

**CHOICE REGIONAL
HEALTH NETWORK**

Cascade Pacific Action Alliance

CHOICE Regional Health Network
 Cascade Pacific Action Alliance
 1217 4th Ave E., Suite 200
 Olympia, WA 98506
 (360) 539-7576

Contract No: CBO27574-
PCPHHS2023

☒ New Contract
☐ Amendment No:

CHOICE Regional Health Network, Regional Lead Organization (RLO) coordinator of Youth Cannabis and Commercial Tobacco Prevention Program

| Subcontractor Information | | |
|--|--|---|
| Name Pacific County Public Health and Human Services | Address Street: 1216 W Robert Bush Dr City: South Bend State: WA Zip: 98586 | Phone Number(s) 360.642.9300 x 2648 |
| Social Security or Federal ID# 91-6001356; DUNS 0846060016 | Contact Person Katie Olen Lindstrom | Contact Title Director |
| Contact Phone Number 360.642.9300 x 2648 | Contact Fax Number n/a | Contact E-Mail Address koien@co.pacific.wa.us |

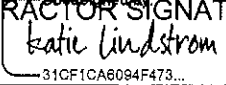
| RLO Subcontractor | | |
|--|---|---|
| CHOICE Regional Health Network | | |
| Project/Contract Youth Cannabis and Commercial Tobacco Prevention Program-CBO27574 | | |
| CHOICE Subcontract # CBO27574-PCPHHS2023 | Contact Person Rob Molina | Contact Title Program Manager |
| Contact Phone Number 786.663.3585 | Contact Fax Number 360.943.1164 | Contact E-Mail Address molinar@crhn.org |

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|--|--|---|
| Funding Source Washington State Department of Health Grant #CBO27574 | Contract Amount \$ 40,000.00 | Amendment Amount (if applicable) \$ |
|--|--|---|

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|-----------------------------|
| Reason for Amendment |
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| Effective Date: Upon Execution July 1, 2022 to June 30, 2023 |
|---|

The terms and conditions of this Agreement, including all attachments and subsequent amendments constitute the entire and exclusive understanding between the parties. No other understandings, writings, and communications, oral or otherwise regarding the subject matter of this Agreement will exist to bind the Parties. The Parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement will be binding on CHOICE only upon signature by CHOICE.

| | | |
|---|--|--------------------------------|
| SUBCONTRACTOR SIGNATURE  31CF1CA8094F473... | PRINTED NAME AND TITLE Katie Lindstrom | DATE SIGNED 2/7/2023 |
| CHOICE SIGNATURE | PRINTED NAME AND TITLE | DATE SIGNED |

PURPOSE

The Washington State Department of Health (DOH) will provide state funding to plan, implement, and evaluate cannabis and commercial tobacco (including vaping products) prevention and control activities focused in the Cascade Pacific Action Alliance (CPAA) Region, and to participate in the Coverage Study in partnership with the Washington State Healthcare Authority (HCA).

State funding is further defined on Exhibit B, Funding, incorporated herein.

GRANT REQUIREMENTS & STATEMENT OF WORK: The Subcontractor will furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work detailed in Exhibit A, Statement of Work (SOW), incorporated herein.

PAYMENT PROVISIONS: Compensation for the work provided in accordance with this agreement has been established under the terms of RCW 39.34.130. The Parties have estimated that the cost of accomplishing the work described will not exceed **\$40,000.00** in accordance with Exhibit B, Funding. Payment will not exceed this amount without a prior written amendment. CHOICE will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the SOW and/or budget.

BILLING PROCEDURE: Payment to the Subcontractor for approved and completed work will be made by CHOICE within 30 days of receipt of the Subcontractor's invoice (Exhibit C Subcontract Invoice Template) and approved deliverables. Upon expiration of the agreement, any claim for payment not already made will be submitted within 60 days after the expiration date or the end of the fiscal year, whichever is earlier.

SUBCONTRACTOR RESPONSIBILITIES:

- A. The Subcontractor has full responsibility for the conduct and activity supported under this contract and for adherence to the contract conditions. Although the Subcontractor is encouraged to seek the advice and opinion of CHOICE and DOH on special problems that may arise, such advice does not diminish the Subcontractor's responsibility for making sound scientific and administrative judgments and should not imply that the responsibility for operating decisions has shifted to CHOICE or DOH. The Subcontractor is responsible for notifying CHOICE about any significant problems relating to the administrative or financial aspects of the contract.
- B. The requirements of this contract are contained in the General Terms and Conditions and SOW unless otherwise specified in this contract. Certain applicable Federal standards are incorporated by reference.
- C. By acceptance of this contract, the Subcontractor agrees to comply with the applicable Federal requirements and management of all expenditures and actions affecting the contract. Documentation for each expenditure or action affecting this contract must reflect appropriate organizational reviews or approvals which should be made in advance of the action. Organizational reviews are intended to help assure that expenditures are allowable, necessary and reasonable for the conduct of the project, and that the proposed action:
 - 1. Is consistent with the contract terms and conditions;
 - 2. Represents effective utilization of resources; and
 - 3. Does not constitute a significant project change.

GENERAL TERMS & CONDITIONS

AGREEMENT ALTERATIONS AND AMENDMENTS: This agreement may be amended by mutual agreement of the Parties. Such amendments will not be binding unless they are in writing and signed by those authorized to bind each of the parties. Only the Contracting Officer or his/her delegate will have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this agreement on behalf of DOH. No alteration, modification, or waiver of any clause or condition of this agreement is effective or binding unless made in writing and signed by authorized parties.

AMERICANS WITH DISABILITIES ACT (ADA) OF 1990, PUBLIC LAW 101-336, also referred to as the "ADA" 28 CFR Part 35: The Subcontractor must comply with the ADA, which provides comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.

ASSIGNMENT: The work to be provided under this Contract, and any possible claim, cannot be assigned or delegated by either party in whole or in part, without the express prior written consent of the other party.

CHANGE IN STATUS: In the event of substantive change in the legal status, organizational structure, or fiscal reporting responsibility of the Subcontractor, Subcontractor agrees to notify CHOICE of the change. Subcontractor will provide notice as soon as practicable, but no later than thirty (30) days after such a change takes effect.

CONFIDENTIALITY/SAFEGUARDING OF INFORMATION: The use or disclosure by any party, either verbally or in writing, of any Confidential Information will be subject to Chapter 42.56 RCW and Chapter 70.02 RCW, as well as other applicable federal and state laws and administrative rules governing confidentiality. Specifically, the Subcontractor agrees to limit access to Confidential Information to the minimum amount of information necessary, to the fewest number of people, for the least amount of time required to do the work. The obligations set forth in this clause will survive completion, cancellation, expiration, or termination of this Contract.

A. Notification of Confidentiality Breach

Upon a breach or suspected breach of confidentiality, the Subcontractor will immediately notify CHOICE. CHOICE will subsequently notify the DOH Privacy Officer of the suspected breach. For the purposes of this Agreement, "immediately" will mean within one calendar day.

The Subcontractor will take steps necessary to mitigate any known harmful effects of such unauthorized access including, but not limited to sanctioning employees, notifying subjects, and taking steps necessary to stop further unauthorized access. The Subcontractor agrees to indemnify and hold harmless CHOICE and DOH for any damages related to unauthorized use or disclosure by the Subcontractor, its officers, directors, employees, contractors or agents.

Any breach of this clause may result in termination of the agreement and the demand for return of all confidential information.

B. Subsequent Disclosure

The Subcontractor will not release, divulge, publish, transfer, sell, disclose, or otherwise make the Confidential Information known to any other entity or person without the express prior written consent of the Secretary of Health, or as required by law.

If responding to public record disclosure requests under RCW 42.56, the Subcontractor agrees to notify and discuss with CHOICE requests for all information that are part of this Contract, prior to disclosing the information. The Subcontractor further agrees to provide DOH and CHOICE a minimum of two calendar weeks to initiate legal action to secure a protective order under RCW 42.56.540.

DEBARMENT: The Subcontractor, by signature to this Contract, certifies that the Subcontractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal department or agency from participating in transactions. The Subcontractor agrees to include the above requirement in all subcontracts into which it enters to complete this Contract.

DISPUTES: The Subcontractor and CHOICE agree that any disputes that arise relating to the terms under this Contract will be submitted to mediation before either party starts litigation in any form. An impartial third party acceptable to both the Subcontractor and CHOICE will be appointed to mediate. The Subcontractor and CHOICE will pay an equal percentage of the mediator's fees and expenses. The mediation will be confidential in all respects, as allowed or required by law.

GOVERNANCE: This agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this agreement will be construed to conform to those laws.

In the event of an inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule, the inconsistency will be resolved by giving precedence in the following order:

- A. Federal statutes and regulations
- B. State statutes and regulations
- C. Agreement amendments
- D. The Contract (in this order)
 - 1. Primary document (document that includes the signature page)
 - 2. Statement of Work (Exhibit A)
 - 3. Funding (Exhibit B)
 - 4. Subcontractor Invoice Template (Exhibit C)

HOLD HARMLESS: The Subcontractor will defend, protect, and hold harmless the State of Washington, DOH, CHOICE or any employees thereof, from and against all claims, suits or action arising from any intentional or negligent act or omission of the Subcontractor, or agents of either, while performing under the terms of this agreement. Claims will include, but not be limited to, assertions that the use or transfer of any software, book, document, report, film, tape or sound reproduction or material of any kind, delivered hereunder, constitutes an infringement of any copyright, patent, trademark, trade name, or otherwise results in an unfair trade practice.

INDEPENDENT CAPACITY: The employees or agents of each party who are engaged in the performance of this Contract will continue to be employees or agents of that party and will not be considered for any purpose to be employees or agents of the other party.

INDUSTRIAL INSURANCE COVERAGE: The Subcontractor will comply with the provisions of Title 51 RCW, Industrial Insurance. Prior to performing work under this agreement, the Subcontractor will provide or purchase industrial insurance coverage for the Subcontractor's employees, as may be required of an "employer" as defined in Title 51 RCW, and will maintain full compliance with Title 51RCW during the course of this agreement. If the Subcontractor fails to provide industrial insurance coverage or fails to pay premiums or penalties on behalf of its employees as may be required by law, CHOICE may collect from the Subcontractor the full amount payable to the Industrial Insurance accident fund. CHOICE may deduct the amount owed by the Subcontractor to the accident fund from the amount payable to the Subcontractor by CHOICE under this agreement, and transmit the deducted amount to the Department of Labor and Industries, Division of Insurance Services. This provision does not waive any of L&I's rights to collect from the Subcontractor.

Industrial insurance coverage through the Department of Labor & Industries is optional for sole proprietors, partners, corporate officers and others, per RCW 51.12.020.

NONDISCRIMINATION: During the performance of this agreement, the Subcontractor will comply with all federal and state nondiscrimination laws, regulations, and policies.

NONDISCRIMINATION LAWS NONCOMPLIANCE: In the event of the Subcontractor's noncompliance or refusal to comply with any nondiscrimination law, regulation, or policy, this agreement may be rescinded, canceled or terminated in whole or in part, and the Subcontractor may be declared ineligible for further contracts with CHOICE. The Subcontractor will, however, be given a reasonable time in which to correct this noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

RECORDS MAINTENANCE: The Parties to this agreement will each maintain books, records, documents, and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records will be subject to inspection, review, or audit by personnel of both parties other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties will have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party in this Contract to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

RIGHT OF INSPECTION: The Subcontractor will provide right of access to its facilities to DOH and CHOICE, or any of its officers, or to any other authorized agent or official of the state of Washington or the federal government, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this agreement. The Subcontractor will make available information necessary for DOH and CHOICE to comply with the client's right to access, amend, and receive an accounting of disclosures of their confidential information according state and federal law. The Subcontractor's internal policies and procedures, books, and records relating to the safeguarding, use, and disclosure of confidential information obtained or used as a result of this agreement will be made available to DOH, CHOICE, and the U.S. Secretary of the Department of Health & Human Services, upon request.

SAVINGS: In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this agreement and prior to normal completion, DOH may terminate the Grant under the "Termination" clause, subject to renegotiation under those new funding limitations and conditions.

SEVERABILITY: If any provision of this Contract or any provision of any document incorporated by reference is deemed invalid, such invalidity will not affect the other provisions of this Contract which can be given effect without the invalid provision, and to this end the provisions of this Contract are declared to be severable.

SUBGRANTING: The Subcontractor will not enter into subcontracts for any of the work contemplated under this agreement without prior written approval of DOH and CHOICE. In no event will the existence of the subcontract operate to release or reduce the liability of the Subcontractor to DOH or CHOICE for any breach in the performance of the Subcontractor's duties. This clause does not include contracts of employment between the Subcontractor and personnel assigned to work under this agreement, nor does it prevent vendor agreements from being issued by the Subcontractor. Please refer to the Statement of Work for final details on vendor agreements and contracts.

Additionally, the Subcontractor is responsible for ensuring that all terms, conditions, assurances, and certifications set forth in this Contract are carried forward to any approved subcontracts.

If, at any time during the progress of the work, DOH determines in its sole judgment that the Subcontractor is incompetent or undesirable, DOH will notify CHOICE and CHOICE will take immediate steps to terminate the Subcontractor's involvement in the work. This clause also includes any further approved subcontracts the Subcontractor may have entered into.

SURVIVABILITY: The terms and conditions contained in this agreement, will survive the completion, cancellation, termination, or expiration of the agreement.

SUSPENSION OF PERFORMANCE AND RESUMPTION OF PERFORMANCE: In the event of government closure, suspension or limitation of funding in any way after the effective date of this agreement and prior to normal completion, CHOICE may give notice to Subcontractor to suspend performance as an alternative to termination. CHOICE may elect to give written notice to the Subcontractor to suspend performance when CHOICE determines that there is a reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow performance to be resumed prior to the end date of this agreement. Notice may include notice by facsimile or email to the Subcontractor's representative. The Subcontractor will suspend performance on the date stated in the written notice to suspend. During the period of suspension of performance, each party may inform the other of any conditions that may reasonably affect the potential for resumption of performance.

When CHOICE determines that the funding insufficiency is resolved, CHOICE may give the Subcontractor written notice to resume performance and a proposed date to resume performance. Upon receipt of written notice to resume performance, Subcontractor will give written notice to CHOICE as to whether it can resume performance, and, if so, the date upon which it agrees to resume performance. If Subcontractor gives notice to CHOICE that it cannot resume performance, the Parties agree that the agreement will be terminated retroactive to the original date of termination. If the date the Subcontractor gives notice it can resume performance is not acceptable to CHOICE, the Parties agree to discuss an alternative acceptable date. If an alternative date is not acceptable to CHOICE, the Parties agree that the agreement will be terminated retroactive to the original date of termination.

TAXES: All payments accrued on account of payroll taxes, unemployment contributions, any other taxes, insurance or other expenses for the Subcontractor or its staff will be the sole responsibility of the Subcontractor.

TERMINATION: Either party may terminate this agreement upon thirty (30) days prior written notification to the other party. If this agreement is so terminated, the Parties will be liable only for performance rendered or costs incurred in accordance with the terms of this agreement prior to the effective date of termination.

TERMINATION FOR CAUSE: If for any cause, either party does not fulfill in a timely and proper manner its obligations under this agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If the failure or violation is not corrected, this agreement may be terminated immediately by written notice of the aggrieved party to the other.

WAIVER: A failure by either party to exercise its rights under this agreement will not preclude that party from subsequent exercise of such rights and will not constitute a waiver of any other rights under this agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original agreement.



EXHIBIT A STATEMENT OF WORK

The Pacific County Public Health and Human Services (PCPHHS) and CHOICE will work together on a series of events that will be focused on cannabis and commercial tobacco prevention efforts towards youth, school districts, and community members. With this relationship, we are hoping to strengthen the work being done around smoking and vaping, leverage the expertise of ESD 113 professionals in the region, and increase cessation by youth in the region.

Responsibilities of Pacific County Public Health and Human Services Dept.

1. **Deliverable:** Work with school districts to identify prevention needs, promote prevention resources, review and revise school discipline policies and practices, to ensure they are equitable and restorative, centering treatment over punishment.

Activities:

- a. Partner with at least 1 school district to review and revise school discipline policies and procedures
- b. Create at least 1 campaign aimed at school staff that focuses on the importance of prevention through education and early intervention.
- c. Collaborate with at least 2 schools to create a community Prevention Newsletter and disseminate it to students
- d. Hold at least one ACE's (Adverse Childhood Experiences) training with school district staff.

2. **Deliverable:** Create a community engagement campaign around safe storage of substances for the county

Activities:

- a. Create a social media campaign around this topic that includes a minimum of 2 posts per month.
- b. Work with 3 local coalitions and at least 1 business to provide access to RX take-backs and lockboxes at least once a year.

3. **Deliverable:** Grow the current prevention network in Pacific County

Activities:

- a. Increase the number of law enforcement partners by at least 1 – measured by the number of agencies with safe storage materials available for distribution
- b. Table at coalition events and/or resource fairs at least once (1) per month.
- c. Attend at least 2 subcommittee meetings providing technical assistance
- d. YCCTPP coordinator to attend at least 1 capacity building event on prevention or related subject

4. **Deliverable:** Community education:

Activities:

- a. Host at least 1 training event to educate others regarding prevention and education for commercial tobacco and cannabis to increase the knowledge skills and abilities of network members, community partners, and other community stakeholders.

Responsibilities of CHOICE to Pacific County Public Health and Human Services Dept.

1. CHOICE will disburse funds to Pacific County
2. CHOICE will provide technical assistance if needed
3. CHOICE will report to DOH on implementation progress

Other Activities

To ensure compliance and consistency with program requirements, CHOICE will conduct a series of monitoring activities throughout the life of this contract and any subsequent amendments and/or extensions made by either CHOICE or DOH. Those activities include, but are not limited to, the following:

- Reporting on any other activities outlined in PCPH's Work Plan as listed below:
- Timely reporting by Subrecipient/Subcontractor
- Audit of Subrecipient/Subcontractor invoices (if applicable)
- Site visits
- Regular attendance to network monthly meetings and activities

Pacific County Public Health and Human Services Work Plan- 2022- 2023 Fiscal Year

| Coordination Plan | |
|---|--|
| <i>Required Activities By DOH</i> | |
| <i>Activity</i> | |
| Hire or assign project staff | |
| Assure all staff working with youth have an acceptable criminal background check on file. | |
| Participate in performance measure data collection activities in collaboration with DOH. | |
| Participate in project evaluation activities developed and coordinated by DOH. | |
| Participate in meetings with State YCCTPP contractors hosted by the DOH. | |
| Participate in Monthly YCCTPP Practice collaborative meeting | |
| Attend a one-day workshop with other Department of Health YCCTPP contractors to receive orientation and foster collaboration (Year 1 only. Travel paid by DOH). | |
| Provide workforce development training, technical assistance and support to project partners as needed. | |
| Participate in the recruitment of Healthy Youth Survey participation with school districts in your community. | |
| Create data management plan to protect participant confidentiality | |
| Additional Coordination Efforts | |
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Network PSE Goal 1:

To work with at least 2 School Districts to identify prevention needs, promote prevention resources, review and revise School Discipline Policies and Practices to ensure policies and practices are equitable and restorative, and center treatment over punishment for youth struggling with cannabis or commercial tobacco use.

Objective 1:

to increase the number of school districts who are partnering with our network and are committed to creating equitable discipline policies and practices by 1 school district to be identified through collaborative prevention work.

Creating at least 1 cohesive campaign with at least 2 schools. The campaign will focus on the importance of prevention through education and early intervention. The campaign will be focused toward school staff and inform school discipline policies through education around resources for prevention and treatment.

Which State goal(s) does this contribute to?**Network Activities****Strategy 1: Network Management & Sustainability**

| Activity | Substance(s) Addressed | Funding Source(s) | Who is responsible? | By when? Or How often? |
|--|-------------------------------|----------------------|------------------------|---------------------------|
| Plan network meeting with countywide prevention staff and coordinate unified campaigns between coalitions at least once a year directed toward providing education around local prevention, intervention, and treatment resources available as an alternative to punitive disciplinary action. | Cannabis & Commercial Tobacco | DCA YVTP | Emily Jessica | Annually |
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Strategy 2: Collaboration & Engagement

| Activity | Substance(s) Addressed | Funding Source(s) | Who is responsible? | By when? Or How often? |
|--|-------------------------------|----------------------|------------------------|---------------------------|
| Collaborate with at least 2 schools on the community Prevention Newsletter to get to students through handouts available in schools and social media | Cannabis & Commercial Tobacco | DCA YVTP | Emily | Quarterly |
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Strategy 3: Media & Communication

| Activity | Substance(s) Addressed | Funding Source(s) | Who is responsible? | By when? Or How often? |
|--|-------------------------------|----------------------|------------------------|---------------------------|
| In the quarterly community Prevention Newsletter, spotlight progress of school districts that participated last year at least 2 times a year. The newsletter is used to educate the general public of events and measures being taken opioid, cannabis, and tobacco use. | Cannabis & Commercial Tobacco | DCA YVTP | Emily | Quarterly |
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Strategy 4: Education & Technical Assistance

| Activity | Substance(s) Addressed | Funding Source(s) | Who is responsible? | By when? Or How often? |
|---|-------------------------------|----------------------|------------------------|---------------------------|
| ACEs (Adverse Childhood Experiences) training with school district staff at least once a year | Cannabis & Commercial Tobacco | DCA YVTP | Carole | Annually |

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| Strategy 5: Workforce Development | | | | |
| <i>Activity</i> | <i>Substance(s) Addressed</i> | <i>Funding Source(s)</i> | <i>Who is responsible?</i> | <i>By when? Or How often?</i> |
| YCCTPP coordinator attends cannabis, tobacco, and opioid trainings quarterly to include but not limited to SAPST, state wide and local Opioid Summit, Washington State Poison Control updates, Washington Prevention Summit etc at time and funding allows. | Cannabis & Commercial Tobacco | DCA YVTP | Emily | Quarterly |
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Network PSE Goal 2:

Create a community engagement campaign centered around safe storage of medications and cannabis for the county to use through online platforms and in person activities

Objective 1:

-Increase number of law enforcement partners by at least 1 as measured by number of agencies with safe storage materials available for distribution

-increase community businesses engagement in prevention campaign by 1 business

Which State goal(s) does this contribute to?

Network Activities**Strategy 1: Network Management & Sustainability**

| | | | | |
|---|-----------------------------------|------------------------------|--------------------------------|-----------------------------------|
| <i>Activity</i> | <i>Substance(s) Addressed</i> | <i>Funding Source(s)</i> | <i>Who is responsible?</i> | <i>By when? Or How often?</i> |
| Connect with at least one police department that we are not yet partnered with through bi-annual Rx take back events. | Cannabis & Commercial Tobacco | YVTP, DCA | Jessica | Annually |
| Connect with at least on police department that we are not yet partnered with through Naloxone distribution events. | Cannabis & Commercial Tobacco | YVTP, DCA | Jessica | Annually |
| | | | | |

Strategy 2: Collaboration & Engagement

| | | | | |
|---|-----------------------------------|------------------------------|--------------------------------|-----------------------------------|
| <i>Activity</i> | <i>Substance(s) Addressed</i> | <i>Funding Source(s)</i> | <i>Who is responsible?</i> | <i>By when? Or How often?</i> |
| Work with 3 local coalitions and at least 1 business to provide access to RX take-backs (old prescription dropoff event) and lockboxes at least once a year at RX take-backs. | Cannabis & Commercial Tobacco | YVTP, DCA | Jessica Emily Carole | Annually |
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Strategy 3: Media & Communication

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|-----------------|-----------------------------------|------------------------------|--------------------------------|-----------------------------------|
| <i>Activity</i> | <i>Substance(s) Addressed</i> | <i>Funding Source(s)</i> | <i>Who is responsible?</i> | <i>By when? Or How often?</i> |
|-----------------|-----------------------------------|------------------------------|--------------------------------|-----------------------------------|

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|--|-------------------------------|--------------------------|----------------------------|-------------------------------|
| Create at least one social media post per month relating to the campaign including Start Talking Now and promoting the tobacco quit line on Facebook and Instagram | Cannabis & Commercial Tobacco | YVTP, DCA | Emily | Monthly |
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| Strategy 4: Education & Technical Assistance | | | | |
| <i>Activity</i> | <i>Substance(s) Addressed</i> | <i>Funding Source(s)</i> | <i>Who is responsible?</i> | <i>By when? Or How often?</i> |
| Tabling at coalition event and/or resource fair at least once a quarter | Cannabis & Commercial Tobacco | YVTP, DCA | Emily Jessica Abby | Quarterly |
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| Strategy 5: Workforce Development | | | | |
| <i>Activity</i> | <i>Substance(s) Addressed</i> | <i>Funding Source(s)</i> | <i>Who is responsible?</i> | <i>By when? Or How often?</i> |
| Attending subcommittee and coalition meetings providing technical and collaboration for capacity building efforts and volunteer support at events | Cannabis & Commercial Tobacco | YVTP, DCA | Emily Jessica | Quarterly |
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EXHIBIT B

Funding

The Youth and Cannabis and Commercial Tobacco Prevention Program's (YCCTPP) mission is to prevent initiation and reduce cannabis and commercial tobacco use by youth, ages 12-20, support adults who influence these youth, leverage resources for promoting and supporting commercial tobacco dependence treatment and reduce cannabis and commercial tobacco-related inequities within Washington State.

The program itself is made up of four (4) different funding sources for cannabis and commercial tobacco:

- The National and State Tobacco Control Program (NTCP) from the Centers for Disease Control and Prevention (CDC) and Office of Smoking and Health (OSH);
- The Youth Tobacco and Vapor Product Prevention Account (YTVP);
- The Dedicated Cannabis Account (DCA); and
- The Tobacco Prevention Provision (TPP).

Total consideration by DOH: \$571,636 and is further divided as follows:

| Chart of Accounts, Program Name or Title | Funding Period Start Date | Funding Period End Date | Funding Amount |
|--|---------------------------|-------------------------|----------------|
| SFY23 Youth Tobacco Vapor Products | July 1, 2022 | June 30, 2023 | \$48,756.00 |
| SFY23 Marijuana Education | July 1, 2022 | June 30, 2023 | \$312,880.00 |
| SFY23 Tobacco Prevention Provision | July 1, 2022 | June 30, 2023 | \$210,000.00 |

1. For the services performed hereunder, the Contractor shall be paid no more than **\$40,000.00**
2. No payment shall be made for any work performed by the Contractor, except for work identified and set forth in this Contract or supporting exhibits or attachments incorporated by reference into this Contract.
3. The **Monthly Activity Reports** are to be submitted to CHOICE by the 5th day of each month for the previous month's activity, and the **Expenditure Report** and **Invoice Request for Reimbursement** must be provided to CHOICE by the 15th day of the month for the previous month's activity in order to receive reimbursement for the previous month. If CHOICE does not receive the Monthly Expenditure Report and Request for Reimbursement form by the end of the month, CHOICE may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
4. Contractor will submit all reimbursement forms to finance@crhn.org and to YCCTPP Program Manager.
5. Reimbursement requests must include supporting documentation such as approved timesheets, payroll records, and receipts for equipment, goods, services, related travel, and payments to vendors contracted by PCPHHS.
6. Expectations related to monthly billing will remain consistent. Late invoices will be processed in the subsequent month. CHOICE will no longer accept end of year invoices with less than ten days before final deadline submission to DOH to allow CHOICE finance appropriate time to process all documents.

Exhibit C
Subcontract Invoice Template



**CHOICE REGIONAL
HEALTH NETWORK**

Cascade Pacific Action Alliance

CONTRACT NO. _____
 FUNDING SOURCE: _____
 TOTAL CONTRACT BUDGET: _____
 INVOICE NO. _____

| | | |
|---------------------------------|--|---------|
| SUBCONTRACTOR NAME AND ADDRESS | | TAX ID: |
| | | |
| Reporting Month and Year: | | |

| Date | Description | Amount |
|--------------|-------------|----------|
| | | |
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| | | |
| TOTAL | | 0 |

CONTRACT EXPENDITURE AND REVENUE RECONCILIATION

(a) Total Subcontract Amount: _____
 (b) Reimbursements Received to Date: _____
 Total Reimbursement Requested This Month: 0
 (c) Balance of Total Contract Amount: _____

For Internal use only:

Approved by: _____
 (Signature and date required to process payment to partner)

_____ Date

1217 4th Avenue, Suite 200, Olympia, WA 98506
 (360) 539-7576

Exhibit D
Subcontractor/Vendor
Proclamation 21-14 – COVID-19 Vaccination Certification

To reduce the spread of COVID-19, Washington state Governor Jay Inslee, pursuant to emergency powers authorized in RCW 43.06.220, issued Proclamation 21-14 – COVID-19 Vaccination Requirement (dated August 9, 2021), as amended by Proclamation 21-14.2 – COVID-19 Vaccination Requirement (dated September 27, 2021) and as may be amended thereafter. The Proclamation requires contractors/vendors who have goods, services, or public works contracts with a Washington state agency to ensure that their personnel (including subcontractors) who perform contract activities on-site comply with the COVID-19 vaccination requirements, unless exempted as prescribed by the Proclamation.

Yes N/A

I hereby certify, on behalf of **Pacific County Public Health and Human Services** _____ has or _____ does not have a COVID-19 Contractor Vaccination Verification Plan that complies with the state's Vaccination Proclamation as defined below:

1. I have reviewed and understand the Subcontractor/Vendor obligations as set forth in Proclamation 21-14 – COVID-19 Vaccination Requirement (dated August 9, 2021), as amended by Proclamation 21-14.2 – COVID-19 Vaccination Requirement (dated September 27, 2021);
2. I have developed a COVID-19 Vaccination Verification Plan for personnel that complies with the above-referenced Proclamation;
3. I have obtained a copy or visually observed proof of full vaccination against COVID-19 for my personnel who are subject to the vaccination requirement in the above-referenced Proclamation;
4. I am complying with the requirements for granting disability and religious accommodations for my personnel who are subject to the vaccination requirement in the above-referenced Proclamation;
5. I have operational procedures in place to ensure that any contract activities that occur in person and on-site at DOH premises performed by our organization will be performed by personnel who are fully vaccinated or properly exempted;
6. I have operational procedures in place to enable my personnel who perform contract activities on-site at DOH premises to provide compliance documentation that such personnel are in compliance with the above-referenced Proclamation;
7. I will provide to DOH and/or CHOICE, upon request, my COVID-19 Vaccination Verification Plan, and related records, except as prohibited by law, and will cooperate with any investigation or inquiry pertaining to the same.

OR

Pacific County Public Health and Human Services does not have a current COVID-19 Vaccination Verification Plan and, is not able to develop and provide a COVID-19 Vaccination Verification Plan to ensure that personnel meet the COVID-19 vaccination requirements as set forth in the above-referenced Proclamation, and provide the same to DOH within twenty-four (24) hours of such request. (NOTE: Compliance with the Proclamation is mandatory and failure to comply could result in termination of Contract/purchase order.)

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the organization listed above.

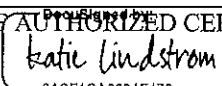
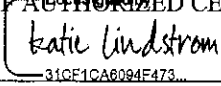
| | |
|---|--|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  <small>31CF1CA6094F473...</small> | NAME AND TITLE Katie O. Lindstrom, Director |
| SUBCONTRACTOR ORGANIZATION Pacific County Public Health and Human Services | DATE SUBMITTED 2/7/2023 |

Exhibit E
Subcontractor/Vendor
Background Check Verification Certification

In accordance with Washington State Legislature RCW 43.150.080 (At risk children – Collaborative program) and RCW 43.43.830 through 43.43.834 (Background checks – Access to children or vulnerable persons), all Subcontractors and Vendors who work directly with youth (ages 0-17) are required to disclose that their background check policies include language that covers both volunteers and staff who may work with or have unsupervised access to youth and at-risk youth ages 0 to 17, , developmentally disabled persons or vulnerable adults.

I hereby certify, on behalf of **Pacific County Public Health and Human Services** Yes has or N/a does not have a Background Checks Policy that complies with RCW 43.150.080 and 43.43.830 through 43.43.834. I further understand that if I do not currently have a compliant Background Checks Policy, that I have 30 days from the date of this fully executed contract to amend any existing policy with relevant language based on the following RCW 43.43.830 language:

1. An "Applicant" or "Volunteer" means:
 - a. Any prospective employee who will or may have unsupervised access to children, youth, and at-risk youth seventeen years or younger, or developmentally disabled persons or vulnerable adults during the course of their employment or involvement with the business or organization;
 - b. Any prospective volunteer who will have regularly scheduled unsupervised access to children seventeen years or younger, developmentally disabled persons, or vulnerable adults during the course of their employment or involvement with the business or organization under circumstance where such access will or may involve groups of (i) five or fewer children under twelve years of age, (ii) three or fewer children and/or at-risk youth between twelve and sixteen years of age, (iii) developmentally disabled persons, or (iv) vulnerable adults
2. "Peer counselor" means a nonprofessional person who has equal standing with another person, providing advice on a topic about which the nonprofessional person is more experienced or knowledgeable, and who is a counselor for a peer counseling program that contracts with or is otherwise approved by the department, another state or local agency, or the court.
 - a. With regard to peer counselors, "unsupervised" does not include incidental contact with children or at-risk youth under age seventeen at the location at which the peer counseling is taking place.
 - b. "Incidental contact" means minor or casual contact with a child or at-risk youth in an area accessible to and within visual or auditory range of others. It could include passing a child or at-risk youth while walking down a hallway but would not include being alone with a child or at-risk youth for any period of time in a closed room or office.

| | |
|--|--|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  31CF1CA6094F473... | NAME AND TITLE Katie O. Lindstrom, Director |
| SUBCONTRACTOR ORGANIZATION Pacific County Public Health and Human Services | DATE SUBMITTED 2/7/2023 |

END OF CONTRACT

Certificate Of Completion

Envelope Id: CA935A3C421340A496DF2B19A517FD0B
 Subject: Complete with DocuSign: YCCTPP No. CBO27574 Pacific County PH&HS 2022_2023.docx
 Source Envelope:
 Document Pages: 15 Signatures: 3
 Certificate Pages: 5 Initials: 4
 AutoNav: Enabled
 Envelope Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Sent

Envelope Originator:
 Connie Sowa, Compliance & Contracts
 1217 4th Ave Suite 200
 Olympia, WA 98506
 sowac@crhn.org
 IP Address: 50.199.15.138

Record Tracking

Status: Original
 2/7/2023 10:18:33 AM

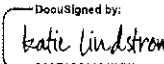
Holder: Connie Sowa, Compliance & Contracts
 sowac@crhn.org

Location: DocuSign

Signer Events

Katie Lindstrom
 koien@co.pacific.wa.us
 Director
 Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by:

 31CF1CA6094F473...

Signature Adoption: Pre-selected Style
 Using IP Address: 96.66.228.65

Timestamp

Sent: 2/7/2023 10:30:01 AM
 Viewed: 2/7/2023 10:43:21 AM
 Signed: 2/7/2023 11:07:19 AM

Electronic Record and Signature Disclosure:

Accepted: 2/7/2023 10:43:21 AM
 ID: cde4207b-941c-4f69-b9b0-933ff9b12cc1
 Company Name: CHOICE Regional Health Network

JP Anderson
 anderj@crhn.org

Sent: 2/7/2023 11:07:23 AM

Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Rob Molina
 molinar@crhn.org
 Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Emily Singharath
 esingharath@co.pacific.wa.us
 Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:

Carbon Copy Events**Status****Timestamp**

Not Offered via DocuSign

Jessica Verboomen

jverboomen@co.pacific.wa.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events**Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

2/7/2023 10:30:01 AM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

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From time to time, CHOICE Regional Health Network (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact CHOICE Regional Health Network:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: contracts@crhn.org

To advise CHOICE Regional Health Network of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at contracts@crhn.org and in the body of such request you must state: your previous email address, your new email address. Please inform us if you are no longer with the organization for which we are wishing to partner.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from CHOICE Regional Health Network

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to contracts@crhn.org and in the body of such request you must state your email address, full name, mailing address, and telephone number.

To withdraw your consent with CHOICE Regional Health Network

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to contracts@crhn.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We will need written documentation via email, fax or scanned document explaining why they are withdrawing their consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CHOICE Regional Health Network as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CHOICE Regional Health Network during the course of your relationship with CHOICE Regional Health Network.