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KITSAP PUBLIC HEALTH DISTRICT  
2018 – 2020 CONSOLIDATED CONTRACT

KITSAP PUBLIC  
HEALTH DISTRICT  
AMENDMENT NUMBER: 91

CONTRACT NUMBER: CLH18248

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

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

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

- Adds Statements of Work for the following programs:
  - Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2019
  - Marijuana Prevention & Education Program - Effective July 1, 2019
  - Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2019
  - OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2019
  - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2019
  - OSS LMP Implementation - Effective July 1, 2019
  - Recreational Shellfish Activities - Effective July 1, 2019
  - Tobacco & Vapor Product Prevention & Control Program - Effective March 29, 2019
- Amends Statements of Work for the following programs:
  - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018
  - Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018
- Deletes Statements of Work for the following programs:

2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:

- Increase of \$1,320,224 for a revised maximum consideration of \$4,717,352.
- 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-9 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-8.

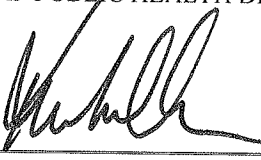
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

  
\_\_\_\_\_  
8/2/2019  
Date

  
\_\_\_\_\_  
8/8/19  
Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

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

DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)

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

Statement of Work Purpose: The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY19 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261859C	07/01/19 03/31/20	0	348,437	348,437
FFY20 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261850C	04/01/20 06/30/20	0	116,146	116,146
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	07/01/19 06/30/20	0	40,000	40,000
ADAP REBATE (LOCAL) 19-21	N/A	334.04.98	12618590	07/01/19 06/30/20	0	91,728	91,728
FFY19 RW LOCAL PROVISO	N/A	334.04.98	12618595	07/01/19 06/30/20	0	41,749	41,749
<b>TOTALS</b>					<b>0</b>	<b>638,060</b>	<b>638,060</b>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Drug User Health</b>				
Syringe Service Program (SSP)	<b>Syringe Service Program (SSP):</b> To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will operate during scheduled hours to provide new harm reduction supplies and syringes to prevent transmission of	Identify and submit annual projections for each of the SSP deliverables.  Enter deliverable data into database for tracking SSP activities by the 15th of each month following service.	Monthly by the 15th of the following month.	<b>\$40,000 – MI 12405100 - State Drug User Health</b>  \$40,000 for 07/01/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>HIV Community Services - Care</b>				
EIS- PLWH	Provision of 1) Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected; 2) Referral services to improve HIV care and treatment services; 3) Access and linkage to HIV care and treatment services; and 4) Outreach services and health education/risk reduction (HE/RR) related to HIV diagnosis.	Agency must enter data into the approved DOH data system for each consumer receiving Early Intervention Services within 48 business hours from the time of Client Intake.  Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in your Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements  Meeting/Event Summary Forms should be submitted with A19s.	<b>\$41,749 – MI 12618595 – Local Proviso</b>  \$41,749 for 07/01/19-06/30/20
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.  Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client  Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.  Deliverables for this reporting period have been identified and	Agency must adhere to DOH ID Reporting Requirements	<b>\$327,420 – MI 1261859C – Local Rebates</b>  \$327,420 for 07/01/19-03/31/20  <b>\$109,141 – MI 1261850C – Local Rebates</b>  \$109,141 for 04/01/20-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Medical Transportation	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; 4) voucher or token systems.	can be referenced in LHJ's Quarterly Report Grid. Agency must track and report within the DOH-approved data system any and all activity related to this Service Category.  Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	<b>\$3,375 – MI 1261859C – Local Rebates</b>  \$3,375 for 07/01/19-03/31/20  <b>\$1,125 – MI 1261850C – Local Rebates</b>  \$1,125 for 04/01/20-06/30/20
Food Bank	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category.  Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	<b>\$11,229 – MI 1261859C – Local Rebates</b>  \$11,229 for 07/01/19-03/31/20  <b>\$3,743 – MI 1261850C – Local Rebates</b>  \$3,743 for 04/01/20-06/30/20
Housing	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.	Agency must track and report within the DOH approved data system any and all activity related to this Service Category.  Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	<b>\$6,413 – MI 1261859C – Local Rebates</b>  \$6,413 for 07/01/19-03/31/20  <b>\$2,137 – MI 1261850C – Local Rebates</b>  \$2,137 for 04/01/20-06/30/20
Space and Staff	LJH will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center;	LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by	Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2020.	<b>\$91,728 – MI 12618590 – Rebates</b>  \$91,728 for 07/01/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Registered Nurse to assist physician and administrative support staff to assist with project	Harborview Medical Center and the LHHJ.		

**\*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**

**1. Definitions**

CONTRACTOR – Entity receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

**2. Client Eligibility and Certification** - Reference pages 15-17 in the HIV Community Services (HCS) Manual.

**3. Title XIX HIV Medical Case Management** – Reference pages 42-43 in the HCS Manual.

**4. Quality Management/Improvement Activities** – Reference pages 132-135 in the HCS Manual.

**5. HIV Statewide Data System** – Reference pages 136-144 in the HCS Manual.

**6. HIV and STD Testing Services**

- a. HIV testing services must follow DOH and Centers for Disease Control and Prevention (CDC) guidance for HIV testing.
- b. Persons found to be sero-positive must be provided with partner services (PS) that follow current CDC guidelines for HIV PS and DOH HIV Partner Services Standards. Contractors must refer newly identified HIV infected persons to the local health jurisdiction for PS.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.
- e. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV testing must obtain all necessary and required Washington State certification.
- f. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.

- g. Contractor must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
  - h. Contractor will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.
7. **Reporting Requirements** – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.
  8. **Training requirements** – Reference pages 29-30 in the HCS Manual.
  9. **Participation in Washington State’s HIV Planning Process** – Reference page 10-11 in the HCS Manual.
  10. **Participation in End AIDS Washington Initiative**  
The End AIDS Washington Initiative is a collaboration of community-based organizations (CBOs), government agencies and education and research institutions working together to reduce the rate of new HIV infections in Washington by 50% by 2020. The End AIDS Washington initiative and the forthcoming implementation plan are not owned by any one government agency or CBO. End AIDS Washington is a community-owned effort and will only be successful if all stakeholders—communities, government, the health care system, and people most affected by HIV—are fully engaged in its implementation efforts and empowered to make decisions and set priorities.
  11. **Participation in End AIDS Washington Statewide Media Campaign**  
The End AIDS Washington Statewide Media Campaign effort aims to promote the priorities laid out in the EAW Initiative around the state through various ways. Funded agencies will ensure the participation of at least one staff member funded through PAHR Services in End AIDS Washington Campaign related activities including, but not limited to, the End AIDS Washington Champions program. Funded agencies will, whenever possible, utilize End AIDS Washington messaging and branding on educational and outreach materials.
  12. **Contract Management** – Reference pages 32-48 in the HCS Manual.
    - a. **Fiscal Guidance**
      - i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, 2020. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
      - ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
      - iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25<sup>th</sup> of the following month.**
      - iv) **Advance Payments Prohibited** – Reference page 32 in the HCS Manual.
      - v) **Payer of Last Resort** – Reference page 44 in the HCS Manual.
      - vi) **Cost of Services** – Reference page 32 in the HCS Manual.
      - vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
      - viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g, transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.

- ix) **Funds for Needle Exchange Programs Not Allowed using Federal or Rebate dollars** – CONTRACTOR shall not expend contract funds to support needle exchange programs.
  - x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.
- It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

**b. Contract Modifications**

- i) **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

**c. Subcontracting**

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

**d. Written Agreements**

- i) The CONTRACTOR should execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with funded Medical HIV Case Management services and activities:
  - (1) Partner Counseling and Re-Linkage Services (PCRS)
  - (2) HIV Testing Services
  - (3) Medical Providers providing services to agency's medical case management clients
  - (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR Technical assistance is available through DOH.

**13. Material Review and Website Disclaimer Notice**

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

- a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:
  - Michael Barnes, Washington State Department of Health  
 PO Box 47840, Olympia, WA 98504-7841  
 Phone: (360) 810-1880/Fax: (360) 664-2216  
 Email: [Michael.Barnes@doh.wa.gov](mailto:Michael.Barnes@doh.wa.gov)
- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub-contractors). Such notice must consist of language similar to the following: "This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website."



**14. Youth and Peer Outreach Workers**

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

**15. Confidentiality Requirements** – Reference pages 18-19 in the HCS Manual.

**16. Whistleblower**

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

**17. Allowable Costs**

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

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

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

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

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

**DOH Program Contact, PLWH**

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**DOH Program Contact, SSP**

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**DOH Fiscal Contact**

Abby Gilliland  
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PO Box 47840, Olympia, WA 98504-7841  
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Exhibit A  
Statement of Work  
Contract Term: 2018-2020

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)


Period of Performance: July 1, 2019 through December 31, 2020

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 the activities of a regional Youth Marijuana Prevention and Education Program (YMPEP).

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
SFY20 MARIJUANA TOBACCO EDU	N/A	334.04.93	TBD	07/01/19 06/30/20	0	247,509	247,509
SFY21 MARIJUANA TOBACCO EDU	N/A	334.04.93	TBD	07/01/20 12/31/20	0	247,509	247,509
<b>TOTALS</b>					<b>0</b>	<b>495,018</b>	<b>495,018</b>

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

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

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

AMENDMENT #9

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

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

**\*For Information Only:**

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

**Program Specific Requirements/Narrative**

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

1. Fulfill program administration roles and responsibilities:

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

**2. Meet evaluation requirements:**

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

**3. Written Policies and Procedures/Documents**

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

**B. DOH will support LHJ by providing:**

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

**C. Program Administration**

- 1. The LHJ shall perform the requirements and activities defined in this agreement and the YMPEP Regional Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each Monthly Report, and Monthly Expenditure Report and Request for Reimbursement Form (A19).
- 2. The YMPEP Regional Contractor/LHJ shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with YMPEP funds.
- 3. Failure of the YMPEP Regional Contractor/LHJ to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this statement of work.
- 4. DOH reserves the right to determine the amount of any reduction, based on YMPEP Regional Contractor's/LHJ's performance, and to amend the contract to effect any reduction. Any reduction shall be based on a review of the YMPEP Regional Contractor's/LHJ's expenditure patterns and actual performance.
- 5. The LHJ will make a reasonable and ongoing effort, throughout the period of performance, to secure and/or leverage resources from private and public entities to supplement the administrative, operational, and implementation costs under this program. Documentation of any collaborative efforts and securing of resources that benefit this project shall be kept current and on file in the office of the YMPEP Regional Contractor/LHJ and shall be available for review upon request by DOH staff.
- 6. The LHJ's annual work plan and budget must be approved by the DOH MPEP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, including personnel changes, must also be approved by the DOH contract manager prior to implementation.

**D. Subcontractor Performance Expectations**

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor/LHJ is required to include language in these contracts that reflects the following:
  - a) Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by the DOH or the Regional Contractor/LHJ. Due dates may be set by the LHJ to ensure they can meet the deadlines in Section E below.
2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor/LHJ is required to include language in these contracts that reflects the following:
  - a) Provide verification that background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

**E. Required Plans and Reports**

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

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

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

**F. Payment**

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.
2. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the LHJ all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY 20 (July 1, 2019 to June 30, 2020) and SFY 21 (July 1, 2020- June 30, 2021).
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Activity Report, Monthly Expenditure Report and Request for Reimbursement form (A19) according to Section E of this contract. If the Monthly Activity Report, Expenditure Report and/or Request for Reimbursement form are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted annually by the 10<sup>th</sup> of July to allow DOH to appropriately accrue funds to make final payments.



7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

**G. Evaluation of YMPEP Regional Contractor's/LHJ's Performance**

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

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

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

**I. Special References**

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

**DOH - Primary Point of Contact:**

David Harrelson, YMPEP Contract Manager  
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Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

SOW Type: Original Revision # (for this SOW)

Contract Number: CLH18248

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

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

Statement of Work Purpose: The purpose of this statement of work is to define required Perinatal Hepatitis B activities, deliverables, and funding  
Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY20 PPHF Ops	93.268	333.93.26	74310296	07/01/19 06/30/20	0	2,500	2,500
<b>TOTALS</b>					<b>0</b>	<b>2,500</b>	<b>2,500</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <ul style="list-style-type: none"> <li>• Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status.</li> <li>• Reporting of HBsAg-positive women and their infants.</li> <li>• Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.</li> </ul>		Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, 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
	<p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</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**

- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

**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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**DOH Contract Manager**

Tawney Harper, MPA  
 Deputy Director | Operations Manager  
 Office of Immunization and Child Profile  
 Department of Health  
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[tawney.harper@doh.wa.gov](mailto:tawney.harper@doh.wa.gov), 360-236-3525

Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)

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

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) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY20 VFC Ops	93.268	333.93.26	74310292	07/01/19 06/30/20	0	16,134	16,134
<b>TOTALS</b>					<b>0</b>	<b>16,134</b>	<b>16,134</b>

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 a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <u>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates announcement</u> .		Written proposal and a report that shows starting immunization rates for the target population	August 1, 2019	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
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, 2019 March 31, 2020	See Restrictions on Funds below.
3	Perform data collection necessary to enable a comparison of immunization rates from the start of the project.		Final written report, including a report showing ending immunization rates for the target population (template will be provided)	June 15, 2020	

**\*For Information Only:**

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

**Program Specific Requirements/Narrative**

Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

**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](http://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 and Child Profile.

**DOH Program Contacts**

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**DOH Program Contact**

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Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)

<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> 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, 2019 through June 30, 2020

Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2019 through June 30, 2020.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY20 VFC IQIP	93.268	333.93.26	74310294	07/01/19 06/30/20	0	27,588	27,588
<b>TOTALS</b>					<b>0</b>	<b>27,588</b>	<b>27,588</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.		Provider Enrollment Agreement with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted)  New Enrollment Training Guide (CVP SharePoint Site)  Information Sharing Agreement - DOH 348-576  Vaccine Loss Policy with original signature – DOH 348-298	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, 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
2	<p>Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be performed in accordance with CDC and CVP guidelines.</p>		<p>Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or disenroll from the Childhood Vaccine Program.</p>	<p>Within ten (10) days of provider disenrollment</p>	
3	<p>Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>		<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable document attachments into PEAR.</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	
4	<p>Complete the Compliance Site Visit Management Plan to ensure providers are scheduled for a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at every enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up</p>		<p>a) Copy of Compliance Site Visit Management Plan (template will be provided)</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p>	<p>a) By July 31, 2019</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible.</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.		<p>c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable document attachments in PEAR.</p>	<p>c) Within five (5) business days of the site visit.</p> <p>d) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	
5	<p><u>AFIX (Assessment, Feedback, Incentive, and Exchange)</u>                      Conduct AFIX follow-up actions with all provider sites that received an initial AFIX visit during July 2018 - June 2019 and have not received a follow-up. Follow-up actions can be conducted in-person, by telephone, or by email. All AFIX follow-up must be completed by September 15, 2019.</p>		Enter all AFIX follow-up visit details into the AFIX on-line tool for each follow-up visit conducted.	Within five (5) business days of follow-up visit (no later than September 15, 2019)	
6	<p><u>IQIP (Immunization Quality Improvement for Providers)</u>                      Complete IQIP Project Management Schedule to discuss and present at annual training</p> <p>Beginning October 1, 2019, complete initial IQIP visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2020. All initial visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide.</p> <p>Continue following up with provider sites two (2), six (6), and twelve (12) months after initial IQIP visit. Perform an assessment (which includes running an immunization coverage rate report) at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.</p>		<p>a) Copy of project management plan (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up</p>	<p>a) Within five (5) business days of the IQIP Annual Training</p> <p>b) Within five (5) business days of initial visit</p> <p>c) Within five (5) business days of follow-up visit</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**

- A portable unit or certified pack-out must be used for any vaccine that is transferred or removed from providers who merge with existing health care organizations or who discontinue participating in the Washington State Childhood Vaccine Program.
- All LHJ staff who conduct VFC Compliance Site Visits and IQIP visits must participate in an annual in-person VFC and IQIP training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All LHJ staff who conduct VFC Compliance Site Visits and IQIP visits must participate in scheduled VFC and IQIP training webinars, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new site visit reviewers are required to complete DOH assigned training before conducting site visits independently.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. The observational visit will occur within three (3) months of the annual training.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

**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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Manual, Handbook, Policy References**

Childhood Vaccine Program Operations Guide - A copy will be provided by the Office of Immunization and Child Profile.

Immunization Quality Improvement for Provider's Guide (IQIP) Guide – A copy will be provided by the Office of Immunization and Child Profile and available on the OICP IQIP SharePoint site.

All Childhood Vaccine Program documents created by DOH will be available on the Childhood Vaccine Program and OICP IQIP SharePoint sites.

**Staffing Requirements**

Provide notification via email to [WACHildhoodVaccines@doh.wa.gov](mailto:WACHildhoodVaccines@doh.wa.gov) within fifteen (15) days of any changes to staffing for those who conduct work outlined in this statement of work.

**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 and Child Profile.

**Definitions/Acronyms**

AFIX - Assessment, Feedback, Incentive, and Exchange  
CDC – Centers for Disease Control and Prevention  
CVP – Childhood Vaccine Program  
IQIP - Immunization Quality Improvement for Providers  
OICP – Office of Immunization and Child Profile  
PEAR - Provider Education, Assessment, and Reporting  
VFC – Vaccines for Children Program

**DOH Program Contact**

Tawney Harper, MPA  
Deputy Director | Operations Manager  
Office of Immunization and Child Profile  
Department of Health  
PO Box 47843, Olympia WA 98504-7843  
[tawney.harper@doh.wa.gov](mailto:tawney.harper@doh.wa.gov), 360-236-3525

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2018-2020**

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

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

**Statement of Work Purpose:** The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP)

**Revision Purpose:** N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date    End Date	Current Consideration	Change Increase (+)	Total Consideration
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	07/01/19    06/30/20	0	45,000	45,000
Wastewater Management - GFS	N/A	334.04.93	26701100	07/01/20    12/31/20	0	15,000	15,000
<b>TOTALS</b>					<b>0</b>	<b>60,000</b>	<b>60,000</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Local Management Plan Implementation</b> <ul style="list-style-type: none"> <li>Enforcement for system deficiencies found during Maintenance and Monitoring (M&amp;M) inspections</li> <li>M&amp;M program administration</li> <li>Onsite Sewage System (OSS) complaint response</li> <li>M&amp;M data reports about deficiencies</li> </ul>		Electronic copy of progress report and mapping data to include: <ul style="list-style-type: none"> <li>Number of systems with known system type.</li> <li>Number of septic systems with current inspections.</li> <li>Number of septic failures.</li> </ul>	Report Due Date: January 15, 2020 June 15, 2020 December 31, 2020  Task is ongoing throughout the project period.	\$60,000

**\*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**

Exhibit A, Statements of Work  
 Revised as of May 15, 2019

**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 70.118A

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.

**Special Instructions**

Semiannual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to [heidi.kuykendall@doh.wa.gov](mailto:heidi.kuykendall@doh.wa.gov) and [randal.freeby@doh.wa.gov](mailto:randal.freeby@doh.wa.gov). Progress Report Due Dates: January 15, 2020, June 15, 2020, and December 31, 2020.

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

**DOH Program Contact:** Heidi Kuykendall, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360-236-3396; [heidi.kuykendall@doh.wa.gov](mailto:heidi.kuykendall@doh.wa.gov)

**DOH Fiscal Contact:** Kristy Warner, Environmental Public Health, PO Box 47820, Olympia WA 98504-7820, 360-236-3742, [kristy.warner@doh.wa.gov](mailto:kristy.warner@doh.wa.gov)

Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Recreational Shellfish Activities - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)

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

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 provide funds for shellfish harvesting safety.

Revision Purpose: N/A

Chart of Accounts Program Name or Title		CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Rec. Shellfish/Biotoxin		N/A	334.04.93	26402600	07/01/19 06/30/20	0	15,000	15,000
<b>TOTALS</b>						<b>0</b>	<b>15,000</b>	<b>15,000</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Biotoxin Monitoring</b> <ul style="list-style-type: none"> <li>Collect samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected.</li> <li>Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed.</li> <li>This may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.</li> </ul>		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: February 17, 2020  (See Special Instructions below.)	\$14,300
2	<b>Outreach</b> <ul style="list-style-type: none"> <li>Staff educational booths at local events.</li> <li>Distribute safe shellfish harvesting information.</li> </ul>		Submit report including the number of events staffed, and amount of educational materials distributed.	Email Report to DOH by: February 17, 2020  (See Special Instructions below.)	\$500

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<b>Other</b> Maintain a 24-hour toll free recreational shellfish hotline		Report the number of phone calls received.	Email Report to DOH by: February 17, 2020  (See Special Instructions below.)	\$200

**\*For Information Only:**

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

**Program Specific Requirements/Narrative**

**Program Manual, Handbook, Policy References**  
Department of Health's Biototoxin Monitoring Plan

**Special References (RCWs, WACs, etc)**

Chapter 246-280 WAC

<http://www.doh.wa.gov/CommunityandEnvironment/Shellfish/RecreationalShellfish>

<http://www.doh.wa.gov/AboutUs/ProgramsandServices/EnvironmentalPublicHealth/EnvironmentalHealthandSafety/ShellfishProgram/Biototoxins>

**Special Instructions**

Report for work done the previous year must be submitted via email to Liz Maier by February 17, 2020.

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

**DOH Program Contact:** Liz Maier, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360.236.3308; [liz.maier@doh.wa.gov](mailto:liz.maier@doh.wa.gov)

**DOH Fiscal Contact:** Heidi Kuykendall, Office of Environmental Health and Safety, PO Box 47824, Olympia, WA 98504-7824; 360.236.3396; [heidi.kuykendall@doh.wa.gov](mailto:heidi.kuykendall@doh.wa.gov)

Exhibit A  
Statement of Work  
Contract Term: 2018-2020

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: October 1, 2018 through September 30, 2020

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

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

**Revision Purpose:** The purpose of this revision is to add funds in the FFY19 CSS IAR SNAP Ed Program Management category and update contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 CSS IAR SNAP ED PROG MGNT CF	10.561	330.10.56	76211993	10/01/18 09/30/19	13,833	0	13,833
FFY19 CSS IAR SNAP ED PROG MGNT	10.561	330.10.56	76211991	10/01/18 09/30/19	69,167	708	69,875
<b>TOTALS</b>					<b>83,000</b>	<b>708</b>	<b>83,708</b>

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in their approved: <ul style="list-style-type: none"> <li>FFY19 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email.</li> </ul>		<ul style="list-style-type: none"> <li>Project qualified target audiences reached</li> <li>Project activities completed (# direct education, PSE, Etc.) noted in project plans and workbooks.</li> <li>Required demographic data collected.</li> <li>Evaluation activities completed per the implementing agency and state evaluation team (pre</li> </ul>	For the Period: 10/01/18 to 09/30/19  <b>Due:</b> per the approved work plan and no later than 09/30/19	For the Period: 10/01/19 to 09/30/20  <b>Due:</b> per the approved work plan and no later than 09/30/20	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed <del>\$\$3,400</del> \$83,708.  <b>Kitsap Public Health District</b> will be paid the allowable costs incurred based on their approved budget and program availability.

AMENDMENT #9

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>FFY 20 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email.</li> </ul>		<p>and post surveys, PSE tracking, success stories etc.).</p>			<p>See special billing requirements section.</p> <p><b>**NOTE:</b> The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.</p>
2.0	<p><b>Quarterly Progress Reports</b> The following data is collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> <li>Project major achievements.</li> <li>Project major challenges.</li> <li>If projects are running on time with original timeline? If not why, and how will you correct the timeline?</li> <li>Any PSE progress.</li> <li>Any success stories to date.</li> </ol>		<p>Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system.</p>	<p>FFY19 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> <li>1<sup>st</sup> quarter report for the work completed during 10/01/18 to 12/31/18. <b>Final Due:</b> COB 01/10/19</li> <li>2nd quarter report for the work completed during 01/01/19 to 03/31/19. <b>Final Due:</b> COB 04/11/19</li> <li>3rd quarter report for the work completed during 04/01/19 to 06/30/19. <b>Final Due:</b> COB 07/11/19</li> <li>Final report for all work not already reported. <b>Final Due:</b> COB 09/21/19</li> </ul>	<p>FFY20 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> <li>1<sup>st</sup> quarter report for the work completed during 10/01/19 to 12/31/19. <b>Final Due:</b> COB 01/10/20</li> <li>2nd quarter report for the work completed during 01/01/20 to 03/31/20. <b>Final Due:</b> COB 04/11/20</li> <li>3rd quarter report for the work completed during 04/01/20 to 06/30/20. <b>Final Due:</b> COB 07/11/20</li> <li>Final report for all work not already reported. <b>Final Due:</b> COB 09/21/20</li> </ul>	<p>See payment information as referenced in task number 1.0</p>



Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
2.1	<p><b>Education and Administrative Reporting System (EARS) Data and Reports</b></p> <p>EARS data is required for each project and in order to count clients toward unduplicated direct reach. Required entry for the PEARS database includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Unduplicated number of clients served per project.</li> <li>• # unduplicated clients served per project based on the following:                             <ul style="list-style-type: none"> <li>○ Race/ethnicity</li> <li>○ Gender</li> <li>○ Age</li> </ul> </li> <li>• % SNAP eligible per site</li> <li>• Setting type – school, church etc.</li> <li>• Top key messages delivered per project.</li> <li>• # partners</li> <li>• Partnership sectors</li> </ul> <p>This information is collected through the following modules in PEARS: Program Activity (direct education), Indirect Activity (indirect intervention channels), PSE, and Partnerships.</p>		<p>Submit EARS data for all project(s).</p> <p>LHJs are required to collect and submit EARS data electronically or within a template provided by DOH.</p> <p>Direct education and completed activities should be reported in real time. <b>Real time</b> = As you provide services and no later than one week after data is collected.</p> <p>PSE and partnerships (new or updates) may be reported quarterly.</p>	<p>FFY19 data should be collected in real time and submitted to the state office by the following dates:</p> <ul style="list-style-type: none"> <li>• EARS data collected 10/01/18 to 09/13/19. <b>Due:</b> In real time and no later than one (1) week after services are provided.</li> </ul>	<p>FFY20 data should be collected in real time and submitted to the state office by the following dates:</p> <ul style="list-style-type: none"> <li>• EARS data collected 10/01/19 to 09/13/20. <b>Due:</b> In real time and no later than one (1) week after services are provided.</li> </ul>	<p>See payment information as referenced in task number 1.0</p>
2.2	<p><b>Evaluation Data and Reports</b></p> <p>The following evaluation activities and information is required for all projects based on your approved project/plan</p> <ul style="list-style-type: none"> <li>• Formative</li> <li>• Process</li> </ul>		<ol style="list-style-type: none"> <li>1. Collect and report any formative and process data completed based on approved project plan.</li> <li>2. Submit PSE progress and outcomes based on approved project plan.</li> </ol>	<p>1-4. <b>Due:</b> At minimum quarterly.</p> <ul style="list-style-type: none"> <li>• 1st quarter report due by 01/10/19</li> <li>• 2nd quarter due by 04/11/19</li> </ul>	<p>1-4. <b>Due:</b> At minimum quarterly.</p> <ul style="list-style-type: none"> <li>• 1st quarter report due by 01/10/20</li> <li>• 2nd quarter due by 04/11/20</li> </ul>	<p>See payment information as referenced in task number 1.0</p>

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>PSE</li> <li>Outcome</li> <li>Qualitative</li> </ul> <p>Please Note: the deliverables may change based on state evaluation team requirements.</p>		<ol style="list-style-type: none"> <li>Capture and submit qualitative (success stories, pictures, etc.) information in PEARS per your approved work plan.</li> <li>Submit a required release for all photos submitted.</li> <li>Conduct and submit/mail pretest surveys for each project class series.</li> <li>Conduct and submit/mail posttest surveys for each project class series.</li> </ol>	<ul style="list-style-type: none"> <li>3rd quarter due by 07/11/19</li> <li>Final report for all other work due 09/21/19</li> </ul>	<ul style="list-style-type: none"> <li>3rd quarter due by 07/11/20</li> <li>Final report for all other work due 09/21/20</li> </ul>	
3.0	<p><b>Civil Rights</b> All staff must be trained each fiscal year in civil rights.</p> <p>*See special requirements section- civil rights</p>		<p>Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include:</p> <ul style="list-style-type: none"> <li>Training and source</li> <li>Who attended</li> <li>Date completed</li> </ul>	<p>5-6. <b>Due:</b> Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted no later than November 30 and so on...).</p>	<p>5-6. <b>Due:</b> Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted no later than November 30 and so on...).</p>	<p>See payment information as referenced in task number 1.0</p>
3.1	<p><b>Other Agency Training</b> The following trainings are required for all agencies:</p> <ul style="list-style-type: none"> <li><b>Fiscal</b> – fiscal lead, coordinator, and any staff who will purchase items for the SNAP-Ed program.</li> <li><b>Data collection and reporting</b> – coordinator and program staff who are reporting data.</li> </ul>		<p>Fiscal and Data reporting training completed.</p>	<p><b>Due:</b> New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years.</p> <p>If the data collection system changes in FFY19 every staff member entering data into the electronic system will be required to take training</p>	<p><b>Due:</b> New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years.</p> <p>If the data collection system changes in FFY20 every staff member entering data into the electronic system will be required to take training</p>	<p>See payment information as referenced in task number 1.0</p>

AMENDMENT #9

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
4.0	<p><b>SNAP-Ed Inventory List</b> Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly.</p> <p>*See special requirements section-monitoring.</p>		SNAP-Ed inventory list	<p>on new expectations or system changes. <b>Due:</b> Yearly, at the time of a fiscal monitoring and/or site visit. It can also be requested when deemed necessary.</p>	<p>on any new expectations or system changes. <b>Due:</b> Yearly, at the time of a fiscal monitoring and/or site visit. It can also be requested when deemed necessary.</p>	See payment information as referenced in task number 1.0
5.0	<p><b>SNAP-Ed A19 Invoices</b> Use the A19-1A specific to the DOH SNAP-Ed program. This document will be sent to all LHJs prior to October 16<sup>th</sup> based on the current fiscal year.</p>		<p>Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program before approval of payment.</p> <p>Documentation of all costs incurred shall be accompanied by an agency financial system report. If your agency does not have a financial reporting system you must check with the SNAP-Ed program for further guidance.</p>	<p><b>Due:</b> Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...).</p> <p><b>Final invoice is due</b> October 30, 2019</p> <p><b>Or</b></p> <p><b>* If pre-approved in writing</b> by contract manager, LHJ can submit invoices every two (2) months. Invoices must be received by DOH no later than dates listed below:</p> <ul style="list-style-type: none"> <li>o Oct and Nov due: 12/29/18</li> <li>o Dec and Jan due: 02/28/19</li> <li>o Feb and Mar due: 04/30/19</li> </ul>	<p><b>Due:</b> Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...)</p> <p><b>Final invoice is due</b> October 30, 2020</p> <p><b>Or</b></p> <p><b>* If pre-approved in writing</b> by contract manager, LHJ can submit invoices every two (2) months. Invoices must be received by DOH no later than dates listed below:</p> <ul style="list-style-type: none"> <li>o Oct and Nov due: 12/29/19</li> <li>o Dec and Jan due: 02/28/20</li> <li>o Feb and Mar due: 04/30/20</li> </ul>	See payment information as referenced in task number 1.0

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
				<input type="radio"/> Apr and May due: 06/29/19 <input type="radio"/> Jun and Jul due: 08/31/19 <input type="radio"/> Aug and Sept due: 10/30/19	<input type="radio"/> Apr and May due: 06/29/20 <input type="radio"/> Jun and Jul due: 08/31/20 <input type="radio"/> Aug and Sept due: 10/30/20	

**\*For Information Only:**

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

**Special Requirements**

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

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

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

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

**\*Program Specific Requirements/Narrative**

**Staff Requirements**

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

**SNAP-Ed Assurances:** The following assurances must be followed (see program Guidance <https://snaped.fns.usda.gov/national-snap-ed/snap-ed-plan-guidance-and-templates>)

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

- All materials developed with SNAP- Ed funds include the appropriate USDA non-discrimination statement and credit SNAP as a funding source in standard font that is easily readable.

**Audits**

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

**Monitoring Expectations**

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

**Curriculum Requirements**

Agencies are expected to communicate with, respond to, and comply with all state curriculum team requests, sites visits, approved curriculum list, training and curriculum fidelity findings.

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

**Indirect Rate/Allocation Plan**

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

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

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

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

**Travel**

The LHJ is expected to comply with the Office of Financial Management’s Travel Management Requirement and Restrictions as found in policy 10.10. <http://www.ofm.wa.gov/policy/10.htm>

**Amendments**

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

**Overtime**

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

**Special Funding Requirements**

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

**Special Billing Requirements**

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

BUDGET	
Source	Amount
USDA	\$83,708

**DOH Program Contact**

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 Department of Health  
 PO Box 47886, Olympia, WA 98504-7886  
~~Megan.Hartman@doh.wa.gov~~ *Christine.Ciancetta@doh.wa.gov* / 360-236-3704 3788

**DOH Fiscal Contact**

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

Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision Revision # (for this SOW) 7

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

Period of Performance: January 1, 2018 through September 30, 2019

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

Revision Purpose: The purpose of this revision is to remove \$6,120 in funds from the CDC 1509 Tobacco Prevention Account added in statement of work (SOW) revision #6, and add these funds into a new SOW with an effective date of 03/29/19.

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			
Youth Tobacco Vapor Products	N/A	334-04-93	77410880	01/01/18	06/30/19	82,688	0	82,688
FFY17 PHBG Tobacco PPHF	93.758	333-93-75	77410272	01/01/18	09/29/18	29,034	0	29,034
FFY18 Tobacco Prevention	93.305	333-93-30	77410270	03/29/18	03/28/19	11,012	0	11,012
SFY19 Marijuama Tobacco Edu	N/A	334-04-93	77420890	07/01/18	06/30/19	7,501	0	7,501
FFY18 PHBG Tobacco PPHF	93.758	333-93-75	77410282	10/01/18	09/30/19	40,000	0	40,000
FFY19 Tobacco Prevention	93.305	333-93-30	77410280	03/29/19	06/30/19	6,120	-6,120	0
<b>TOTALS</b>						<b>176,355</b>	<b>-6,120</b>	<b>170,235</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions</b> 1. Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. 2. Conduct outreach and provide technical assistance to local agencies and organizations that are interested in adopting voluntary smoke-free and vape-free campus and/or organizational policies.		Monthly reports must be submitted to DOH on the 15 <sup>th</sup> of every month.	September 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

AMENDMENT #9

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p><b>Reduce Tobacco-Related Disparities</b> In collaboration with priority population partners, educate stakeholders, community leaders, and decision-makers about tobacco-related disparities, evidence-based and promising interventions needed to address health equity, and local level policies and programs that can be designed to eliminate disparities.</p> <p><b>Promote and Support Tobacco Cessation</b></p> <ol style="list-style-type: none"> <li>Share information about cessation resources, including the WA State Quitline and smartphone application as alternative or complementary interventions, with payers and providers.</li> <li>In collaboration with the DOH Tobacco and Vapor Product Prevention and Control Program (TVPPCP), implement outreach and educational activities to increase the number of clinics and hospitals with tobacco dependence treatment embedded in the workflow/EHR, as well as the number of providers billing for cessation services and referring patients to the WA State Quitline and smartphone application.</li> <li>In collaboration with TVPPCP, incorporate 2018-2019 Centers for Disease Control and Prevention (CDC) TIPS campaign materials into agency social media content, and report communications and media efforts in a template provided by the TVPPCP as part of the monthly reporting requirement.</li> </ol>		<p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p> <p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p>	<p>June 30, 2019</p> <p>March 30, 2019</p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>
4	<p><b>Prevent Initiation Among Youth and Young Adults</b> Educate and inform decision-makers; and stakeholders about evidence-based policies, systems and environmental changes to prevent the initiation of tobacco and vapor product use among youth and young adults.</p> <p><b>Decision-Maker Outreach and Education</b> Educate decision-makers and stakeholders on the evidence for a comprehensive tobacco and vapor product prevention program and best practices.</p> <p><b>Health Communications</b> Plan and implement one or more of the following interventions to prevent youth initiation and support cessation, as resources permit:</p> <ol style="list-style-type: none"> <li>Paid television, radio, out-of-home (e.g., billboards, transit), print, and digital advertising at the state and local levels.</li> </ol>		<p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p> <p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p> <p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p>	<p>June 30, 2019</p> <p>June 30, 2019</p> <p>June 30, 2019</p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>
6	<p><b>Health Communications</b> Plan and implement one or more of the following interventions to prevent youth initiation and support cessation, as resources permit:</p> <ol style="list-style-type: none"> <li>Paid television, radio, out-of-home (e.g., billboards, transit), print, and digital advertising at the state and local levels.</li> </ol>		<p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p>	<p>June 30, 2019</p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7	<p>b) Media advocacy through public relations/earned media efforts (e.g., press releases/conferences, social media, and local events), which are often timed to coincide with holidays, heritage months, and health observances.</p> <p>c) Health promotion activities, such as working with health care professionals and other partners and promoting quit lines.</p> <p><b>Administration and Management</b></p> <p>1. <b>Meetings and Conference Calls:</b></p> <p>a) Participate in contract management conference calls/webinars with TVPPCP every other month, beginning in July 2018. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.</p> <p>b) Attend at least one (1) full day in-person meeting with all regional and priority population contractors.</p> <p>2. <b>Reporting:</b> Submit monthly reports of work including a narrative on overall progress using the reporting template located on SharePoint provided by TVPPCP. All documents related to task activities will be attached.</p> <p>3. <b>Budget*:</b> Submit an annual budget to TVPPCP to reflect planned activities, using a template provided by TVPPCP. Update as needed on SharePoint.</p> <p>4. <b>Billing:</b> Submit A19 invoice voucher form monthly. An updated budget workbook is due the 30<sup>th</sup> of the month following the month in which costs are incurred.</p> <p>5. <b>Assessment and Evaluation:</b> Using a template provided by TVPPCP, complete project evaluation activity developed and coordinated by TVPPCP as requested.</p>		<p>Monthly reports must be submitted to DOH on the 15<sup>th</sup> of every month.</p> <p>*Annual budget due by July 30, 2018</p>	September 30, 2019	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19 forms due the 30th of the month following the month in which costs were incurred.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p><b>Planning and Coordination</b>                      Revise and update 2017-2018 implementation plan using a template provided by TVPPCP, involving representatives from all counties within the respective ACH region. The 2018-2019 implementation plan will include the following strategies/activities:</p> <ol style="list-style-type: none"> <li>1. Provide technical assistance (TA) to schools and colleges/universities to implement or strengthen tobacco-free and vape-free campus policies.</li> <li>2. Educate stakeholders and community leaders about the impact of flavors and menthol on tobacco-related disparities and youth initiation.</li> <li>3. Communicate with multi-unit trade organizations, landlords and the public on smoke-free and/or vape-free policies. Plan and implement one or more of the following interventions, as resources permit:                             <ol style="list-style-type: none"> <li>i. Provide technical assistance to multi-unit housing trade organizations and landlords interested in adopting voluntary smoke-free and/or vape-free policies.</li> <li>ii. Respond to and provide referrals to residents of multi-unit housing concerned about the implementation or enforcement of smoke-free and/or vape-free policies.</li> <li>iii. Provide technical assistance to public housing authorities and residents in the implementation and enforcement of required smoke-free policies per Housing and Urban Development (HUD)'s Smoke-Free Public Housing Rule.</li> </ol> </li> </ol>		Monthly reports must be submitted to DOH on the 15 <sup>th</sup> of every month.	September 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

**\*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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Manual, Handbook, Policy References**

Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, Budget Workbook

**Federal Funding Restrictions and Limitations:**

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

**Special References (RCWs, WACs, etc)**

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

**Monitoring Visits**

Monthly telephone calls with DOH contract manager.

**Special Billing Requirements**

DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19-1A invoice voucher form (A19) and required deliverables, to be submitted by the LHJ within 30 days following the month in which costs were incurred. The A19 must be provided to DOH by the 30th of each month in order to receive reimbursement for the previous month. If DOH does not receive the A19 form by the 30th of the month with the required deliverables, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal of both the A19 form and required deliverables.

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19 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.

**Quarterly billing and submission of deliverables may be allowed upon written request from the LHJ and written approval from the DOH Contract Manager.**

General Funds State unexpended in each fiscal year may not be carried forward into the new budget period.

**Special Instructions**

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020

**DOH Program Contact**

Stacia Wasmundt, Contract Manager  
Youth Tobacco and Vapor Product Prevention Consultant  
Office of Healthy Communities  
Tobacco and Vapor Product Prevention and Control Program  
Washington State Department of Health  
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**DOH Fiscal Contact**

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Exhibit A  
Statement of Work  
Contract Term: 2018-2020

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original Revision # (for this SOW)

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

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

Revision Purpose: 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			
Youth Tobacco Vapor Products	N/A	334.04.93	TBD	07/01/19	06/30/20	0	46,854	46,854
FFY19 Tobacco Prevention	93.305	333.93.30	77410280	03/29/19	04/28/20	0	24,482	24,482
<b>TOTALS</b>						<b>0</b>	<b>71,336</b>	<b>71,336</b>

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

AMENDMENT #9

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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<p>practices in three health system entities within region (e.g., hospitals, clinics).</p> <p><b>Eliminate Exposure to Secondhand Smoke and Vape Emissions</b></p> <p><b>Required:</b></p> <p>A. Ensure LHJ websites in respective ACH regions are updated with contact information for smoking in public places and vaping in public places violations, and that there is a set protocol on responding to complaints.</p> <p><b>As resources permit:</b></p> <p>B. Plan and implement activities within LHJ's respective ACH region addressing local smoking and vaping in public places policies.</p> <p>C. Conduct outreach and/or provide technical assistance to local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies.</p>		<p>Monthly Progress Report (due the 15<sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30<sup>th</sup> of the month.)</p>	07/01/19 - 06/30/20	<p>following the month in which costs were incurred.</p> <p>Funding utilized: State (YTVPP)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for TVPPCP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the TVPPCP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p>

**\*For Information Only:**

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

**Special Requirements**

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

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

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

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

**Program Specific Requirements/Narrative**

**Definitions:**

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

**A. Contractor will:**

1. Fulfill program administration roles and responsibilities:
  - Ensure required infrastructure. It is recommended that each regional contractor have 0.4 FTE but will have no less than a .25 FTE (10 hours/week).
  - Participate in required conference calls, trainings, webinars, and in-person meetings for TVPPCP contractors hosted by DOH.
    - Participate in contract management conference calls/webinars with Tobacco and Vapor Product Prevention and Control Program (TVPPCP) every other month, beginning in July 2018. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.
    - Attend at least two (2) in-person statewide planning meetings and one (1) webinar convened by the WA State Department of Health Tobacco and Vapor Product Prevention and Control Program to reduce tobacco-related disparities, prevent youth initiation, promote and support cessation, and eliminate secondhand exposure to smoke and vape emissions. Include partners from respective ACH region as resources permit.
  - Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
  - Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
  - Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each TVPPCP Regional Contractor.
  - Meet all requirements outlined in the TVPPCP Work Plan and Reporting Guidebook provided by TVPPCP.
  - Have completed background checks and on file for any staff or volunteer (funded and/or representing a TVPPCP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

**B. DOH will support Contractor by providing:**

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

**C. Program Administration:**

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



4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual work plan and budget must be approved by TVPPCP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

**D. Subcontract Requirements:**

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:
  - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.
2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:
  - a) Provide verification that background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

**E. Required Plans and Reports**

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

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

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

**F. Payment**

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, revised 2019.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2019 to June 30, 2020.

5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

**G. Program Manual, Handbook, Policy References**

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

**H. Restrictions on Funds:**

**Federal Funding Restrictions and Limitations:**

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

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

**Required Disclosures for Federal Awardee Performance and Integrity Information System**

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

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

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

2920 Brandywine Road Mailstop E-09

Atlanta, Georgia 30341

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

AND

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

ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW Cohen Building, Room 5527  
Washington, DC 20201

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

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

**I. Special References (RCWs, WACs, etc)**

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

**DOH Program Contact**

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**EXHIBIT B-9  
ALLOCATIONS  
Contract Term: 2018-2020**

**Contract Number:** CLH18248  
**Date:** May 15, 2019

**Kitsap Public Health District**

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS		Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
				Revenue Code**	Start Date	Funding Period	End Date	Start Date	Funding Period		
FFY20 CSS USDA FINI Prog Mgmt	NGA Not Received	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$25,000	\$145,847	
FFY20 CSS USDA FINI Prog Mgmt	NGA Not Received	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410		
FFY19 CSS USDA FINI Prog Mgmt	20157001823357	Amd 8	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$78,347		
FFY19 CSS USDA FINI Prog Mgmt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063		
FFY18 CSS USDA FINI Prog Mgmt	20157001823357	Amd 8	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$42,500		
FFY18 CSS USDA FINI Prog Mgmt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$7,500)		
FFY18 CSS USDA FINI Prog Mgmt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)		
FFY18 CSS USDA FINI Prog Mgmt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA FINI Prog Mgmt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY19 CSS IAR SNAP Ed Program Mgmt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,875	\$159,906	
FFY19 CSS IAR SNAP Ed Program Mgmt	197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708		
FFY18 CSS IAR SNAP Ed Program Mgmt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167		
FFY18 CSS IAR SNAP Ed Program Mgmt	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/18	10/01/17	09/30/18	\$13,833		
FFY18 CSS IAR SNAP Ed Program Mgmt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150		
FFY18 CSS IAR SNAP Ed Program Mgmt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY17 CSS IAR SNAP Ed Program Mgmt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY19 Housing People with AIDS Formula	NGA Not Received	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$6,917		
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	\$53,379	\$141,402	
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	\$88,023		
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	\$11,600	
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800		
PS SSI 1-5 PIC Task 4	01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$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	(\$50,000)		
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	\$28,805	\$28,805	
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	\$28,000	
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	\$14,000	\$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	\$44,006		
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	\$119,217	\$163,223	
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	\$5,318	\$295,345	
FFY17 317 Ops	SNH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$290,027	\$295,345	
									\$4,837	\$4,837	

EXHIBIT B-9  
ALLOCATIONS  
Contract Term: 2018-2020

Contract Number: CLH18248  
Date: May 15, 2019

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
FFY17 AFIX	SNH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$41,821
FFY17 AFIX	SNH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134
FFY20 PPHF Ops	NGA Not Received	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$2,500	\$5,000
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	
FFY20 VFC IQIP	NGA Not Received	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$27,588	\$27,588
FFY20 VFC Ops	NGA Not Received	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$16,134	\$23,188
FFY17 VFC Ops	SNH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$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	\$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	\$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	
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
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	\$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	
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
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	\$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	
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

Kitsap Public Health District

EXHIBIT B-9  
ALLOCATIONS  
Contract Term: 2018-2020

Contract Number: CLH18248  
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS		Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
				Revenue Code**	Start Date	Funding Period End Date	Start Date	Funding Period End Date	Amount		
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	\$279,745
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
GFS-Group B (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)	\$0	\$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	
State Drug User Health Program		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$40,000	\$40,000	\$94,478
State Drug User Health Program		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$54,478	\$54,478	
State HIV CS/End AIDS WA		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$2,083	\$12,496	\$23,948
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$10,413		
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$2,083	\$2,083	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	
State HIV Prevention		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	(\$43,333)	\$0	\$51,667
State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333		
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000		
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	06/30/19	\$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	
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	
SFY21 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$247,509	\$247,509	\$898,341
SFY20 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$49,558	
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		

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS		Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
				Revenue Code**	Start Date	Funding Period	End Date	Chart of Accounts Funding Period	End Date		
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$15,000	\$15,000	\$37,500
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$45,000	\$45,000	\$75,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$15,000	\$15,000	\$45,000
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$46,854	\$46,854	\$129,542
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	\$440,562
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	
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		
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	\$116,146	\$116,146	\$914,043
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	\$348,437	\$348,437	
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	03/31/20	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000	
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	\$41,749

Kitsap Public Health District

EXHIBIT B-9  
ALLOCATIONS  
Contract Term: 2018-2020

Contract Number: CLH18248  
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date		
PHS 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	\$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)	\$14,750
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6	N/A	346.26.64	01/01/18	12/31/19	07/01/17	12/31/19	\$27,500	\$27,500
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6	N/A	346.26.64	01/01/18	12/31/19	07/01/17	12/31/19	\$14,750	\$14,750
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0
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	\$0
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
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	\$1,268
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/19	07/01/17	12/31/19	\$1,949	\$3,149
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6	N/A	346.26.66	01/01/18	12/31/19	07/01/17	12/31/19	\$1,200	\$3,149

TOTAL

\$4,717,352

Total consideration:

\$3,397,128

\$1,320,224

\$4,717,352

GRAND TOTAL

GRAND TOTAL \$4,717,352

Total Fed \$1,730,966

Total State \$2,986,386

\*Catalog of Federal Domestic Assistance

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



# Exhibit C-9 Schedule of Federal Awards

AMENDMENT #9

Date: May 15, 2019

KITSAP PUBLIC HEALTH DISTRICT-SW0027359-00  
 CONTRACT CLH18248-Kitsap Public Health District  
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		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	NGA Not Received	NGA Not Received	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	NGA Not Received	NGA Not Received
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
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	1977AWAW5Q3903	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	1877AWAW5Q3903	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	1877AWAW5Q3903	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	1717AWAW5Q3990	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	NGA Not Received	NGA Not Received	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	NGA Not Received	NGA Not Received
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	09/30/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/19	\$11,600	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,991	03/01/19	10/31/19	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY20 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	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	NGA Not Received	NGA Not Received

# Exhibit C-9 Schedule of Federal Awards

AMENDMENT #9

Date: May 15, 2019

KITSAP PUBLIC HEALTH DISTRICT-SMW0027359-00  
 CONTRACT CLH18248-Kitsap Public Health District  
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 VFC IQIP	333.93.26	NGA Not Received	NGA Not Received	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	NGA Not Received	NGA Not Received
FFY20 PPHF OPS	333.93.26	NGA Not Received	NGA Not Received	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	NGA Not Received	NGA Not Received
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 APX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/29/20	\$24,482	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/29/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY18 PHYS ACTVITY & 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 (SPAV)	Department of Health and Human Services	NU58DP006004	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
FFY19 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,823	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	\$13,631,823	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

# Exhibit C-9 Schedule of Federal Awards

AMENDMENT #9

Date: May 15, 2019

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

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY18 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,634,623	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	5X07HA0000832800	RYAN WHITE CARE ACT TITLE II
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
						<b>TOTAL</b>					<b>\$1,730,966</b>