

**KITSAP PUBLIC HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31014

AMENDMENT NUMBER: 11

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

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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

Adds Statements of Work for the following programs:

BEACH Program- Effective March 1, 2023

Amends Statements of Work for the following programs:

DCHS - ELC COVID-19 Response - Effective January 1, 2022

Infectious Disease Care & Prevention - Effective July 1, 2022

Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

LSPAN- Local Strategies for Physical Activity & Nutrition - Effective January 1, 2022

Office of Drinking Water Group A Program - Effective January 1, 2022

Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Deletes Statements of Work for the following programs:

2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:

Increase of **\$42,250** for a revised maximum consideration of **\$12,024,184**.

Decrease of _____ for a revised maximum consideration of _____.

No change in the maximum consideration of _____.

Exhibit B Allocations are attached only for informational purposes.

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

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: <i>Kerith Gallwey</i>	Signature: <i>Brenda Henrikson</i> <small>Brenda Henrikson (Mar 14, 2023 09:35 PDT)</small>
Date: Mar 7, 2023	Date: Mar 14, 2023

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY23 IAR SNAP Ed Prog Mgnt-Region 5	NGA Not Received	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	(\$19,204)	\$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY22 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	10/01/22	06/30/23	09/12/22	06/30/23	\$103,989	\$103,989	\$211,168
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	(\$103,989)	\$27,229	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY23 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	\$50,000
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	\$495,235
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
FFY22 TB Uniting for Ukraine Supp	NGA Not Received	Amd 10	93.116	333.93.11	07/01/22	12/31/22	05/21/22	12/31/22	\$7,500	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$107,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	(\$199,494)	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$2,919,838		
FFY21 SHARP HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	\$192,500
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	\$48,964
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY22 Phys Actvty & Nutrition Prog	NGA Not Received	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$2,000	\$82,000	\$149,000
FFY22 Phys Actvty & Nutrition Prog	NGA Not Received	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000		
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
FFY23 MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854	\$159,854	\$294,435
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	\$51,755
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$20,000
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	\$37,500
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	\$247,509
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	\$194,000
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		

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					LHJ Start Date	Funding Period End Date	Chart of Accounts Start Date	Funding Period End Date			
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	\$65,704
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$185,184
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	(\$19,580)	\$21,174	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880		
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	\$804,785
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438		
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,580	\$135,726	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146		
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000	\$2,469,000	\$3,814,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250	\$13,250	\$32,250
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR 25 SRF - Local Asst (15%) (FO-SW) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000	\$2,000	\$3,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	
TOTAL									\$12,024,184	\$12,024,184	
Total consideration:	\$11,981,934									GRAND TOTAL	\$12,024,184
	\$42,250										
GRAND TOTAL	\$12,024,184									Total Fed	\$6,368,649
										Total State	\$5,655,535

EXHIBIT B-11
 ALLOCATIONS
 Contract Term: 2022-2024

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			

*Catalog of Federal Domestic Assistance

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

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: BEACH Program - Effective March 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH31014

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

Period of Performance: March 1, 2023 through October 31, 2023

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

Statement of Work Purpose: The Beach Environmental Assessment, Communication, and Health (BEACH) Program works with LHJ to monitor water at marine swimming beaches for bacteria and provide public notification when levels are unsafe.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY23 SWIMMING BEACH GRANT IAR (ECY)	TBD	66.472	333.66.47	03/01/23	10/31/23	0	25,000	25,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	25,000	25,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<u>BEACH Program Administration and Annual Meeting:</u> Time spent on administrative duties related to the BEACH Program and the 2023 Annual meeting.	Summarize time spent on administrative duties in annual report.	Annual meeting held in March 2023. Annual report due October 31, 2023.	Reimbursement for actual costs up to \$25,000 for tasks 1-3. Subrecipient may use their discretion in prioritizing which task(s) to pay with this award.
2	<u>Bacteria Monitoring & Public Notification</u> <ul style="list-style-type: none"> Collect samples and field observations in accordance with BEACH Program Quality Assurance Project Plan (QAPP). Notify BEACH Program Manager in advance if samples cannot be collected. Coordinate deviations from the QAPP and/or schedule with the BEACH Program Manager. Post and/or remove swimming advisory signs as needed. Provide public education about beach water quality. Notify BEACH Program Manager of swimming advisories as soon as possible. 	1. Enter data into Department of Ecology’s BEACH Program Database. 2. Email copies of laboratory analytical reports to BEACH Program Data Manager. 3. Include a list of swimming advisories in annual report.	1. Enter data results into database by Friday each week of sample collection. 2. Email copies of reports upon receipt. 3. Annual report due October 31, 2023.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<u>Illness Pollution Investigations</u> Notify BEACH Program Manager of any illness reports related to recreational swimming beaches. Conduct illness investigations as needed.	1. Provide notification via telephone to BEACH Program Manager. 2. Summarize illness investigation in annual report.	1. Within fourteen (14) business days. 2. Annual report due October 31, 2023.	

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

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

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

Program Specific Requirements

The funds for this project are being provided by an Environmental Protection Agency grant, Agreement Number CU-01J74301-1, Catalog of Federal Domestic Assistance Number 66.472 – Beach Monitoring and Notification Program Implementation Grants.

Program Manual, Handbook, Policy References:

Quality Assurance Project Plan <https://apps.ecology.wa.gov/publications/SummaryPages/1903119.html>

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: DCHS - ELC COVID-19 Response - Effective January 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

SOW Type: Revision **Revision # (for this SOW)** 4

Period of Performance: January 1, 2022 through December 31, 2023

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

Revision Purpose: Extend Period of Performance and ELC EDE LHJ Funding End Date from 07/31/23 to 12/31/23.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	155,419	0	155,419
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/23	2,720,344	0	2,720,344
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						2,875,763	0	2,875,763

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include: <ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
DCHS COVID-19 Response				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$155,419 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p> <p>\$2,720,344 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/12/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ol style="list-style-type: none"> a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct targeted case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. <p>b. Testing</p> <ol style="list-style-type: none"> i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction’s contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. 	<p>Enter all case investigation data in WDRS following guidance from-DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 	<p>on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exposure, conduct testing and respond to outbreaks.</p> <ul style="list-style-type: none"> iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis). v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations. vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings. <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal 	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <ul style="list-style-type: none"> ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility. 	<p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

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

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

Program Specific Requirements

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.

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

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

Monitoring Visits (frequency, type)

The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

Special Billing Requirements

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

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

Other: Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021, were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: Infectious Disease Care & Prevention - Effective July 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work is to provide client-centered activities that improving health outcomes in support of the HIV care continuum.

Revision Purpose: The purpose of this revision is to reallocate funds from the case management and housing tasks into the food bank and EFA tasks and to correct errors from previous revisions.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	07/01/22	03/31/23	378,258	0	378,258
FFY23 RW GRANT YEAR LOCAL (REBATE)	1261853C	N/A	334.04.98	04/01/23	06/30/23	126,086	0	126,086
HIV LOCAL PROVISO - RW GRANT YEAR 2022	1261852I	N/A	334.04.98	07/01/22	03/31/23	92,442	0	92,442
HIV LOCAL PROVISO - RW GRANT YEAR 2023	1261853I	N/A	334.04.98	04/01/23	06/30/23	30,814	0	30,814
						0	0	0
						0	0	0
TOTALS						627,600	0	627,600

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV Community Services - Care				
Outreach Services – Peer Navigation	Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services. Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some	Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.	Agency must adhere to DOH ID Reporting Requirements	Total reimbursement not to exceed \$84,696. See split out below by code. \$63,522– MI 1261852I – Local Proviso \$63,522 for 7/1/22-3/31/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	information is needed to facilitate any necessary follow-up and care.			\$21,174 – MI 12618531 – Local Proviso \$21,174 for 4/1/23-6/30/23
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 will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the Program Manager. Agency must create a file in the DOH approved data system. Provide 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. Provide 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. Provide 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 can be referenced in LHJ’s Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	Total reimbursement not to exceed \$500,029 \$502,354. See split out below by code. \$374,440 \$376,766 – MI 1261852C – Local Rebates \$374,440 \$376,766 for 7/1/22-3/31/23 \$125,589 \$125,588 – MI 1261853C – Local Rebates \$125,589 \$125,588 for 4/1/23-6/30/23
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	Agency must track and report within the DOH-approved data system. <i>Provide</i> 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	Total reimbursement not to exceed \$4,500. See split out below by code. \$1,493 \$1,492 – MI 1261852C – Local Rebates \$1,493 \$1,492 for 7/1/22-3/31/23 \$497 – MI 1261853C – Local Rebates

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	insurance and other liability issues specifically addressed; 4) voucher or token systems.			<p>\$497 for 4/1/23-6/30/23</p> <p>\$1,882 \$1,883 – MI 12618521 – Rebates Proviso</p> <p>\$1,882 \$1,883 for 7/1/22-3/31/23</p> <p>\$628 – MI 12618531 – Rebates Proviso</p> <p>\$628 for 4/1/23-6/30/23</p>
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).	<p>Agency must track and report within the DOH-approved data system. <i>Provide</i> any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ’s Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>Total reimbursement not to exceed \$17,017 \$10,000. See split out below by code.</p> <p>\$1,225 \$14,972 – MI 1261852C – Local Rebates</p> <p>\$1,225 \$14,972 for 7/1/22-3/31/23</p> <p>\$13,292 \$7,500 – MI 12618521 – Rebates Proviso</p> <p>\$13,292 \$7,500 for 7/1/22-3/31/23</p> <p>\$2,500 – MI 12618531 – Rebates Proviso</p> <p>\$2,500 for 4/1/23-6/30/23</p>
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.	<p>Agency must track and report within the DOH approved data system. <i>Provide</i> any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ’s Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>Total reimbursement not to exceed \$2,408 \$8,200. See split out below by code.</p> <p>\$358 \$6,150 – MI 12618521 – Rebates Proviso</p> <p>\$358 \$6,150 for 7/1/22-3/31/23</p> <p>\$2,050 – MI 12618531 – Rebates Proviso</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.			\$2,050 for 4/1/23-6/30/23
HIV Clinical Quality Management (CQM)/Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of</p> <p>HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p>	<p>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 Management Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>Total reimbursement not to exceed \$16,650. See split out below by code.</p> <p>\$12,488 – MI 12618521 – Rebates Proviso</p> <p>\$12,488 for 7/1/22-3/31/23</p> <p>\$4,162 – MI 12618531 – Rebates Proviso</p> <p>\$4,162 for 4/1/23-6/30/23</p>
Emergency Financial Assistance	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p>	<p>Agency must enter data into the approved DOH data system. <i>Provide</i> for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake.</p> <p>Please note: This task requires client level data to be entered into Provide</p>	Agency must adhere to DOH ID Reporting Requirements	<p>Total reimbursement not to exceed \$2,300 \$1,200. See split out below by code.</p> <p>\$900 – MI 12618521 – Rebates Proviso</p> <p>\$900 for 7/1/22-3/31/23</p> <p>\$300 – MI 12618531 – Rebates Proviso</p> <p>\$300 for 4/1/23-6/30/23</p> <p>\$1,100 – MI 1261852C – Local Rebates</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Please note: Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.			<i>\$1,100 for 7/1/22 – 3/31/23</i>

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

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. Definitions

- a. **CONTRACTOR** – Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work

2. Client Eligibility and re-certification – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information

3. Title XIX HIV Medical Case Management – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities.

4. Fiscal Management – Reference the Infectious Disease Fiscal Manual for more information.

5. Participation in Quality Management/Improvement activities – Reference the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with your Office of Infectious Disease (OID) contract manager

6. HIV Statewide Data System – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data entered into the Provide™ Database System

7. HIV, HCV and STI Testing Services (removed if just a care contract)

- a. HIV testing services must follow [DOH Non-Clinical Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
- c. HCV testing must follow the Hep C Overview Implementation plan. For more information contact your contract manager.
- d. Monthly data collection for Hep C testing submitted to DOH as well as the appropriate surveillance reporting form if applicable. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g. HIV test kits and controls should be procured through DOH.
- h. Hepatitis C test kits and controls should be procured through DOH approved sources. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. STI (GC/CT) test kits should be procured through PHSKC Lab and CDD.
- j. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, 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. Testing for infections other than HIV is not to be performed anonymously.
- k. In the event of a standalone HIV test, if STI testing is available at the agency, the reason for no accompanying STI test must be documented. If the agency does not offer STI and/or HCV testing, a referral for STI and/or HCV testing must be documented.
- l. Contractor will ensure that staff are licensed and available to perform HIV, Syphilis and HCV testing, as appropriate, using capillary and venous draws. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or another lab.

- m. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing STI testing services must also attend and complete any additional training as determined necessary by DOH.
- n. For contractors offering HCV testing services, contractor must complete the DOH HCV testing and education course and be approved by the Office of Infectious Disease before providing HCV screening services. Please contact the DOH OID Testing Coordinator for more information.
- o. Contractor shall report all reactive HIV, STI and HCV results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
- p. Contractor must report all reactive HIV and Hep C results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed 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 EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments.
- q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/HCV partner services. Contractors must refer people with reactive HIV/STI/HCV results to the local health jurisdiction for additional follow-up within 3 business days of a positive result. Please contact the DOH OID Testing Coordinator or your Local Health Jurisdiction for more information.
- r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners.

8. HIV Community Services – Prevention Programs

- a. HIV Community Services – Prevention programs must follow FY22 HIV Community Services- Prevention Implementation Guidelines.
- b. All HIV Community Services – Prevention data, including individual level navigation services, outreach activities, and condom distribution, should be tracked through Provide unless written exception is approved. All client-level data must be entered into Provide™ within three (3) days of service provision.
- c. HIV Community Services – Prevention data elements should be collected by all agencies funded to provide HIV Community Services- Prevention activities. These data elements may be referenced in FY23 HIV Community Services- Prevention Guidelines.

9. Reporting Requirements – Quarterly narrative reports are due on 25th of January, April, July, and October

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

- a. Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for subcontractors will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.

11. Participation in Ending the HIV Epidemic and End the Syndemic Planning & Activities (only for services in King county)

- a. Ending the HIV Epidemic: A Plan for America (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal. King County has been identified as one of the jurisdictions included in the ETE plan and Public Health Seattle & King County (PHSKC) is the lead agency in implementing this work. Subcontractors operating in King County will be expected to participate in ETE planning and activities in collaboration with PHSKC, as necessary, throughout the contract year.

12. Training requirements – Reference the [HCS Manual](#) for more information

13. Participation in Washington Syndemic Planning Process – Connect with your Office of Infectious Disease contract manager

14. Contract Management – Reference the [HCS Manual](#) and HCS Fiscal Manual for more information

a. Fiscal Guidance

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2023. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this

statement of work. All A19-1A invoice vouchers must be submitted by the 25th of the following month.

- iv) **Advance Payments Prohibited** – Reference the [HCS Manual](#) for more information
- v) **Payer of Last Resort** – Reference the [HCS Manual](#) for more information
- vi) **Cost of Services** – Reference the [HCS Manual](#) for more information
- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR's providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

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

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

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

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

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

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

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

Food for staff meetings/trainings is not allowable.

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

b. Contract Modifications

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

c. Subcontracting

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

Technical assistance is available through DOH.

15. Content Review and Website Disclaimer Notice)

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health
 PO Box 47841
 Olympia, WA 98504-7841
 Phone: 360-810-1880
 Email: Michael.Barnes@doh.wa.gov

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs [Program Guidance on the Review of HIV-related Educational and Informational Materials for CDC Assistance Programs](#)

16. 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.

17. Confidentiality Requirements – Reference the [HCS Manual](#) for more information

18. 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:
 - c. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
 - d. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
 - e. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

19. 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 STI 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)

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

Period of Performance: September 1, 2022 through August 31, 2023

Statement of Work Purpose: The purpose of this statement of work (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Kitsap Public Health District will support Strategy 6 - Establishing Linkages to Care, Strategy 8 - Partnerships with Public Safety and First Responders, and Strategy 9 - Empowering Individuals to Make Safer Choices.

Revision Purpose: The purpose of this revision is to add contingency language.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22	08/31/23	107,417	0	107,417
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						107,417	0	107,417

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Continue to expand the Peninsula Harm Reduction Network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner on harm reduction and anti-stigma education and improve access to substance use disorder (SUD) treatment and comprehensive care for people who access syringe exchange services. Timeline: By the end of March 2023, LHJ will expand its network to include local health care providers and local EMS.	Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 9, 2022. December-February due March 10, 2023. March-May due June 9, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$107,417 through August 31, 2023. (See Special Billing Requirements below.)
2.	Strategy 9: Continue to convene monthly community-wide meetings with partners and potential partners to discuss stigma	Progress report: Share outcomes of meetings and what strategies and educational programs are being		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	reduction education programs and overdose prevention strategies for our community. Timeline: Ongoing, monthly.	implemented. Successes and challenges. Share materials with DOH. Demonstrate how work aligns with OD2A logic model.	June-August final report for this funding period due September 29, 2023.	
3.	Strategy 6: Conduct site visits with current and future syringe exchange sites to ensure they are following policies and procedures and collecting appropriate data for exchanges. Continue to provide support and guidance where needed. Timeline: site visits for existing sites will be completed annually. LHJ lead will continue to have monthly check-ins via Zoom or telephone, with the syringe exchange sites it contracts with.	Progress report: Report site visit outcomes, collected data and any important finds, updates or changes to policies. Demonstrate how work aligns with OD2A logic model.		
4.	Strategy 6: Will implement QA system checklist created in 2022 during site visits with existing syringe exchange sites. Timeline: The Q`A system checklist utilized annually during site visits beginning May 2022.	Progress report: Share progress with implementation of QA system. Demonstrate how work aligns with OD2A logic model.		
5.	Strategy 6: Provide overdose education and naloxone distribution in the county to agencies for their staff, and community members for individual use. Includes visiting agencies to provide training and participating in community events. Timeline: Ongoing as requested by agencies or community members and as community events occur.	Progress report: Report on types of education provided and to whom and amount of naloxone that was distributed. Provide names of agencies that training was provided for and types of community events that were participated in. Demonstrate how work aligns with OD2A logic model.		
6.	Strategy 8: Continue to build a relationship with EMS and other agencies/programs to begin discussing co-creating a post overdose outreach plan to help connect people who inject drugs with SUD treatment and other services after experiencing an overdose. Timeline: Ongoing - building these relationships will take time but the LHJ lead started that process in 2021/2022.	Progress report: Updates on creation and implementation of plan. Demonstrate how work aligns with OD2A logic model.		
7.	<p><i>Dependent on LHJ need and contingent on CDC approval, the county may purchase and distribute naloxone under prevention strategies.</i></p> <p><i>Funding cannot be spent for naloxone until the LHJ receives written approval from DOH. Reimbursement for naloxone purchases will be allowable after written approval is provided by DOH.</i></p>	<p><i>Progress report, if applicable:</i></p> <p><i>a. Number of staff/volunteers trained to use and distribute naloxone kits</i></p> <p><i>i. If possible, please share the description/topics of the training</i></p> <p><i>b. Number of kits purchased and in inventory</i></p> <p><i>c. Number of people who received naloxone kits and education on use</i></p> <p><i>i. If possible, please share the description/contents of the provided education</i></p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<i>d. Number of nasal kits distributed i. If applicable, the number of kits distributed through vending machines and settings for vending machine locations ii. If possible, please share an average/estimate of number of kits/doses given per person e. Number of intramuscular kits distributed i. If possible, please share an average/estimate of number of kits/doses given per person f. Number of overdose reversals reported i. If known, please share the number of doses used per overdose reversal g. Do you plan to make any changes/updates in implementation or to the implementation plan? h. What have been successes/challenges in distribution? Please share any lessons learned or innovations.</i>		
7-8.	Continue to participate in quarterly and monthly calls with DOH and LHJ's to share lessons learned and successes. Timeline: Ongoing.	Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

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

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

Program Specific Requirements

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
 - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additional-requirements/index.html>).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

Monitoring Visits (i.e., frequency, type, etc.):

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

Billing Requirements:

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

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

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

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: LSPAN- Local Strategies for Physical Activity & Nutrition - Effective January 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through September 29, 2023

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

Revision Purpose: The purpose of this revision is to add funding for additional FFY22 activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY21 PHYS ACTVTY & NUTRITION PROG	77440241	93.439	333.93.43	01/01/22	09/29/22	67,000	0	67,000
FFY22 PHYS ACTVTY & NUTRITION PROG	77440242	93.439	333.93.43	09/30/22	09/29/23	80,000	2,000	82,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						147,000	2,000	149,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	PROGRAM ADMINISTRATION: Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD).	Designated KPHD staff will participate in contract management calls.	January 1, 2022- September 29, 2022 September 30, 2022 - September 29, 2023	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
1b	PROGRAM ADMINISTRATION: Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.	Quarterly progress reports to DOH via SharePoint site or email	Year 4-FFY21: <ul style="list-style-type: none"> January 17, 2022 (covering September 30, 2021-December 30, 2021) April 15, 2022 (covering December 31, 2022-March 30, 2022) July 15, 20212 (covering March 31, 2022-June 29, 2022) October 17, 2022 (covering June 30, 2022- September 29, 2022) 	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Year 5-FFY22: January 16, 2023 (covering September 30, 2022-December 30, 2022) April 17, 2023 (covering December 31, 2022-March 30, 2023) July 17, 2023 (covering March 31, 2022-June 29, 2023) October 16, 2023 (covering June 30, 2023- September 29, 2023)	
2a	PROGRAM IMPLEMENTATION: Finalize Work Plan and Budget Workbook using DOH-provided templates.	Submit Work Plan to DOH Program Contact via email	Draft due: Year 4- FFY21: March 25, 2022 Final due: Year 4- FFY21: July 15, 2022	Submit Work Plan to DOH Program Contact via email
2b	PROGRAM IMPLEMENTATION: Implement finalized community work plan focused on LSPAN that include: <ul style="list-style-type: none"> • Addressing at least two (2) state strategies required by this grant funding. • Achieving policy, systems, or environmental changes consistent with the strategies. • Identifying and reaching populations with health disparities. 	Quarterly progress reports to DOH via SharePoint site or email	Year 4-FFY21: <ul style="list-style-type: none"> • January 17, 2022 (covering September 30, 2021-December 30, 2021) • April 15, 2022 (covering December 31, 2022 March 30, 2022) • July 15, 20212 (covering March 31, 2022 June 29, 2022) • October 17, 2022 (covering June 30, 2022- September 29, 2022) Year 5-FFY22: January 16, 2023 (covering September 30, 2022-December 30, 2022) April 17, 2023 (covering December 31, 2022-March 30, 2023) July 17, 2023 (covering March 31, 2022-June 29, 2023) October 16, 2023 (covering June 30, 2023- September 29, 2023)	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2c	PROGRAM IMPLEMENTATION: Report quarterly expenditures using DOH-provided template.	Report quarterly expenditures using DOH-provided template.	Year 4-FFY21: <ul style="list-style-type: none"> • January 17, 2022 (covering September 30, 2021-December 30, 2021) • April 15, 2022 (covering December 31, 2022 March 30, 2022) • July 15, 20212 (covering March 31, 2022 June 29, 2022) • October 17, 2022 (covering June 30, 2022- September 29, 2022) Year 5-FFY22: January 16, 2023 (covering September 30, 2022-December 30, 2022) April 17, 2023 (covering December 31, 2022-March 30, 2023) July 17, 2023 (covering March 31, 2022-June 29, 2023) October 16, 2023 (covering June 30, 2023- September 29, 2023)	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	<p>PROGRAM COMMUNICATION: Inform partners and public about program successes and related best practices, including social media posts and publication.</p> <p>Write a success story related to LSPAN projects.</p>	<p>Provide copies of any relevant communication products with quarterly progress reports to DOH via SharePoint site or email</p> <p>One success story using DOH-provided or approved template</p>	<p>Year 4-FFY21:</p> <ul style="list-style-type: none"> • January 17, 2022 (covering September 30, 2021-December 30, 2021) • April 15, 2022 (covering December 31, 2022 March 30, 2022) • July 15, 20212 (covering March 31, 2022 June 29, 2022) • October 17, 2022 (covering June 30, 2022- September 29, 2022) <p>Year 5-FFY22: January 16, 2023 (covering September 30, 2022-December 30, 2022)</p> <p>April 17, 2023 (covering December 31, 2022-March 30, 2023)</p> <p>July 17, 2023 (covering March 31, 2022-June 29, 2023)</p> <p>October 16, 2023 (covering June 30, 2023- September 29, 2023)</p> <p>Year 5-FFY22: Draft due July 1, 2023 Final due July 29, 2023</p>	<p>Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.</p>
3	<p>PROGRAM EVALUATION: Participate in performance measure data collection and program evaluation activities in collaboration with DOH.</p>	<p>Quarterly progress reports to DOH via SharePoint site or email</p>	<p>Year 4-FFY21:</p> <ul style="list-style-type: none"> • January 17, 2022 (covering September 30, 2021-December 30, 2021) • April 15, 2022 (covering December 31, 2022 March 30, 2022) • July 15, 20212 (covering March 31, 2022 June 29, 2022) • October 17, 2022 (covering June 30, 2022- September 29, 2022) <p>Year 5-FFY22: January 16, 2023 (covering September 30, 2022-December 30, 2022)</p> <p>April 17, 2023 (covering December 31, 2022-March 30, 2023)</p> <p>July 17, 2023 (covering March 31, 2022-June 29, 2023)</p> <p>October 16, 2023 (covering June 30, 2023- September 29, 2023)</p>	<p>Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.</p>

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

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

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

Program Specific Requirements

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

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

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

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

AND

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

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Restrictions on Funds:

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

Monitoring Visits: In-person site visits at least once a year if possible

Billing Requirements: Must use the budget workbook supplied by the program

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2022.

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Contractor <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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2023

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

Revision Purpose: The purpose of this revision is to extend the period of performance from 12/31/22 to 12/31/23 and provide additional Sanitary Survey and Technical Assistance funding.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22	12/31/22	19,000	0	19,000
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22	12/31/22	1,000	0	1,000
YR 25 SRF - LOCAL ASST (15%) (FO-SW) SS	24239225	N/A	346.26.64	01/01/23	12/31/23	0	13,250	13,250
YR 25 SRF - LOCAL ASST (15%) (FO-SW) TA	24239225	N/A	346.26.66	01/01/23	12/31/23	0	2,000	2,000
						0	0	0
						0	0	0
TOTALS						20,000	15,250	35,250

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	community Group A water systems.	Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.		Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an “Authorization for Travel (Non-Employee)” DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

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

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

Program Manual, Handbook, Policy References: Field Guide (DOH Publication 331-486).

Special References:

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$19,000~~ **\$32,250** for **Task 1**, and ~~\$1,000~~ **\$3,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

- No more than **8** surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than **34** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- *No more than 3 surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.*
- *No more than 25 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.*

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3

Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to modify the statement of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	1,032,214	0	1,032,214
COVID19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	283,424	0	283,424
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						1,315,638	0	1,315,638

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	<p>As needed to meet community needs, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</p> <p>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently</p>	<ul style="list-style-type: none"> a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years. 	<ul style="list-style-type: none"> a. Submit upon completion b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years) 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) <i>or adjust vaccine delivery approaches to optimize access</i> . Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31 and June 30, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	<ul style="list-style-type: none"> a. LHJ Incentive Plan Proposal b. Report that summarizes quantity of incentives purchased and distributed 	<ul style="list-style-type: none"> a. Prior to implementing b. June 30, Annually 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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Federal Funding Accountability and Transparency Act (FFATA)

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

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

Program Specific Requirements

Restrictions on Funds:

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.