

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

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 23

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:
 - Emergency Preparedness & Response PHEP - Effective July 1, 2021
 - Foundational Public Health Services (FPHS) - Effective July 1, 2021
 - Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2021
 - OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2021
- Amends Statements of Work for the following programs:
 - COVID-19 Coordinated Response - Effective July 1, 2020
 - LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019
 - Maternal & Child Health Block Grant - Effective January 1, 2018
 - Office of Drinking Water Group A Program - Effective January 1, 2018
 - OSS LMP Implementation - Effective July 1, 2019
- Deletes Statements of Work for the following programs:

2. Exhibit B-23 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-22 Allocations as follows:

- Increase of **\$578,939** for a revised maximum consideration of **\$21,309,015**.
- 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-23 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-22.

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 September 8, 2021
Keith Grellner September 8, 2021 (Sep 8, 2021 12:00 PDT)

Brenda Henrikson, Contracts Specialist
Brenda Henrikson, Contracts Specialist (Sep 8, 2021 14:43 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: Emergency Preparedness & Response-PHEP - Effective July 1, 2021..... 16

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2021..... 30

DOH Program Name or Title: Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2021 35

DOH Program Name or Title: LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019 38

DOH Program Name or Title: Maternal & Child Health Block Grant - Effective January 1, 2018..... 48

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2018 55

DOH Program Name or Title: OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2021 60

DOH Program Name or Title: OSS LMP Implementation - Effective July 1, 2019 62

**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)** 4

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"/> Other	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input checked="" type="checkbox"/> Federal *Contractor		

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

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 update the MI code for FFY20 ELC EDE LHJ ALLOCATION in the Payment Information column, revise language and add new deliverable in Task 2.1.h, and revise program specific language for DCHS COVID-19 Response-Tasks 1 and 2; add \$5,000 additional funding and Task 3D Vaccine Depot for the period of 07/01/21-12/31/21 for COVID-19 Vaccine Services-Task 3; and extend the funding period for MASS VACCINATION FEMA 100% from July 20, 2021 to December 31, 2021 for Mass Vaccination Clinics-Task 4.

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	12/31/21	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	333.93.26	74310209	07/01/20	12/31/21	42,016	0	42,016
FFY20 ELC EDE LHJ ALLOCATION	93.323	333.93.32	1897120E	01/15/21	12/31/21	2,560,581	0	2,560,581
FFY19 ELC COVID ED LHJ ALLOCATION	93.323	333.93.32	1897129G	01/01/21	12/31/21	1,145,035	0	1,145,035
*MASS VACCINATION FEMA 100%	97.036	333.97.03	934V0200	01/21/21	12/31/21	0	0	0
COVID 19 VACCINES	93.268	333.93.26	74310229	07/01/20	12/31/21	1,022,214	5,000	1,027,214
TOTALS						6,231,626	5,000	6,236,626

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

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"> • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting <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 – Unspent ELC funding can be carried forward into new contract term effective January 1, 2022.					
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 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 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 \$5,167,396 total.</p> <p>\$1,461,780 BITV-COVID ED LHJ ALLOCATION-CARES Funding (MI 1897129V)</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</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 centralized investigations will count towards this minimum.</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>\$2,560,581 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120DE) Funding end date 7/31/2023</p> <p>\$1,145,035 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</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"> 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 Tribal, 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. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. 6. Perform daily monitoring for symptoms during quarantine period of contacts <ul style="list-style-type: none"> ii. Case investigation <ul 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 the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ul 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. 		<p>Enter all case investigation data in WDRS-following guidance from-DOH.</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"> 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. Coordinate with Tribal partners in conducting case investigations for tribal members. <p>3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <ul style="list-style-type: none"> b. Testing <ul style="list-style-type: none"> i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction’s contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. 		<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>		

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"> ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations <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), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting 		<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>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. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically 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>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>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<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>Maintain ongoing census data for isolation and quarantine for your population.</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>Report census numbers to include historic total by month and monthly total for current quarter to date.</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>					
<p>3.A</p>	<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 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>		<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, Annually</p>	<p>Reimbursement of actual costs incurred, not to exceed:</p> <p>\$42,016 FFY21 COVID19 VACCINE SERVICES-CARES Funding (MI 74310209)</p> <p>\$1,022,214 COVID19 VACCINES funding (MI 74310229)</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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)	June 30, Annually	
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)	December 31, Annually	
3.D	<i>Perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</i>		<ul style="list-style-type: none"> a) <i>Complete a redistribution agreement.</i> b) <i>Report inventory reconciliation page.</i> c) <i>Report lost (expired, spoiled, wasted) vaccine to the IIS.</i> d) <i>Report transfer doses in the IIS and VaccineFinder.</i> e) <i>Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</i> 	<ul style="list-style-type: none"> a) <i>Complete by August 1, 2021.</i> b) <i>Reconcile and submit inventory once monthly in the IIS.</i> c) <i>Report lost vaccine within 72 hours in the IIS.</i> d) <i>Update within 24 hours from when transfers occur.</i> e) <i>Download as needed (retain temperature data on site for 3 years)</i> 	<i>3.D Vaccine Depot: \$5,000 COVID 19 VACCINES Funding (MI 74310229) 07/01/21-12/31/21</i>
Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4					
	<p>*NOTE: Task 4 activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</p> <p>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</p>				<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.</p> <p>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.).</p> <p>Leaders Intent about this work from DOH is included as an attachment.</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC.</p>				(See Program Specific Requirements for Mass Vaccination Task 4 below)
4.A	<p>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.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>Local health jurisdiction is the coordinating agency for the mass vaccination plan within the county.</p> <p>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.</p> <p>Provide any information as requested by the regional IMT.</p>		<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations. 	Within 30 days of contract amendment execution.	
4.B	<p>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.</p>		<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.				
4.C	<p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>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.</p>		<p>Submission of vaccine use into WA IIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	Daily	
4.D	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).		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.	Monthly	

***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	BITV-COVID ED LHJ ALLOCATION-CARES
	FFY19 ELC COVID ED LHJ ALLOCATION
	FFY20 ELC EDE LHJ ALLOCATION
COVID-19 Vaccine Services - Task 3	FFY21 COVID 19 VACCINE SERVICES-CARES
	COVID 19 VACCINES
Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4	MASS VACCINATION FEMA 100%

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~~ *31, 2021* 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.

COVID-19 Vaccine Services - Task 3 – allowable activities <https://www.doh.wa.gov/Portals/1/Documents/9240/AllowableUseFedOpsFunds.pdf>

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 ~~July 20, 2021~~ *December 31, 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

Alyssa Lavin, LHJ Contract Manager

DOH, PHOCIS

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alyssa.lavin@doh.wa.gov / 360-236-3273

DOH BITV-COVID ED LHJ Allocation-CARES and DOH ELC Allocation Fiscal Contact (Tasks 1 and 2)

Christie Durkin

DOH, Office of Program Financial Management

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Ph: 360-236-4235 / christie.durkin@doh.wa.gov

DOH COVID19 Vaccine Services Program Contacts (Task 3)

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DOH General Mass Vaccination Program and Fiscal Contact (Task 4)

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

DOH Program Name or Title: Emergency Preparedness & Response-PHEP - Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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: July 1, 2021 through December 31, 2021

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness and response.

Revision Purpose: NA

NOTE: The current consolidated contract ends December 31, 2021. Once a new contract is in place, January 1, 2022, the program plans to submit a new statement of work through June 30, 2022. Deliverable due dates after December 31, 2021 are referenced for informational purposes only and will be updated in the January - June 2022 statement of work.

This statement of work (ending 12/31/21) includes 60% of the total allocation of these funds. The January - June 2022 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/21), any remaining funds will be added to a revised January - June 2022 statement of work.

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			
FFY21 PHEP BP3 LHJ Funding	93.069	333.93.06	31102380	07/01/21	12/31/21	0	177,207	177,207
TOTALS						0	177,207	177,207

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY21 PHEP BP3 LHJ Funding					
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2021 June 30, 2022	Reimbursement for actual costs not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Additional reporting may be required if federal requirements change.		
2	<p>Across Domains and Capabilities</p> <p>2.1 Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator, and accounting and/or financial staff.</p> <p>2.2 Submit emergency contacts to be published in the confidential Yellow Book, including but not limited to Administrator, Health Officer, and Emergency Response Coordinator. For each contact include name, role, email, daytime phone number and after hours phone number.</p>		<p>Submit information by August 1, 2021 and any changes within 30 days of the change.</p> <p>Mid-year report on template provided by DOH. Note any changes or no change.</p> <p>End-of-year report on template provided by DOH. Note any changes or no change.</p>	<p>August 1, 2021</p> <p>December 31, 2021</p> <p>June 30, 2022</p>	
3	<p>Across Domains and Capabilities</p> <p>Participate in a site visit with DOH staff to discuss LHJ response capabilities, upon request from DOH. Site visit may be held virtually due to pandemic restrictions.</p>		DOH will maintain documentation of site visit participation.	Upon request from DOH.	
4	<p>Across Domains and Capabilities</p> <p>Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH.</p> <p>Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.</p>		Budget, using template provided by DOH.	Upon request from DOH.	
5	<p>Across Domains and Capabilities</p> <p>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Input provided to DOH upon request from DOH.		
6	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Documentation of training available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
7	<p>Across Domains and Capabilities</p> <p>DOH/EPR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas:</p> <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Related topics – prior approval from EPR required. <p>Note: Prior approval from DOH/EPR is required for any out-of-state travel.</p>		<p>Mid-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.</p> <p>End-of-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
8	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners in order to develop working relationships that promote capabilities, capacity and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> • Local and/or Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. 		<p>Mid-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.</p> <p>End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.</p>	<p>December 31, 2021</p> <p>June 30, 2022</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"> Local and/or regional organizations that work with vulnerable populations. (For RERCs, this may include some or all of the primary groups identified in Activity 6 – All Hazards Plan – Vulnerable Populations.) 				
9	<p>Domain 1 Community Resilience Capability 1 Community Preparedness - Vulnerable populations</p> <p>9.1 Update and maintain the All Hazards Plan to address vulnerable populations.</p> <p>9.2 Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.</p> <p>9.3 Document the primary groups within the LHJ boundaries identified in Centers for Disease Control and Prevention (CDC)'s Social Vulnerability Index to inform public health response planning.</p> <p>Note: Tasks 9.1, 9.2 and 9.3 don't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Updated sections of the All Hazards Plan available upon request.</p> <p>Procedure checklist, job action sheet or other documentation available upon request.</p> <p>Documentation of primary vulnerable population groups available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
10	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Notes:</p> <ul style="list-style-type: none"> For some LHJs this training won't be available until the next Statement of Work period, January 1 – June 30, 2022. DOH will work with regions and LHJs to customize and schedule training(s). This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. 				
11	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Collaborate with DOH Training & Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities).</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
12	<p>12.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>12.2 Update Regional Integrated Preparedness Plans with input from LERCs in region.</p> <p>12.3 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p> <p>Note: Integrated Preparedness Planning Workshop is planned for January 2022. LHJs will be required to participate in next statement of work.</p>		<p>Mid-year report on template provided by DOH.</p> <p>12.2 Regional Integrated Preparedness Plans available upon request.</p> <p>12.3 Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</p>	<p>December 31, 2021</p> <p>12.3 December 31, 2021</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
13	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining, maintaining and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Notes:</p> <ul style="list-style-type: none"> • This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period. • The communication drill (17.2) does not meet the requirement for participation in an exercise or real world event. 		<p>Mid-year report on template to be provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>After Action Review(s) and Corrective Action Plan(s) available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
14	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>14.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>14.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>		<p>Mid-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</p> <p>End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</p> <p>14.1 Notification to DOH Duty Officer within 60 minutes of activation.</p> <p>14.2 Sitreps submitted to DOH Duty Officer</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
15	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise.</p> <p>Note: An AAR may be completed part-way through an extended response, for example, COVID-19.</p>		<p>Mid-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).</p> <p>End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
16	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Convene a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals 		<p>Mid-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).</p> <p>End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	

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	<ul style="list-style-type: none"> • Federally Qualified Health Center(s) if they are in your county • Accountable Community of Health <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #15). 		<p>note that no AARs were completed. Submit AAR(s).</p>		
17	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>17.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (e.g. Basecamp).</p> <p>17.2 Participate in at least one risk communication drill offered by DOH between July 1, 2021 and June 30, 2022. Drill will occur via webinar, phone and email. DOH will offer one between July 1 – December 31, 2021 and one drill between January 1 – June 30, 2022.</p> <p>17.3 Conduct a hot wash evaluating LHH participation in the drill.</p> <p>17.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHH</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>17.3 and 17.4 Hotwash or After Action Review (AAR) OR summary of communication activities and one sample.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>participation in communication strategies during the incident.</p> <p>If, the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date OR include a summary of communication activities in mid-year and/or end-of year reports <u>and</u> one sample of communication.</p> <p>Note: Participation in a real world event may meet the requirement for 17.2, 17.3 and 17.4.</p>				
18	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>18.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>18.2 Participate in DOH-led notification drills.</p> <p>18.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Registered users must log in quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. • 18.3 doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period. 		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
19	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>		<p>Provide EEIs upon request.</p> <p>Note in the mid-year and end-of-year reports that EEIs were provided or none were requested.</p>	<p>Upon request.</p> <p>December 31, 2021</p> <p>June 30, 2022</p>	
20	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or Region. Gather input and provide technical assistance to LERCs, as needed.</p> <p>Notes:</p> <ul style="list-style-type: none"> • MCM plans include number of local distribution sites and number for which a detailed point-to-point distribution plan from RSS to distribution site has been jointly confirmed by LHJ and DOH. • MCM plans include number of local points of dispensing (PODs) and number for which a detailed point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (nursing home, local agency, public POD, and independent pharmacy). • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • DOH will provide technical assistance to LHJs on core elements of an MCM plan. 		<p>Report progress and/or plans in mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>(LERCs/non-RERCs) If there is a regional plan, provide input to the RERC.</p> <p>Updated MCM plans will be due June 30, 2022.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
21	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. LHJ may also conduct a drill or tabletop exercise to exercise plans. This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period. 		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Logistical Support Plans available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
22	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p> <p>Note: This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Responder Safety and Health Plan available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
23	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC)</p> <p>Participate in:</p> <ul style="list-style-type: none"> Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ. 		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2021</p> <p>June 30, 2022</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"> - Development of DCAC meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - At least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, CST, or other drills and exercises to support planning and response efforts inclusive of public health and/or ESF8. - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ. - Reviewing HCC plans for alignment with local ESF8 plans. - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports. <p>Note: This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.</p>				
24	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).</p> <p>Note:</p> <ul style="list-style-type: none"> • This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period. 		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>List of facilities and copies of current agreements available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</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"> For Seattle-King County and Tacoma-Pierce County, the LHJ is the region. 				
25	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum:</p> <ul style="list-style-type: none"> Biohazard/Waste Management Feeding Laundry Communications Sanitation <p>Note: This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.</p>		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Vendor lists available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
Additional activity as requested by the LHJ:					
26	Maintain local system to provide information and warnings to community and response partners.		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
27	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p>	<p>December 31, 2021</p> <p>June 30, 2022</p>	
28	Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson local health jurisdiction websites.		<p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Website screenshots available upon request.</p>	<p>December 31, 2021</p> <p>June 30, 2022</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>

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, unless otherwise specified.

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=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS funds. For the 2021 – 2023 biennium, the Steering Committee is using an iterative approach to decision making. Determining investments first for SFY22 (July 1, 2021 – June 30, 2022), then for SFY23 (July 1, 2022 – June 30, 2023). That means that additional tasks and/or funds may be added to an LHJ’s FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be used to supplement other short-term pandemic response funding as needed during this period of performance (07/01/21-12/31/21). Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note: The total biennial funding allocation is for the period of July 1, 2021 through June 30, 2023. 2021-2023 biennial funding allocations will be divided into four six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022; July 1, 2022; January 1, 2023.

The disbursement of funds scheduled for January 1, 2022, July 1, 2022 and January 1, 2023 and deliverable due dates after December 31, 2021 are included in this statement of work for informational purposes only and will be carried forward into a new statement of work in the new consolidated contract term beginning January 1, 2022.

FPHS funds must be spent in the state fiscal year (SFY) in which they are disbursed: SFY22 07/01/21-06/30/22 and SFY23 07/01/22-06/30/23. Unspent funds must be returned to DOH by July 15th of each year.

2021-2023 Biennial Allocation: \$424,268

SFY22 Allocation: \$212,134

SFY23 Allocation: \$212,134

Revision Purpose: N/A

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			
FPHS-LHJ-PROVISO (YR1)-REINFORCING CAPACITY	N/A	336.04.25	99202111	07/01/21	12/31/21	0	175,345	175,345
FPHS-LHJ-PROVISO (YR1)-HEPATITIS C	N/A	336.04.25	99202111	07/01/21	12/31/21	0	36,789	36,789
TOTALS						0	212,134	212,134

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
0	FOUNDATIONAL PUBLIC HEALTH FUNDING – <u>ALL</u>	<p>Increased delivery of FPHS services in each jurisdiction and statewide as measured via FPHS annual reporting from all agencies receiving FPHS funds, metrics and other data compiled and analyzed by DOH and Subject Matter Expert (SME) Workgroups. All of which is included as part of the annual FPHS Investment Report.</p> <p>FPHS annual reporting (template provided by DOH) for SFY22 (07/01/21 – 06/30/22)</p> <p>FPHS annual reporting (template provided by DOH) for SFY23 (07/01/22 – 06/30/23)</p>	<p>By 08/15/22</p> <p>By 08/15/23</p>	<p>Funds are available beginning July 1, 2021. Half of the annual allocation will be disbursed each July upon receipt of the Annual Report for the previous year and the second half will be disbursed each January.</p> <p>Note: Funds must be spent in the state fiscal year (SFY) in which they are disbursed. Unspent funds must be returned to DOH by July 15th of each year.</p>
1	<p>FPHS – REINFORCING CAPACITY</p> <p>Funds to deliver FPHS in each jurisdiction. These funds are for delivering ANY, or ALL, of the FPHS communicable disease, environmental public health or assessment service and can also be used for any of the other FPHS capabilities that support these FPHS as defined in the most current version of FPHS Definitions.</p>			<p>SFY22 Allocation: \$175,345 SFY23 Allocation: \$175,345 21-23 Biennial Allocation: \$350,690</p>
2	<p>FPHS – HEPATITIS C</p> <p>Address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data</p>	<p>The priorities for SFY21 (July 2020 – June 2021) are:</p> <ul style="list-style-type: none"> • Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. • Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population and incorporate Hepatitis B work. 		<p>SFY22 Allocation: \$36,789 SFY23 Allocation: \$36,789 21-23 Biennial Allocation: \$73,578</p> <p>Recommended BARS Expenditure Code: 562.24</p>

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

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

Program Specific Requirements/Narrative**Special References (RCWs, WACs, etc)**

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent. \(wa.gov\)](#)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](#)

FPHS Definitions

<https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfxzohk>

All FPHS Resources

www.doh.wa.gov/fphs or [FPHS | Powered by Box](#)

Special Instructions

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

336.04.24 – County Public Health Assistance

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

336.04.25 – Foundational Public Health Services

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

Public Health Budgeting, Accounting and Reporting System (BARS) Resources

www.doh.wa.gov/lhjfunding

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

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services

Washington State Department of Health

PO Box 47890, Olympia, WA 98504-7890

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

DOH Program Name or Title: Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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: September 1, 2021 through December 31, 2021

Statement of Work Purpose: Kitsap Public Health District will continue OD2A Strategies 8 and 9 to increase access to the Kitsap syringe services network. Kitsap Public Health District will connect with EMS to deliver education and information to the community and to assist in warm-handoffs for non-fatal ODs.

Note: The total funding consideration in this statement of work (SOW) is for the period of September 1, 2021 through August 31, 2022. Deliverable due dates after December 31, 2021 are for reference only. Unspent funds and deliverables due after December 31, 2021 will be carried forward to a new statement of work in the new consolidated contract term beginning January 1, 2022.

Revision Purpose: N/A

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			
FFY21 OVERDOSE DATA TO ACTION PREV	93.136	333.93.13	77520271	09/01/21	12/31/21	0	50,000	50,000
TOTALS						0	50,000	50,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 9: Continue work hindered by COVID-19 which include expanding the syringe exchange network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner in order to provide improved access to substance use disorder (SUD) treatment and comprehensive care within syringe exchange sites. Timeline: By the end of March 2022, expand the syringe exchange network to include local health care providers and local EMS. Conduct site visits with current and future syringe exchange sites to ensure they are		Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with Overdose Data to Action (OD2A) logic model. Report site visit outcomes, collected data and any important finds, updates or changes to policies.	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 10, 2021. December-February due March 10, 2022. March-May due June 10, 2022.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$50,000 through August 31, 2022. A new consolidated contract will begin January 1, 2022 with

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>following policies and procedures and collecting appropriate data for exchanges. Continue to provide support and guidance where needed. Timeline: Site visits for existing sites will be completed as COVID-19 restrictions allow in 2022.</p> <p>Continue to have monthly check-ins via Zoom or telephone, with the syringe exchange sites LHJ contracts with. Create a quality assurance (QA) system and as COVID-19 restrictions allow, implement that QA system for existing syringe exchange sites. Timeline: The QA system checklist will be complete by the end of December 2021.</p>		Share progress with implementation of QA system.	June-August final report for this funding period due September 30, 2022.	<p>funds left from this contract.</p> <p>(See Special Billing Requirements below.)</p>
2.	Strategy 9: Continue to convene monthly community-wide meetings with partners and potential partners to discuss stigma reduction education programs and overdose prevention strategies for our community. Timeline: Ongoing, monthly.		Progress report: outcomes of meetings and what strategies and educational programs are being implemented. Successes and challenges. Share materials with DOH.		
3.	Strategy 8: Build a relationship with EMS and work with them to create a post overdose outreach plan to help connect people who inject drugs with SUD treatment and other services. Timeline: Outreach out to local fire districts by the end of December 2021 to begin a discussion about creating a post overdose outreach and partnership plan.		Progress report: updates on creation and implementation of plan.		
4.	Continue to participate in quarterly and monthly calls with DOH and LHJ's to share lessons learned and successes. Timeline: Ongoing		Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

***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](https://www.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.)

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, subrecipients may not use funds to purchase furniture or equipment.
- 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.
 - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additional-requirements/ar-35.html>).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

Monitoring Visits (frequency, type)

DOH program staff may conduct site visits up to twice per funding year.

Special Billing Requirements

Billing on an A19-1A invoice voucher must be received by DOH monthly.

Special Instructions**The following funding statement must be used for media (publications, presentations, manuscripts, posters, etc.) created using OD2A funding:**

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NU17CE925007, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

DOH Program Contact

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 5

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: March 1, 2019 through December 31, 2021

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

Note: The FFY21 funding consideration is for the period of September 30, 2021 through September 29, 2022 for Year 4 activities. Deliverable due dates after December 31, 2021 are for reference only. Unspent funds and deliverables due after December 31, 2021 will be carried forward to a new statement of work in the new consolidated contract term beginning January 1, 2022.

Revision Purpose: The purpose of this revision is to add \$60,000 for Year 4-FFY21 activities.

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			
FFY18 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440248	03/01/19	09/29/19	60,000	0	60,000
FFY19 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440239	09/30/19	09/29/20	60,000	0	60,000
FFY20 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440240	09/30/20	09/29/21	65,000	0	65,000
FFY21 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440241	09/30/21	12/31/21	0	60,000	60,000
TOTALS						185,000	60,000	245,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	PROGRAM ADMINISTRATION: Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD).		Designated KPHD staff will participate in contract management calls.	March 1, 2019-September 29, 2021 2022	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1b	PROGRAM ADMINISTRATION: Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.		Designated KPHD staff will participate in calls, webinars, and meetings.	March 1, 2019-September 29, 2021 2022	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
1c	PROGRAM ADMINISTRATION: Perform administrative duties related to LSPAN.		Quarterly progress reports to DOH via SharePoint site or email	<p>Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p>Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p>January 15, 2021 (covering September 30, 2020-December 31, 2020)</p> <p>Year 3-FFY20: January 15, 2021 (covering September 30, 2020-December 30, 2020)</p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<p>April 15, 2021 (covering December 31, 2020-March 30, 2021)</p> <p>July 15, 2021 (covering March 31, 2021-June 29, 2021)</p> <p>October 15, 2021 (covering June 30, 2021- September 29, 2021)</p> <p>Year 4-FFY21: <i>January 17, 2022 (covering September 30, 2021-December 30, 2021)</i></p> <p><i>April 15, 2022 (covering December 31, 2022-March 30, 2022)</i></p> <p><i>July 15, 20212 (covering March 31, 2022-June 29, 2022)</i></p> <p><i>October 17, 2022 (covering June 30, 2022- September 29, 2022)</i></p>	
2a	PROGRAM IMPLEMENTATION: Finalize Work Plan and Budget Workbook using DOH-provided templates.		Submit Work Plan to DOH Program Contact via email	<p>Draft due: Year 1-FFY18: March 15, 2019 Year 2-FFY19: July 3, 2020 Year 3-FFY20: March 26, 2021 Year 4-FFY21: March 25, 2022</p> <p>Final due: Year 1-FFY18: March 29, 2019 Year 2-FFY19: July 10, 2020 Year 3-FFY20: July 9, 2021 Year 4- FFY21: July 15, 2022</p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2b	PROGRAM IMPLEMENTATION: Implement finalized community work plan focused on LSPAN that include: <ul style="list-style-type: none"> - Addressing at least two (2) state strategies required by this grant funding. - Achieving policy, systems, or environmental changes consistent with the strategies. 		Quarterly progress reports to DOH via SharePoint site or email	<p>Year 1-FFY18: July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p>Year 2-FFY19:</p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Identifying and reaching populations with health disparities.			<p>January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p>January 15, 2021 (covering September 30, 2020-December 31, 2020)</p> <p>Year 3-FFY20: January 15, 2021 (covering September 30, 2020-December 30, 2020)</p> <p>April 15, 2021 (covering December 31, 2020-March 30, 2021)</p> <p>July 15, 2021 (covering March 31, 2021-June 29, 2021)</p> <p>October 15, 2021 (covering June 30, 2021- September 29, 2021)</p> <p>Year 4-FFY21: <i>January 17, 2022 (covering September 30, 2021-December 30, 2021)</i></p> <p><i>April 15, 2022 (covering December 31, 2022-March 30, 2022)</i></p> <p><i>July 15, 20212 (covering March 31, 2022-June 29, 2022)</i></p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<i>October 17, 2022 (covering June 30, 2022- September 29, 2022)</i>	
2c	PROGRAM IMPLEMENTATION: Report quarterly expenditures using DOH-provided template.		Report quarterly expenditures using DOH-provided template.	<p>Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019) July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p>Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019) April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020) October 15, 2020 (covering June 30, 2020- September 29, 2020) January 15, 2021 (covering September 30, 2020-December 31, 2020)</p> <p>Year 3-FFY20: January 15, 2021 (covering September 30, 2020-December 30, 2020) April 15, 2021 (covering December 31, 2020-March 30, 2021) July 15, 2021 (covering March 31, 2021-June 29, 2021)</p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				October 15, 2021 (covering June 30, 2021- September 29, 2021) Year 4-FFY21: <i>January 17, 2022 (covering September 30, 2021-December 30, 2021)</i> <i>April 15, 2022 (covering December 31, 2022-March 30, 2022)</i> <i>July 15, 20212 (covering March 31, 2022-June 29, 2022)</i> <i>October 17, 2022 (covering June 30, 2022- September 29, 2022)</i>	
2d	PROGRAM COMMUNICATION: Inform partners and public about program successes and related best practices, including social media posts and publication.		Provide copies of any relevant communication products with quarterly progress reports to DOH via SharePoint site or email	Year 2-FFY19 January 15, 2020 (covering September 30, 2019-December 30, 2019) April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020) October 15, 2020 (covering June 30, 2020- September 29, 2020) January 15, 2021 (covering September 30, 2020-December 31, 2020) Year 3-FFY20: January 15, 2021 (covering September 30, 2020-December 30, 2020) April 15, 2021 (covering December 31, 2020-March 30, 2021)	Reimbursement for actual costs, not to exceed total contract funding.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Write a success story related to LSPAN projects.		One success story using DOH-provided template	<p>July 15, 2021 (covering March 31, 2021-June 29, 2021)</p> <p>October 15, 2021 (covering June 30, 2021- September 29, 2021)</p> <p><i>Year 4-FFY21:</i> <i>January 17, 2022 (covering September 30, 2021-December 30, 2021)</i></p> <p><i>April 15, 2022 (covering December 31, 2022-March 30, 2022)</i></p> <p><i>July 15, 20212 (covering March 31, 2022-June 29, 2022)</i></p> <p><i>October 17, 2022 (covering June 30, 2022- September 29, 2022)</i></p> <p>Year 2-FFY19: Draft due by August 30, 2020 Final due by October 15, 2020</p> <p><i>Year 3-FFY20:</i> <i>Draft due: June 30, 2021</i> <i>Final due: July 30, 2021</i></p> <p><i>Year 4-FFY21:</i> <i>Draft due: July 1, 2022</i> <i>Final due: July 29, 2022</i></p>	
3	PROGRAM EVALUATION: Participate in performance measure data collection and program evaluation activities in collaboration with DOH.		Quarterly progress reports to DOH via SharePoint site or email	<p>Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p>	Reimbursement for actual costs, not to exceed total contract funding.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<p>Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p>January 15, 2021 (covering September 30, 2020-December 31, 2020)</p> <p>Year 3-FFY20: January 15, 2021 (covering September 30, 2020-December 30, 2020)</p> <p>April 15, 2021 (covering December 31, 2020-March 30, 2021)</p> <p>July 15, 2021 (covering March 31, 2021-June 29, 2021)</p> <p>October 15, 2021 (covering June 30, 2021- September 29, 2021)</p> <p><i>Year 4-FFY21:</i> <i>January 17, 2022 (covering September 30, 2021-December 30, 2021)</i></p> <p><i>April 15, 2022 (covering December 31, 2022-March 30, 2022)</i></p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<i>July 15, 2022 (covering March 31, 2022-June 29, 2022)</i> <i>October 17, 2022 (covering June 30, 2022- September 29, 2022)</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>

Program Specific Requirements/Narrative

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

Special Requirements**Federal Funding Accountability and Transparency Act (FFATA)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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

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

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

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

AND

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

Email: MandatoryGranteeDisclosures@oig.hhs.gov

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

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

Monitoring Visits (frequency, type)

- In-person site visits at least once a year

Special Billing Requirements

- Must use the budget workbook supplied by the program

DOH Program Contact

Amy Ellings, Healthy Eating Active Living Program Manager

Washington State Department of Health

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Olympia, WA 98504

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 5

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 1, 2018 through December 31, 2021

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding from September 30, 2021 to December 31, 2021 for continuation of MCHBG-related activities.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120281	01/01/18	09/30/18	119,891	0	119,891
FFY19 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120291	10/01/18	09/30/19	159,854	0	159,854
FFY20 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120292	10/01/19	09/30/20	159,854	0	159,854
FFY21 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120293	10/01/20	09/30/21	159,854	0	159,854
FFY22 MCHBG LHJ CONTRACTS	93.994	333.93.99	78101221	10/01/21	12/31/21	0	39,964	39,964
TOTALS						599,453	39,964	639,417

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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1c	Develop 2018-2019 MCHBG Budget Workbook for October 1, 2018 through September 30, 2019 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2018	activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1d	Report actual expenditures for October 1, 2018 through March 31, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 24, 2019	
1e	Develop 2019-2020 MCHBG Budget Workbook for October 1, 2019 through September 30, 2020 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2019	
1f	Report actual expenditures for October 1, 2017 through September 30, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2018	
1g	Participate in DOH sponsored MCHBG fall regional meeting.		Designated LHJ staff will attend regional meeting.	September 30, 2020	
1h	Report actual expenditures for October 1, 2018 through September 30, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 6, 2019	
1i	Develop 2020-2021 MCHBG Budget Workbook for October 1, 2020 through September 30, 2021 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 6, 2020	
1j	Report actual expenditures for the six month period from October 1, 2019 through March 31, 2020		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 22, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1k	Report actual expenditures for October 1, 2019 through September 30, 2020		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	December 4, 2020	
1l	Report actual expenditures for the six month period from October 1, 2020 through March 31, 2021.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 21, 2021	
1m	Develop 2021-2022 MCHBG Budget Workbook for October 1, 2021 through September 30, 2022 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 10, 2021	
<i>1n</i>	<i>Report actual expenditures for October 1, 2020 through September 30, 2021</i>		<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager</i>	<i>December 3, 2021</i>	
<i>1o</i>	<i>Participate in DOH sponsored MCHBG fall regional meeting, either virtually or in-person</i>		<i>Designated LHJ staff will attend regional meeting.</i>	<i>December 31, 2021</i>	
MCHBG Assessment and Evaluation					
2a	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH	September 30, 2018 September 30, 2019 September 30, 2020 September 30, 2021	Reimbursement for actual costs, not to exceed total funding consideration.
2b	Report program level strategy measure data (CSHCN, UDS, ACEs).		Documentation using report template provided by DOH	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018	See Program Specific Requirements and Special Billing Requirements.
2c	Conduct a Maternal and Child Health (MCH) Needs Assessment.		Submit Needs Assessment documentation to DOH contract manager using templates provided by DOH	May 24, 2019	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	Explore health equity approaches to maternal and child health and develop implementation plan		Include health equity plan in 2020-2021 MCHBG Action Plan using DOH- provided template.	Draft August 16, 2020 Final September 6, 2020	
MCHBG Implementation					
3a	Develop 2018-2019 MCHBG Action Plan for October 1, 2018 through September 30, 2019 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2018 Final- September 5, 2018	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Report activities and outcomes of 2017-2018 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	
3c	Develop 2019-2020 MCHBG Action Plan for October 1, 2019 through September 30, 2020 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2019 Final- September 5, 2019	
3d	Report activities and outcomes of 2018-2019 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	
3e	Develop 2020-2021 MCHBG Action Plan for October 1, 2020 through September 30, 2021 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 16, 2020 Final September 6, 2020	
3f	Report activities and outcomes of 2019-2020 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	
3g	Report activities and outcomes of 2020-21 MCHBG Action Plan using DOH-Provided template.		Submit Action Plan reports to DOH contract manager	October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021 <i>October 15, 2021</i>	
3h	Develop 2021-2022 MCHBG Action Plan for October 1, 2021 through September 30, 2022 using DOH-Provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 20, 2021 Final September 10, 2021	
<i>3i</i>	<i>Develop 2022 MCHBG Action Plan for January 1, 2022 through September 30, 2022 using DOH-provided template.</i>		<i>Submit MCHBG Action Plan to DOH contract manager</i>	<i>Draft November 19, 2021 Final-December 20, 2021</i>	
Children and Youth with Special Health Care Needs (CYSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.		Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018	Reimbursement for actual costs, 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
	Ensure client data is collected on all children served by CYSHCN contractors, regional maxillofacial coordinators, and the DOH Newborn Screening Program.			January 15, 2019 April 15, 2019 July 15, 2019 October 15, 2019 January 15, 2020 April 15, 2020 July 15, 2020 October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021 <i>October 15, 2021</i>	Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
4b	Identify unmet needs for CYSHCN on Medicaid, and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative**Special Requirements****Federal Funding Accountability and Transparency Act (FFATA)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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

Program Manual, Handbook, Policy References

Children and Youth with Special Health Care Needs Manual -

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form

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

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

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

Monitoring Visits (frequency, type)

Telephone calls with contract manager as needed.

Special Billing Requirements

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

Special Instructions

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

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

DOH Program Contact

Kara Seaman, Community Consultant
Office of Family and Community Health Improvement
Washington State Department of Health
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Mailing Address: PO Box 47848, Olympia, WA 98504
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**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)** 9

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

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		

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 correct distribution of Sanitary Surveys between years January 1, 2020 thru December 31, 2020 and January 1, 2021 thru December 31, 2021 assigned in SOW Revision 8.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	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	18,750	-1,000	17,750
Yr 22 SRF - Local Asst (15%) (FO-SW) TA	N/A	346.26.66	24239222	01/01/19	12/31/20	0	0	0
Yr 23 SRF - Local Asst (15%) (FO-SW) SS	N/A	346.26.64	24239223	01/01/21	12/31/21	20,250	-3,000	17,250
Yr 23 SRF - Local Asst (15%) (FO-SW) TA	N/A	346.26.66	24239223	01/01/21	12/31/21	6,249	0	6,249
TOTALS						62,667	-4,000	58,667

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,	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.

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>significant findings, 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>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections 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 ~~\$53,250~~ **\$49,250** for **Task 1**, and **\$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 **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 6** 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 **~~31~~ 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

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

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

DOH Program Name or Title: OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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: July 1, 2021 through December 31, 2021

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: N/A

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			
FFY22 VFC Ops	93.268	333.93.26	74310212	07/01/21	12/31/21	0	16,134	16,134
TOTALS						0	16,134	16,134

This statement of work will be extended through June 30, 2022 in the new consolidated contract term effective January 1, 2022. Any unspent funds may be carried forward.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for childhood vaccinations ages birth to 18 years of age by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <i>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</i> announcement.		Written proposal and a report that shows starting immunization rates for the target population	August 1, 2021	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *See Restrictions on Funds below.
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2021	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative**Special Requirements****Federal Funding Accountability and Transparency Act (FFATA)**

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on 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)

Allowable Uses of Federal Operations Funds document (dated 12/20/2017) is posted on the DOH Consolidated Contract website at this [link](#). These federal funds may not be used for expenses related to travel or attendance at any non-DOH sponsored conference, training, or event without prior written approval from the DOH Office of Immunization.

DOH Program Contact

Tawney Harper, MPA

Deputy Director | Operations Manager

Office of Immunization

Department of Health

PO Box 47843, Olympia WA 98504-7843

tawney.harper@doh.wa.gov, 360-236-3525

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

DOH Program Name or Title: OSS LMP Implementation - 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 December 31, 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
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Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP)

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2021 to December 31, 2021 and add additional funding

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			
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	07/01/19	06/30/20	45,000	0	45,000
Wastewater Management - GFS	N/A	334.04.93	26701100	07/01/20	06/30/21	15,000	0	15,000
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	01/01/21	06/30/21	15,000	0	15,000
Wastewater Management - GFS	N/A	334.04.93	26701100	01/01/21	06/30/21	15,000	0	15,000
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	07/01/21	12/31/21	0	22,500	22,500
TOTALS						90,000	22,500	112,500

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Local Management Plan Implementation <ul style="list-style-type: none"> Enforcement for system deficiencies found during Maintenance and Monitoring (M&M) inspections M&M program administration Onsite Sewage System (OSS) complaint response M&M data reports about deficiencies 		Electronic copy of progress report and mapping data to include: <ul style="list-style-type: none"> Number of systems with known system type. Number of septic systems with current inspections. Number of septic failures. 	Report Due Date: January 15, 2020 June 15, 2020 December 31, 2020 June 15, 2021 <i>December 31, 2021</i> Task is ongoing throughout the project period.	\$90,000 <i>\$112,500</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>

Program Specific Requirements/Narrative**Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)**

These funds can NOT be used for local match to federal grants.

Special References (RCWs, WACs, etc)

WAC 246-272A and RCW 70A.110

State funds from the Aquatic Lands Enhancement Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Definitions

Failure: A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

Maintenance and Monitoring: The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

Special Billing Requirements**Billing Information**

1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.
3. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

Special Instructions

Semiannual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to jeremy.simmons@doh.wa.gov and taylor.warren@doh.wa.gov.
Progress Report Due Dates: January 15, 2020, June 15, 2020, December 31, 2020, June 15, 2021 *and December 31, 2021*.

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

DOH Program Contact: ~~Jeremy Simmons~~ Roger Parker Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360-236-~~3346~~-3379;
~~jeremy.simmons@doh.wa.gov~~ roger.parker@doh.wa.gov

DOH Fiscal Contact: Taylor Warren, Office of Financial Services, PO Box 47820, Olympia WA 98504-7820, 360-236-3348, taylor.warren@doh.wa.gov

**EXHIBIT B-23
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)
Indirect Rate as of January 2021: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% 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
FFY21 Housing People with AIDS Formula	NGA Not Received	Amd 22	14.241	333.14.24	07/01/21	12/31/21	07/01/21	12/31/21	\$26,690	\$26,690	\$221,472
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	
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, 22	21.019	333.21.01	07/01/20	12/31/21	07/01/20	12/31/21	\$1,096,335	\$1,461,780	\$1,461,780
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17, 19, 22	21.019	333.21.01	07/01/20	12/31/21	07/01/20	12/31/21	\$365,445		
COVID LHJ OFM Allocation-CARES	NGA Not Received	Amd 17, 19, 22	21.019	333.21.01	03/01/20	12/31/21	03/01/20	12/31/21	\$5,402,000	\$5,402,000	\$5,402,000

**EXHIBIT B-23
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)
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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 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	
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		
FFY20 Swimming Beach Act Grant IAR (ECY)	CU-01J49701-1	Amd 21	66.472	333.66.47	03/01/21	10/31/21	12/15/19	10/31/21	\$25,000	\$25,000	\$53,000
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	
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		
FFY21 PHEP BP2 LHJ Funding	NU90TP922043	Amd 23	93.069	333.93.06	07/01/21	12/31/21	07/01/21	06/30/22	\$177,207	\$177,207	\$767,897
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	
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	
FFY21 Overdose Data to Action Prev	NGA Not Received	Amd 23	93.136	333.93.13	09/01/21	12/31/21	09/01/21	08/31/22	\$50,000	\$50,000	\$150,000
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	
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 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	(\$1,022,214)	\$42,016	\$42,016
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		
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		

**EXHIBIT B-23
ALLOCATIONS
Contract Term: 2018-2021**

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COVID19 Vaccines	NGA Not Received	Amd 23	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$5,000	\$1,027,214	\$1,027,214
COVID19 Vaccines	NGA Not Received	Amd 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$1,022,214		
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
FFY22 PPHF Ops	NGA Not Received	Amd 22	93.268	333.93.26	07/01/21	12/31/21	07/01/21	12/31/21	\$2,500	\$2,500	\$10,000
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	
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	
FFY22 VFC Ops	NGA Not Received	Amd 23	93.268	333.93.26	07/01/21	12/31/21	07/01/21	06/30/22	\$16,134	\$16,134	\$47,389
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	
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	NU50CK000515	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	NU50CK000515	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
FFY21 Tobacco-Vape Prev Comp 1	NGA Not Received	Amd 22	93.387	333.93.38	04/29/21	12/31/21	04/29/21	04/28/22	\$24,482	\$24,482	\$48,964
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	
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

**EXHIBIT B-23
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FFY21 Phys Actvty & Nutrition Prog	NGA Not Received	Amd 23	93.439	333.93.43	09/30/21	12/31/21	09/30/21	09/29/22	\$60,000	\$60,000	\$245,000
FFY20 Phys Actvty & Nutrition Prog	NGA Not Received	Amd 22	93.439	333.93.43	09/30/20	09/29/21	09/30/20	09/29/21	\$5,000	\$65,000	
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		
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		
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
FFY22 MCHBG LHJ Contracts	NGA Not Received	Amd 23	93.994	333.93.99	10/01/21	12/31/21	10/01/21	09/30/22	\$39,964	\$39,964	\$639,417
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	
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		

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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 22	N/A	334.04.91	07/01/21	12/31/21	07/01/21	12/31/21	\$20,000	\$20,000	\$154,478
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	
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	
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		

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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	
SFY22 Marijuana Education		Amd 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	\$247,509	\$247,509	\$754,243
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	
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 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	\$7,500	\$7,500	\$52,500
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	
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	
Small Onsite Management (ALEA)		Amd 23	N/A	334.04.93	07/01/21	12/31/21	07/01/21	06/30/23	\$22,500	\$22,500	\$112,500
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	
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 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	\$38,402	\$38,402	\$197,895
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	

**EXHIBIT B-23
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)
Indirect Rate as of January 2021: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% 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			
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		
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 22	N/A	334.04.98	07/01/21	12/31/21	04/01/21	03/31/22	\$232,292	\$232,292	\$1,501,779
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	
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	
FFY21 RW Local Proviso		Amd 22	N/A	334.04.98	07/01/21	12/31/21	07/01/21	12/31/21	\$41,748	\$41,748	\$83,497
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	

**EXHIBIT B-23
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)
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 Indirect Rate as of January 2021: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% 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			
FPHS-LHJ-Proviso (YR1)		Amd 23	N/A	336.04.25	07/01/21	12/31/21	07/01/21	06/30/23	\$212,134	\$212,134	\$783,747
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	
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 23	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	(\$1,000)	\$17,750	\$17,750
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 22	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	(\$3,000)		
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		
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 23	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	(\$3,000)	\$17,250	\$17,250
YR 23 SRF - Local Asst (15%) (FO-SW) SS		Amd 22	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	\$6,000		
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	12/31/21	\$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		
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 22	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	(\$4,249)	\$0	\$0
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		
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		

**EXHIBIT B-23
ALLOCATIONS
Contract Term: 2018-2021**

**Contract Number: CLH18248
Date: July 15, 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)
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 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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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 23 SRF - Local Asst (15%) (FO-SW) TA		Amd 22	N/A	346.26.66	01/01/21	12/31/21	09/01/20	12/31/21	\$4,249	\$6,249	\$6,249
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	12/31/21	\$2,000		
TOTAL									\$21,309,015	\$21,309,015	
Total consideration:	\$20,730,076									GRAND TOTAL	\$21,309,015
	\$578,939										
GRAND TOTAL	\$21,309,015									Total Fed	\$16,048,017
										Total State	\$5,260,998

*Catalog of Federal Domestic Assistance

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

Exhibit C-22 Schedule of Federal Awards

AMENDMENT #23

Date: July 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
FFY21 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	NGA Not Received	NGA Not Received	07/01/21	12/31/21	\$26,690	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	NGA Not Received	NGA Not Received
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	12/31/21	\$5,402,000	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received

Exhibit C-22 Schedule of Federal Awards

AMENDMENT #23

Date: July 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						
BITV-COVID ED LHJ ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	07/01/20	12/31/21	\$1,461,780	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
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
FFY20 SWIMMING BEACH ACT GRANT IAR (ECY)	33.66.47	09/26/19	\$237,000	03/01/21	10/31/21	\$25,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	CU-01J49701-1	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
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
FFY21 PHEP BP2 LHJ FUNDING	333.93.06	05/27/21	\$11,574,298	07/01/21	12/31/21	\$177,207	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
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
FFY21 OVERDOSE DATA TO ACTION PREV	333.93.13	NGA Not Received	NGA Not Received	09/01/21	12/31/21	\$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	NGA Not Received	NGA Not Received
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
FFY22 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/21	12/31/21	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received

Exhibit C-22 Schedule of Federal Awards

AMENDMENT #23

Date: July 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						
FFY22 PPHF OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/21	12/31/21	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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	\$42,016	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
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
COVID19 VACCINES	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/21	\$1,027,214	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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

Exhibit C-22 Schedule of Federal Awards

AMENDMENT #23

Date: July 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						
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	01/14/21	\$438,300,928	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	NU50CK000515	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING AND STRENGTHENING EPIDEMIOLOGY,
FFY19 ELC COVID ED LHJ ALLOCATION	333.93.32	01/01/21	\$177,231,546	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	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY,
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
FFY21 TOBACCO-VAPE PREV COMP 1	333.93.38	NGA Not Received	NGA Not Received	04/29/21	12/31/21	\$24,482	93.387	National and State Tobacco Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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
FFY21 PHYS ACTVTY & NUTRITION PROG	333.93.43	NGA Not Received	NGA Not Received	09/30/21	12/31/21	\$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
FFY20 PHYS ACTVTY & NUTRITION PROG	333.93.43	NGA Not Received	NGA Not Received	09/30/20	09/29/21	\$65,000	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
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

Exhibit C-22 Schedule of Federal Awards

AMENDMENT #23

Date: July 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						
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
FFY22 MCHBG LHJ CONTRACTS	333.93.99	NGA Not Received	NGA Not Received	10/01/21	12/31/21	\$39,964	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	NGA Not Received	NGA Not Received
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
TOTAL						\$16,048,017					