | | | | | \$20,055,953 | \$20,055,953 | |
| Total consideration: | \$15,285,183 | | | | | | | | | GRAND TOTAL | \$20,055,953 |
| | \$4,770,770 | | | | | | | | | | |
| GRAND TOTAL | \$20,055,953 | | | | | | | | | Total Fed | \$15,616,040 |
| | | | | | | | | | | Total State | \$4,439,913 |

*Catalog of Federal Domestic Assistance

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

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title | BARS | DOH Federal Award Date | Total Amt Federal Award | Allocation Period | | Contract Amt | CFDA | CFDA Program Title | Federal Agency Name | Federal Award Identification Number | Federal Grant Award Name |
|------------------------------------------|-----------|------------------------|-------------------------|-------------------|----------|--------------|--------|----------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|
| | | | | Start Date | End Date | | | | | | |
| FFY20 CSS USDA FINI PROGRAM MGMT | 333.10.33 | 04/01/15 | \$5,859,307 | 10/01/19 | 03/31/20 | \$25,000 | 10.331 | Food Insecurity Nutrition Incentive Grants | USDA-National Institute of Food and Agriculture | 20157001823357 | FOOD NUTRITION INCENTIVE GRANT |
| 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 |
| FFY21 IAR SNAP ED PROG MGMT-REGION 5 | 333.10.56 | NGA Not Received | NGA Not Received | 10/01/20 | 09/30/21 | \$97,864 | 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 |
| FFY20 CSS IAR SNAP ED PROG MGMT-REGION 5 | 333.10.56 | 09/30/19 | \$5,300,000 | 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 | 207WAWA5Q3903 | 2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) |
| 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 | \$69,281 | 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 | 1717WAWA5Q390 | 2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED) |
| HOUS. OPP FOR PPL W/ AIDS CARES COVID-19 | 333.14.24 | 07/01/20 | \$145,149 | 01/20/20 | 06/30/21 | \$15,000 | 14.241 | Housing Opportunities for Persons with AIDS | Department of Housing and Urban Development | WA-H2001W074 | HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM SUPPLEMENTAL CARES ACT |
| FFY20 HOUSING PEOPLE WITH AIDS FORMULA | 333.14.24 | 08/20/20 | \$1,216,499 | 07/01/20 | 06/30/21 | \$53,380 | 14.241 | Housing Opportunities for Persons with AIDS | Department of Housing and Urban Development | WAH20-F999 | HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM |
| 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 |
| COVID LHJ OFM ALLOCATION-CARES | 333.21.01 | NGA Not Received | NGA Not Received | 03/01/20 | 06/30/21 | \$5,402,000 | 21.019 | Coronavirus Relief Fund | Department of the Treasury | NGA Not Received | NGA Not Received |
| BITV-COVID ED LHJ ALLOCATION-CARES | 333.21.01 | NGA Not Received | NGA Not Received | 07/01/20 | 12/30/21 | \$1,461,780 | 21.019 | Coronavirus Relief Fund | Department of the Treasury | NGA Not Received | NGA Not Received |

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title | BARS | DOH | Total Amt | Allocation Period | | Contract Amt | CFDA | CFDA Program Title | Federal Agency Name | Federal Award Identification Number | Federal Grant Award Name |
|------------------------------------------|-----------|--------------------|---------------|-------------------|----------|--------------|--------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------|
| | | Federal Award Date | Federal Award | Start Date | End Date | | | | | | |
| 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 | 10/31/20 | \$17,400 | 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 |
| FFY20 PHEP BP2 LHJ FUNDING | 333.93.06 | 06/12/20 | \$11,365,797 | 07/01/20 | 06/30/21 | \$295,345 | 93.069 | Public Health Emergency Preparedness | Department of Health and Human Services Centers for Disease Control and Prevention | NU90TP922043 | PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT |
| FFY19 PHEP BP1 LHJ FUNDING | 333.93.06 | 06/29/19 | \$11,307,904 | 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 | NU90TP922043 | PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT |
| 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 | NU90TP921889-01 | HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT |
| 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 OVERDOSE DATA TO ACTION PREV | 333.93.13 | 11/06/20 | \$4,390,240 | 09/01/20 | 08/31/21 | \$50,000 | 93.136 | Injury Prevention and Control Research and State and Community-Based Programs | Department of Health and Human Services Centers for Disease Control and Prevention | NU17CE925007 | WASHINGTON STATE DEPARTMENT OF HEALTH OVERDOSE DATA TO ACTION |
| FFY19 OVERDOSE DATA TO ACTION PREV | 333.93.13 | 08/12/19 | \$4,390,240 | 09/01/19 | 08/31/20 | \$50,000 | 93.136 | Injury Prevention and Control Research and State and Community-Based Programs | Department of Health and Human Services-Centers for Disease Control and Prevention-National Center for Injury Prevention and Control | NU17CE925007 | WASHINGTON STATE DEPARTMENT OF HEALTH OVERDOSE DATA TO ACTION |
| FFY21 VFC OPS | 333.93.26 | 07/01/20 | \$9,082,252 | 07/01/20 | 12/31/20 | \$8,067 | 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 |
| FFY21 VFC IQIP | 333.93.26 | 07/01/20 | \$9,082,252 | 07/01/20 | 06/30/21 | \$42,000 | 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 |
| FFY21 PPHF OPS | 333.93.26 | 07/01/20 | \$9,082,252 | 07/01/20 | 06/30/21 | \$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 |
| FFY21 COVID19 VACCINE SERVICES-CARES | 333.93.26 | 01/15/21 | \$68,807,053 | 07/01/20 | 12/31/21 | \$1,064,230 | 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 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 |

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title | BARS | DOH Federal Award Date | Total Amt Federal Award | Allocation Period | | Contract Amt | CFDA | CFDA Program Title | Federal Agency Name | Federal Award Identification Number | Federal Grant Award Name |
|------------------------------------------|-----------|------------------------|-------------------------|-------------------|----------|--------------|--------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|
| | | | | Start Date | End Date | | | | | | |
| 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 | NU58DP006004 | 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 | U58DP006004 | TOBACCO CONTROL PROGRAM |
| FFY20 ELC EDE LHJ ALLOCATION | 333.93.32 | NGA Not Received | NGA Not Received | 01/15/21 | 12/31/21 | \$2,560,581 | 93.323 | Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and | Department of Health and Human Services Centers for Disease Control and Prevention | NGA Not Received | NGA Not Received |
| FFY19 ELC COVID ED LHJ ALLOCATION | 333.93.32 | NGA Not Received | NGA Not Received | 01/01/21 | 12/31/21 | \$1,145,035 | 93.323 | Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and | Department of Health and Human Services Centers for Disease Control and Prevention | NGA Not Received | NGA Not Received |
| FFY19 COVID CARES | 333.93.32 | 04/23/20 | \$22,581,799 | 06/01/20 | 12/31/21 | \$314,824 | 93.323 | Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and | Department of Health and Human Services Centers for Disease Control and Prevention | NU50CK000515 | EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY, |
| FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE | 333.93.35 | 03/16/20 | \$13,230,799 | 01/20/20 | 12/31/21 | \$340,263 | 93.354 | Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis | Department of Health and Human Services Centers for Disease Control and Prevention | NU90TP922069 | CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802 |
| FFY20 TOBACCO-VAPE PREV COMP 1 | 333.93.38 | 06/21/20 | \$1,523,776 | 07/01/20 | 04/28/21 | \$24,482 | 93.387 | National and State Tobacco Control Program | Department of Health and Human Services Centers for Disease Control and Prevention | NU58DP006808 | TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM |
| FFY20 PHYS ACTVY & NUTRITION PROG | 333.93.43 | NGA Not Received | NGA Not Received | 09/30/20 | 09/29/21 | \$60,000 | 93.439 | State Physical Activity and Nutrition (SPAN) | Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) | NGA Not Received | NGA Not Received |

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title | BARS | DOH Federal Award Date | Total Amt Federal Award | Allocation Period | | Contract Amt | CFDA | CFDA Program Title | Federal Agency Name | Federal Award Identification Number | Federal Grant Award Name |
|----------------------------------------|-----------|------------------------|-------------------------|-------------------|----------|--------------|--------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|
| | | | | Start Date | End Date | | | | | | |
| FFY19 PHYS ACTVTY & NUTRITION PROG | 333.93.43 | 07/24/19 | \$1,846,000 | 09/30/19 | 09/29/20 | \$60,000 | 93.439 | State Physical Activity and Nutrition (SPAN) | Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) | NU58DP006504 | STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA) |
| FFY18 PHYS ACTVTY & 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 | NU58DP006504 | 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 | \$1,557,831 | 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 |
| FFY17 EPR HPP BP1 HEALTHCARE SYS PREP | 333.93.88 | 07/18/17 | \$4,279,234 | 01/01/18 | 06/30/18 | \$18,420 | 93.889 | Public Health Emergency Preparedness | Department of Health and Human Services Centers for Disease Control and Prevention | NU90TP921889-01 | HPP AND PHEP COOPERATIVE AGREEMENT |
| RYAN WHITE PART B COVID-19 RESPONSE | 333.93.91 | 05/19/20 | \$320,994 | 01/20/20 | 09/30/21 | \$24,730 | 93.917 | HIV Care Formula Grants | Department of Health & Human Services Administration | 6X7CHA368990101 | RYAN WHITE HIV/AIDS PROGRAM PART B COVID19 RESPONSE |
| FFY19 RYAN WHITE SUPP DIRECT SVCS | 333.93.91 | 04/02/18 | \$13,631,623 | 09/30/19 | 06/30/20 | \$109,140 | 93.917 | HIV Care Formula Grants | Department of Health and Human Services Health Resources and Services Administration | 5X07HA000832800 | RYAN WHITE CARE ACT TITLE II |
| 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 | 5X07HA000832800 | 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 | 5X07HA000832800 | 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 | 5X07HA000832800 | RYAN WHITE CARE ACT TITLE II |
| FFY21 MCHBG LHJ CONTRACTS | 333.93.99 | 02/08/21 | \$2,662,201 | 10/01/20 | 09/30/21 | \$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 | B0440169 | MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT |
| FFY20 MCHBG LHJ CONTRACTS | 333.93.99 | 11/14/18 | \$2,225,977 | 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 | B04MC32578 | MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT |
| 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 |

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #20

Date: January 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title | BARS | DOH Federal Award Date | Total Amt Federal Award | Allocation Period | | Contract Amt | CFDA | CFDA Program Title | Federal Agency Name | Federal Award Identification Number | Federal Grant Award Name |
|---------------------------------|------|------------------------------|-------------------------------|-------------------|-------------|--------------|------|--------------------|---------------------|----------------------------------------|--------------------------|
| | | | | Start Date | End Date | | | | | | |
| TOTAL | | | | | | \$15,616,040 | | | | | |