

**PACIFIC COUNTY PUBLIC HEALTH & HUMAN SERVICES DEPARTMENT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18256

AMENDMENT NUMBER: 14

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

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

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

- ☒ Adds Statements of Work for the following programs:
 - ELC COVID-19 - Effective June 1, 2020
 - OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2020
- ☒ Amends Statements of Work for the following programs:
 - Family Planning - Effective December 1, 2019
 - Recreational Shellfish Activities - Effective July 1, 2019
 - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018
 - WIC Nutrition Program - Effective January 1, 2018
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-14 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-13 Allocations as follows:

- ☒ Increase of \$52,781 for a revised maximum consideration of \$1,395,103.
- ☐ Decrease of _____ for a revised maximum consideration of _____.
- ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-14 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-13.

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.

PACIFIC COUNTY PUBLIC HEALTH & HUMAN
SERVICES DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Katie Lindstrom

Katie Lindstrom (Jul 21, 2020 14:25 PDT)

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

DOH Program Name or Title: ELC COVID-19 - Effective June 1, 2020

Local Health Jurisdiction Name: Pacific County Public Health & Human Services Department
Contract Number: CLH18256

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

Period of Performance: June 1, 2020 through December 31, 2020

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 is to build and strengthen epidemiology, laboratory and health information systems capacity in local health jurisdictions.

Note: Pending execution of an extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, DOH plans to extend the period of performance and funding in this statement of work through December 31, 2021. Unspent funds through December 31, 2020 will be carried forward into the new consolidated contract period beginning January 1, 2021 and will allow for work to continue through December 31, 2021.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY19 COVID CARES	93.323	333.93.32	1891029A	06/01/20 12/31/20	0	30,194	30,194
TOTALS					0	30,194	30,194

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Establish a spending plan and staffing proposal to support the work of COVID-19 case investigation and contact tracing. The spending plan and staffing proposal should include proposed positions and define roles.		Submit spending plan and staffing proposal summary to the DOH Contract Manager.	August 15, 2020	\$30,194 – MI 1891029A – COVID CARES
2	Hire, orient and/or train staff based on the negotiated staffing proposal. Develop a training plan in consultation with DOH that is consistent with the DOH COVID-19 guideline. Training plan will be flexible depending on staff experience and based on for onboarding into new systems.		Staff summary and training plan	September 30, 2020	(\$30,194 for the period 06/01/20-12/31/21)

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Conduct case investigations, contact tracing and monitoring in accordance with DOH COVID-19 Infection Reporting and Surveillance Guidelines (DOH 420-107), Appendix 1: Case and Contact Investigation, pages 16-21: https://www.doh.wa.gov/Portals/1/Documents/5100/420-107-Guideline-COVID-19.pdf		Data collected and reported into DOH systems	Daily	

***For Information Only:**

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

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

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

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

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

Program Specific Requirements/Narrative

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH by July 15, 2020.

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.

DOH Program Contact

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DOH Fiscal Contact

Summer Wurst

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Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Family Planning - Effective December 1, 2019

Local Health Jurisdiction Name: Pacific County Public Health & Human Services Department
Contract Number: CLH18256

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

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide family planning services to Washington State residents. These services will comply with all state and DOH Family Planning Manual requirements. This statement of work replaces previous statements of work. It highlights specific requirements, but all must be complied with.

Due dates after December 31, 2020 are for reporting only. LHJ may not bill under this statement of work for work done in January 2021.

Revision Purpose: The purpose of this revision is to provide additional family planning funding to be spent by 6/30/20.

Chart of Accounts Program Name or Title		CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
Family Planning Cost Share		N/A	334.04.91	78440100	Start Date	End Date	17,722	0	17,722
Family Planning Cost Share		N/A	334.04.91	78440100	12/01/19	12/31/20	0	12,429	12,429
TOTALS							17,722	12,429	30,151

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Family Planning Services—excluding abortion and other surgical procedures related to family planning A. Comply with Washington State 2019 Family Planning Manual, Family Planning Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below. B. Provide medical services, community education and outreach, and staff training, consistent with state requirements:		<ul style="list-style-type: none"> A19 invoice vouchers submitted timely and accompanied with an R&E showing revenue and expenses for the month billed and back up documentation per DOH policy. <i>During the COVID19 crisis you may enter FTE related expenses for family planning staff temporarily assigned to other duties due to COVID19 or staff not working due to</i> 	No more than monthly and no less than quarterly.	Billing must be based on a current cost methodology approved by DOH (see Reporting Requirements table). DOH reserves the right to withhold payment until: <ul style="list-style-type: none"> Compliance issues related to this or a previous SOW are resolved in a way accepted by DOH

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW.</p> <p>2. Medical, laboratory, and other services related to abortion are not covered by this task.</p> <p>3. Community education services must be based on the needs of the community.</p> <p>4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity.</p> <p>Washington State Family Planning Network priority populations are:</p> <ul style="list-style-type: none"> • People under 20 years old • People with incomes at or below 250% FPL • People who are uninsured or underinsured • People who require an extra level of confidentiality • People with low English proficiency <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>Provide all services in accordance with:</p> <ul style="list-style-type: none"> • DOH Family Planning Manual • Other state and federal requirements • LHJ's Current Scope Report (defined below) <p>C. Collect, maintain, and provide data about each family planning clinic visit as defined in the Family Planning Manual.</p> <ol style="list-style-type: none"> 1. Maintain a computer system that includes normal safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 		<p><i>COVID19, but still being paid by your organization as paid leave.</i></p> <ul style="list-style-type: none"> • All reports described in Reporting Requirements table below. • Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH site-visits—appropriate staff and documentation readily available prior to and during review. <p>DOH performs site visits at least every three-years. Follow-up site visits are performed until identified issues are resolved.</p> <p>CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p>	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p> <p>The last day of the next month. Within thirty (30) days of</p>	<ul style="list-style-type: none"> • Current data is submitted to, and accepted by, Ahlers. • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> • Actual allowable costs according to your approved cost methodology (see Reporting Requirements table). <p>or</p> <ul style="list-style-type: none"> • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less. <p>Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).</p> <p>All services through 12-31-20 must be billed by 01-31-21.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</p> <p>D. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. • Any other change that might affect LHJ's ability to provide the family planning services described in this SOW. 		<ul style="list-style-type: none"> • Data for each month • Corrected CVR data <p>Email briefly describing change.</p>	<p>receiving error/rejection report or request from DOH family planning data manager.</p> <p>As needed to keep information current.</p>	
2.	<p>Abortion and other surgical procedures related to family planning</p> <p>A. LHJ may choose to use up to 3% of its total SOW funds for medical and surgical abortions and other family planning related surgical procedures.</p> <p>B. LHJ must notify the DOH contract manager prior to providing services with SOW funds. DOH will move the appropriate amount to the appropriate funding source. This may or may not require an amendment.</p> <p>C. Comply with Washington State 2019 Family Planning Manual, Family Planning Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below.</p> <p>D. Eligible clients are those with incomes at or below 250% FPL.</p> <p>E. If LHJ bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHJ is responsible for ensuring that the outside provider does not seek additional payment from the client or</p>		<p>Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Forms form for each visit billed.</p> <p>DOH will provide Surgical Services Summary forms and surgical A19s as part of R&E workbook for all LHJ's who receive surgical funds.</p>	<p>No more than six (6) months after date service was provided.</p>	<p>DOH will only reimburse LHJ for these services if this SOW includes surgical funds.</p> <p>DOH will pay for services at Health Care Authority (HCA) Medicaid reimbursement amounts.</p> <ul style="list-style-type: none"> • This will be considered payment in full. • LHJ will not seek additional payment from the client or any other person or organization.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	any other person or organization. (Also see Payment column.)				

Reporting Requirements:

Title and Purpose	Description	Due
1. Current Scope Report Information required at the beginning this SOW period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides. In addition, elements of this report allow DOH to ensure that Washington State Family Planning Network requirements regarding client fees, required services, requirements. It also provides other information to assist DOH to manage this SOW and the Washington State Family Planning Network as a whole.	<p>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 01-31-20 It will include:</p> <p>Information about your agency contacts and your organization's staffing</p> <ul style="list-style-type: none"> A. Head of Organization B. Head of Finance C. Medical Director D. The following (one person might fill more than one role) <ul style="list-style-type: none"> a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information <p>Information regarding family planning related services offered at each clinic site:</p> <ul style="list-style-type: none"> A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ no more than three years prior to the start date of this SOW. B. Sliding fee schedule that includes all services required in the Family Planning Manual. Additional Task 1 family planning-related services may also be included on LHJ's sliding fee schedule. <ul style="list-style-type: none"> a. Sliding fee schedule must be based on cost analysis described above. b. LHJ may use the last fee schedule approved prior to this SOW as long as it was approved later than 04-01-19. LHJ must email the DOH contract manager letting them know it is using a prior approved fee schedule. c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH. C. Income conversion tables must be updated annually and approved by DOH <p>Information related to current Community Outreach Plan</p> <p>LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs, this process must include the following steps:</p> <ul style="list-style-type: none"> A. Define the populations LHJ serves and identify opportunities to expand reach within 	01-31-20 AND As needed to maintain accuracy of information.

	<p>those populations and to unreached populations in each community it serves.</p> <ul style="list-style-type: none"> B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. C. Gather available data and current assessments (secondary data) D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data) E. Aggregate secondary and primary data and analyze aggregated data F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities G. Document and disseminate the community health needs assessment to LHJ's FFP consultant and appropriate stakeholders <p>Information related to current Washington State Family Planning Network work plan</p> <p>Periodically, the Family Planning Network develops a statewide work plan. LHJ will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them.</p> <p>Describe plans to address portions of the Network work plan that LHJ is responsible for or involved in. Include a description of the staff involved and timelines related to your activities.</p> <p>Information related to billing and client fees</p> <p>Cost methodology: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHJ cost methodology was approved by DOH after 04-01-19, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.</p>
<p>2. Progress Summary Report</p> <p>Summary of activities from previous Family Planning services SOW. This information allows DOH to provide required reports to the federal Office of Population of Affairs.</p> <p>It also informs quality improvement of the Washington State Family Planning Network.</p> <p>Family Planning Annual Report (FPAR)</p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2020 (January through December 2020).</p>	<p>This information must be reported using the template or format provided by DOH. It will include information about LHJ's work during the previous SOW:</p> <ul style="list-style-type: none"> A. Progress on portions of the Network work plan LHJ was responsible for or involved in. B. Community education and outreach strategies and activities and a discussion of their effectiveness. C. Staff training.
<p>3. Family Planning Annual Report (FPAR)</p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2020 (January through December 2020).</p>	<p>Organization-level data on clinical services emailed to DOH family planning data manager</p> <p>Number of:</p> <ul style="list-style-type: none"> A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide Title X services:

	<ul style="list-style-type: none"> Physicians Physician assistants + nurse practitioners + certified nurse midwives Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. <p>Financial data emailed to DOH Contract Manager</p> <p>A. R&E showing Other Revenue through 12-31-20 as described in item 5, below.</p>	
4. Clinic Visit Reports (CVRs)	<p>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf.</p> <p>CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> Each month's CVR data Corrected CVR data 	<p>The last day of the next month</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH family planning data manager.</p>
5. Revenue and Expense Reports (R&E)	<p>Completed R&E for time period that shows all revenue (including program income) that support Task 1 Family Planning Services and all expenses related to providing those services. R&E workbook will be provided by DOH.</p> <ul style="list-style-type: none"> A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. C. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses. 	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&E showing all sources of revenue that support services for:</p> <ul style="list-style-type: none"> January-December 2019 due 01-31-20 January-December 2020 due 01-31-21

***For Information Only:**

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

Program Manual, Handbook, Policy References

LHJ must comply with all state and DOH Family Planning requirements, policies, and regulations and with their DOH approved Current Scope Report. Reference documents include:

Exhibit A, Statements of Work
Revised as of May 15, 2020

- DOH Family Planning Manual (DOH publication 930-122, available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf>). Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- Current Washington State Family Planning Network work plan
- LHJ's approved Current Scope Report

Special Billing Requirements

See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Special Instructions

Accessibility of Services

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to target populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must comply with the Americans with Disabilities Act.
 - Facilities must meet applicable standards established by the Federal, State, and local governments, including local fire, building, and licensing codes.
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be provided solely on a voluntary basis. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, services in any non-family planning programs of the LHJ.

Availability of Emergency Services

The LHJ must have written plans and procedures for the management of on-site medical emergencies, including emergencies that require transport and after-hours management of contraceptive emergencies. (See DOH Family Planning Manual)

DOH Program Contact

Carol Oakes
 PO Box 47880
 Olympia, WA 98504-7880
Carol.Oakes@doh.wa.gov
 (360) 236-3588

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2020

Local Health Jurisdiction Name: Pacific County Public Health & Human Services Department
Contract Number: CLH18256

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

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

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 is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: N/A

Chart of Accounts Program Name or Title				CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY21 VFC Ops				93.268	333.93.26	74310202	07/01/20 12/31/20	0	2,800	2,800
TOTALS								0	2,800	2,800

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <u>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</u> announcement.		Written proposal and a report that shows starting immunization rates for the target population	August 1, 2020	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2020	*See Restrictions on Funds below.

***For Information Only:**

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

Exhibit A, Statements of Work
 Revised as of May 15, 2020

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

Program Specific Requirements/Narrative

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

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

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

DOH Program Contacts

Tawney Harper, MPA
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Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
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DOH Program Contact

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Exhibit A
Statement of Work
Contract Term: 2018-2020

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

Local Health Jurisdiction Name: Pacific County Public Health & Human
Services Department
Contract Number: CLH18256

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

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funds for shellfish harvesting safety.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from June 30, 2020 to December 31, 2020, add funding and revise deliverable due dates and payment information, and update DOH program and fiscal contact information.

Chart of Accounts Program Name or Title		CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
Rec. Shellfish/Biotoxin		N/A	334.04.93	26402600	Start Date	End Date	1,600	800	2,400
TOTALS							1,600	800	2,400

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. This may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: February 17, 2020 December 31, 2020 (See Special Instructions below.)	\$1,400 \$2,200
2	Outreach <ul style="list-style-type: none"> Staff educational booths at local events. Distribute safe shellfish harvesting information. 		Submit report including the number of events staffed, and amount of educational materials distributed.	Email Report to DOH by: February 17, 2020 December 31, 2020	\$200

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame (See Special Instructions below.)	Payment Information and/or Amount

***For Information Only:**

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

Program Specific Requirements/Narrative

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

Special References (RCWs, WACs, etc)

Chapter 246-280 WAC

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

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

Special Instructions

Report for work done the previous year must be submitted via email to Liz Maier by ~~February 17, 2020~~ December 31, 2020.

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

DOH Program Contacts:

Liz Maier, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360.236.3308; liz.maier@doh.wa.gov

Kristy Warner, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360.701.7537; kristy.warner@doh.wa.gov

DOH Fiscal Contact: *Heidi Kaykendall, Office of Environmental Health and Safety, PO Box 47824, Olympia, WA 98504 7824; 360.236.3396; heidi.kaykendall@doh.wa.gov*
Pamela Ranes, Office of Financial Management; PO Box 47850, Olympia, WA 98504-7850; 360.236.4528; pamela.ranes@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2018-2020

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

Local Health Jurisdiction Name: Pacific County Public Health & Human Services Department
Contract Number: CLH18256

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

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

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 is to provide Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidance system.

Revision Purpose: The purpose of this revision is to (1) add FFY 20 CSS IAR SNAP Ed Program Management category funds, (2) Update language in Task 2.0 and 2.1. (3) Add language in Task 2.1. (4) Update program contact.

Chart of Accounts	Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 CSS IAR SNAP ED PROG MGNT CF		10.561	333.10.56	76211993	10/01/18 09/30/19	13,317	0	13,317
FFY19 CSS IAR SNAP ED PROG MGNT		10.561	333.10.56	76211991	10/01/18 09/30/19	69,112	0	69,112
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5		10.561	333.10.56	76701905	10/01/19 09/30/20	79,904	2,571	82,475
TOTALS						162,333	2,571	164,904

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in their approved: <ul style="list-style-type: none"> FFY19 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was 		<ul style="list-style-type: none"> Project qualified target audiences reached Project activities completed (# direct education, PSE, Etc.) noted in project plans and workbooks. Required demographic data collected. Evaluation activities completed per the 	For the Period: 10/01/18 to 09/30/19 Due: per the approved work plan and no later than 09/30/19	For the Period: 10/01/19 to 09/30/20 Due: per the approved work plan and no later than 09/30/20	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$162,333 \$164,904 . Pacific County Public Health and Human Services Department will be

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<p>submitted to them via DOH email.</p> <ul style="list-style-type: none"> FFY 20 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email. 		implementing agency and state evaluation team (pre and post surveys, PSE tracking, success stories etc.).			<p>paid the allowable costs incurred based on their approved budget and program allowability. See special billing requirements section.</p> <p>**NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.</p>
2.0	<p>Quarterly Progress Reports The following data is collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> Project major achievements. Project major challenges. If projects are running on time with original timeline? If not why, and how will you correct the timeline? Any PSE progress. Any success stories to date. <p>Topics included in quarterly progress report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) requirements.</p>		Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system.	<p>FFY19 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/18 to 12/31/18. Final Due: COB 01/10/19 2nd quarter report for the work completed during 01/01/19 to 03/31/19. Final Due: COB 04/11/19 3rd quarter report for the work completed during 04/01/19 to 06/30/19. Final Due: COB 07/11/19 	<p>FFY20 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/19 to 12/31/19. Final Due: COB 01/10/20 2nd quarter report for the work completed during 01/01/20 to 03/31/20. Final Due: COB 04/11/20 04/13/20 3rd quarter report for the work completed during 04/01/20 to 06/30/20. Final Due: COB 07/11/20 07/13/20 	<p>See payment information as referenced in task number 1.0</p>

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
2.1	<p>Education and Administrative Reporting Systems (EARS), Evaluation Data and Reports</p> <p>The following evaluation activities and information is required for all projects based on your approved project/plan</p> <ul style="list-style-type: none"> • Formative • Process • PSE • Outcome • Qualitative <p>Please Note: the deliverables may change based on state evaluation team requirements.</p> <p>Education and Administrative Reporting Systems (EARS) data is required for each SNAP-Ed project. This information is collected through the following required modules in PEARS:</p> <p>Program Activity (direct education), Indirect Activity (indirect intervention channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.</p> <p><i>Required deliverables for SNAP-Ed reporting will depend on approved SNAP-Ed plan activities for each subrecipient, e.g. If direct</i></p>		<p>Collect and submit reporting and evaluation data into PEARS electronically according to time frame provided, or using approved reporting method.</p> <ol style="list-style-type: none"> 1. Collect and report any formative and process data completed based on approved project plan. 2. Submit PSE progress and outcomes based on approved project plan. 3. Capture and submit qualitative (success stories, pictures, etc.) information in PEARS per your approved work plan. 4. Submit a required release for all photos submitted. 5. Conduct and submit/mail pretest surveys for each project class series. 6. Conduct and submit/mail posttest surveys for each project class series. 	<ul style="list-style-type: none"> • Final report for all work not already reported. Final Due: COB 09/21/19 <p>1-4. Due: At minimum quarterly.</p> <ul style="list-style-type: none"> • 1st quarter report due by 01/10/19 • 2nd quarter due by 04/11/19 • 3rd quarter due by 07/11/19 • Final report for all other work due 09/21/19 <p>5-6. Due: Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted no later than November 30 and so on...).</p>	<ul style="list-style-type: none"> • Final report for all work not already reported. Final Due: COB 09/18/20 <p>PEARS data reporting submitted 10/01/19 to 09/30/20 09/18/20.</p> <ul style="list-style-type: none"> • Due: PEARS Program Activities (direct education) module completed in real time and no later than two (2) weeks after services are provided. • Due: PEARS Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY which is due by 09/30/20. • Activities completed in Oct 2019 due in PEARS by 11/30/19 • Nov 2019 by 12/31/19 	See payment information as referenced in task number 1.0

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<i>education is not an approved plan activity for a subrecipient, submission of pre/post surveys is not a required deliverable for that subrecipient.</i>				<ul style="list-style-type: none"> • Dec 2019 by 01/31/20 • Jan 2020 by 02/29/20 • Feb 2020 by 03/31/20 • Mar 2020 by 04/30/20 • Apr 2020 by 05/31/20 • May 2020 by 06/30/20 • Jun 2020 by 07/31/20 • Jul 2020 by 08/31/20 • Aug 2020 by 09/30/20 09/18/20 • Sep 2020 by 09/30/20 09/18/20 <p>SNAP-Ed Direct education conducted between 10/01/18 and 09/30/20.</p> <ul style="list-style-type: none"> • Due: Pre- and post-test surveys submitted to DOH in real time and no later than two weeks after completion of the survey. All pre- and post-test surveys must be received no later than COB 09/30/20 09/18/20. 	
3.0	Civil Rights All staff must be trained each fiscal year in civil rights. *See special requirements section- civil rights		Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include: <ul style="list-style-type: none"> • Training and source • Who attended • Date completed 	Due: 12/31/19	Due: 12/31/19 New hires need to complete within 30 days.	See payment information as referenced in task number 1.0

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
3.1	Other Agency Training The following trainings are required for <u>all</u> agencies: <ul style="list-style-type: none"> • Fiscal – fiscal lead, coordinator, and any staff who will purchase items for the SNAP-Ed program. • Data collection and reporting – coordinator and program staff who are reporting data. 		Fiscal and Data reporting training completed.	Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years. If the data collection system changes in FFY19 every staff member entering data into the electronic system will be required to take training on new expectations or system changes.	Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every three years. If the data collection system changes in FFY20 every staff member entering data into the electronic system will be required to take training on any new expectations or system changes.	See payment information as referenced in task number 1.0
4.0	SNAP-Ed Inventory List Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure. *See special requirements section-monitoring.		SNAP-Ed inventory list	Due: Yearly, at the time of a fiscal monitoring and/or site visit. It can also be requested when deemed necessary.	Due: Inventory list is required to be updated at 12/31/19 and 09/18/20, as well as at the time of a fiscal or program monitoring site visit. It can also be requested when deemed necessary.	See payment information as referenced in task number 1.0
5.0	SNAP-Ed A19 Invoices Use the A19-1A specific to the DOH SNAP-Ed program. This document will be sent to all LHJs prior to October 16 th based on the current fiscal year.		Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment. Documentation of all costs incurred shall be accompanied by an agency financial system	Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...).	Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...). <ul style="list-style-type: none"> o Oct. Invoice: 11/30/19 	See payment information as referenced in task number 1.0

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
			report. If your agency does not have a financial reporting system you must check with the SNAP-Ed program for further guidance.	<p>Final invoice is due October 30, 2019</p> <p>Or</p> <p>*If pre-approved in writing by contract manager, LHJ can submit invoices every two (2) months. Invoices must be received by DOH no later than dates listed below:</p> <ul style="list-style-type: none"> o Oct and Nov due: 12/29/18 o Dec and Jan due: 02/28/19 o Feb and Mar due: 04/30/19 o Apr and May due: 06/29/19 o Jun and Jul due: 08/31/19 o Aug and Sept due: 10/30/19 	<p>November: 12/30/19</p> <p>December: 01/30/20</p> <p>January: 02/29/20</p> <p>February: 03/30/20</p> <p>March: 04/30/20</p> <p>April: 05/30/20</p> <p>May: 06/30/20</p> <p>June: 07/30/20</p> <p>July: 08/30/20</p> <p>August: 09/30/20</p> <p>September: 10/30/20</p> <p>Final invoice is due October 30th, 2020</p> <p>Or</p> <p>*If pre-approved in writing by contract manager, agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.</p>	

***For Information Only:**

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

*Program Specific Requirements/Narrative

Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)

The agency must meet the required set of deliverables and adhere to contractual obligations. The contract deliverables along with specified due dates will be determined by the SNAP-Ed program and provided to the LHJ in writing. Based on contract performance (i.e. program and fiscal monitoring results and findings) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see <https://www.govregs.com/regulations/2/200.207>), DOH reserves the right to withhold up to 10% of funds from the LHJ for deliverables that are not completed, not submitted by the due dates specified (without approved extension by DOH in writing), or not carried out sufficiently or consistently. After DOH SNAP-Ed provides documentation of the issue and outlines the appropriate correction action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the LHJ. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each monthly payment until the appropriate corrective action is completed. The LHJ may request reconsideration by submitting a letter to Washington Department of Health, PO Box 47886, Olympia, WA 98504-7886, or email to snaped@doh.wa.gov. All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work, state plan, and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance.

Staff Requirements

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

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

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

Audits

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

Monitoring Expectations

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

SNAP-Ed Statewide Initiatives

Agencies are expected to communicate with, respond to, and comply with requests, requirements, and/or on-site visits from WA SNAP-Ed statewide initiative entities.

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

Indirect Rate/Allocation Plan

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

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

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

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

Travel

The LHJ is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10. <http://www.ofm.wa.gov/policy/10.htm>, and with the travel requirements found in the current year's SNAP-Ed federal guidance.

Amendments

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

Overtime

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

Special Funding Requirements

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

Special Billing Requirements

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
 - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice Voucher.

- A SNAP-Ed specific A19-1A must be submitted to the agency's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
 - An agency may request pre-approval to bill every two (2) months instead, in which case, that agency is required to adhere to the billing due dates provided by DOH.
3. In FFY19 and FFY20 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason the LHJ is unable to submit the SNAP-Ed A19-1A on the due date, the LHJ is required to submit a request for an exception to the DOH no later than seven (7) days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
 4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
 - At the very least this means a copy of an agency's financial expanded/detailed general ledger level report.
 - Additionally, all receipts, timeliness and other supporting documentation, as noted by USDA, must be available upon request.
 5. If an agency meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH SNAP-Ed program.
 - All new SNAP-Ed contractors within their 1st fiscal year.
 - LHJs with current fiscal findings.
 - LHJs who have not submitted adequate or accurate backup documentation within the last year.

BUDGET	
Source	Amount
USDA	\$162,333 \$164,904

DOH Program Contact

~~Christine Ciameetta~~, Lindsey Surrell, SNAP-Ed Contract Manager
 Department of Health
 PO Box 47886, Olympia, WA 98504-7886
~~Christine.Ciameetta@doh.wa.gov~~, lindsey.surrell@doh.wa.gov / 360-236-3708

DOH Fiscal Contact

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

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2018

Local Health Jurisdiction Name: Pacific County Public Health & Human Services Department
Contract Number: CLH18256

SOW Type: Revision **Revision # (for this SOW)** 9

Period of Performance: January 1, 2018 through December 31, 2020

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 is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: The purpose of this revision is to add FFY19 USDA BF Peer Counseling funds in the FFY21 time period and extend the funding end date from 09/30/20 to 12/31/20, add FFY20 USDA FMNP Program Management funds and add Special Requirement language.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211280	01/01/18 09/30/18	84,230	0	84,230
FFY19 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211290	10/01/18 09/30/19	110,991	0	110,991
FFY20 USDA WIC PROGRAM MGNT CSS	10.557	333.10.55	76101202	10/01/19 09/30/20	0	0	0
FFY21 USDA WIC PROGRAM MGNT CSS	10.557	333.10.55	76101212	10/01/20 12/31/20	0	0	0
FFY18 CSS USDA BF PEER COUNSELING	10.557	333.10.55	76211286	01/01/18 09/30/19	14,607	0	14,607
FFY19 CSS USDA BF PEER COUNSELING	10.557	333.10.55	76211296	10/01/18 09/30/19	10,955	0	10,955
FFY16 CASCADES USDA WIC PROGRAM MGNT-MIS	10.578	333.10.57	76411261	10/01/18 09/30/19	2,950	0	2,950
FFY19 CSS USDA BF PEER COUNSELING	10.557	333.10.55	76211296	10/01/19 12/31/20	3,652	3,652	7,304
FFY20 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101204	10/01/19 09/30/20	101,275	0	101,275
FFY20 USDA BFPC PROG MGMT	10.557	333.10.55	76214220	10/01/19 09/30/20	10,955	0	10,955
FFY21 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101214	10/01/20 12/31/20	24,250	0	24,250
FFY20 USDA FMNP PROGRAM MGMT	10.572	333.10.57	76540201	10/01/19 09/30/20	0	335	335
TOTALS					363,865	3,987	367,852

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program				See "Special Billing Requirements" below.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	<p>Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at the state WIC office.</p> <p>The Department of Health (DOH) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when:</p> <ol style="list-style-type: none"> 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. <p>Authorized participating caseload for January 2018 through December 2020 = <u>440</u></p> <p>Authorized participating caseload for January 2019 through December 2020 = <u>360</u></p>	7.2	Outcomes based on monthly participation data from state WIC caseload management reports.		
1.2	Submit the annual Nutrition Services Plan for each year of the Contract.	9.2	Nutrition Services Plan	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	11.2	Nutrition Services Expenditure Report	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.4	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.5	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Issue WIC checks while assuring adequate check security and reconciliation.	11.2	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	7.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.8a	Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract.	11.2	Budget Workbook	First year due 10/31/18 Second year due 09/30/19 Third year due 09/30/20	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A19 invoice and submit entire revised WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract.	11.2	Rev-Exp Report and revised Budget Workbook	Mid-year revision due 04/30/19 Mid-year revision due 04/30/20	
2	Breastfeeding Promotion				See "Special Billing Requirements" below
2.1	Provide breastfeeding promotion and support activities in accordance with federal and state requirements	3.1	Status report of chosen activities in Nutrition Services Plan.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20 Biennial WIC monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: <ul style="list-style-type: none"> Change worksite policies of employers who likely employ low income women Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates Provide clients access to lactation consultants Provide staff and community partners breastfeeding training 	4.2	Documentation must be available for review by WIC monitor staff. Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20 Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Other projects will need pre-approval from the State WIC Office.				
3	Breastfeeding Peer Counseling Program				See "Special Billing Requirements" below
3.1	Provide breastfeeding peer counseling program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding Promotion and support activities.	3.1	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff. Documentation must be available for review by WIC monitor staff	First year due 12/31/18 Second year due 12/31/19 Third year due 12/31/20 Biennial WIC monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	3.1		Biennial WIC monitor	

***For Information Only:**

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

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

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

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

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

Program Manual, Handbook, Policy References:

The LHJ shall be responsible for providing services according to rules, regulations and other information contained in the following:

- WIC Federal Regulations, USDA, FNS 7CFR Part 246, 3016, 3017 and 3018
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the Contract

Staffing Requirements:

The LHJ must:

Exhibit A, Statements of Work
Revised as of May 15, 2020

- Use Competent Professional Authority staff, as defined by WIC policy, to determine client eligibility, prescribe an appropriate food package and offer nutrition education based on the clients' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk clients, to include development of a high risk care plan. The RD is also responsible for quality assurance of WIC nutrition services. See WIC Policy for qualifications for a Registered Dietitian and other qualified nutritionist.
- Assign a qualified person to be the Breastfeeding Coordinator to organize and direct local agency efforts to meet federal and state policies regarding breastfeeding promotion and support. The Breastfeeding Coordinator must be an International Board Certified Lactation Consultant or attend an intensive lactation management course, or other state approved training.

Restrictions on Funds:

The LHJ shall follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs.

Monitoring Visits:

Program and fiscal monitoring are done on a Biennial (every two years) basis, and are conducted onsite.

The LHJ must maintain on file and have available for review, audit and evaluation:

- 1) All criteria used for certification, including information on income, nutrition risk eligibility and referrals
- 2) Program requirements
- 3) Nutrition education
- 4) All financial records

Definitions:

What is the WIC program?

- (1) The WIC program in the state of Washington is administered by DOH.

- (2) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.

- (3) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program. These regulations define the rights, responsibilities, and legal procedures of WIC employees, clients, persons acting on behalf of a client, and retailers. They are designed to promote:

- (a) High quality nutrition services;
- (b) Consistent application of policies and procedures for eligibility determination;
- (c) Consistent application of policies and procedures for food benefit issuance and delivery; and
- (d) WIC program compliance.

- (4) The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.

- (5) The WIC program may impose sanctions against WIC clients for not following WIC program rules stated on the WIC rights and responsibilities.

- (6) The WIC program may impose monetary penalties against persons who misuse WIC checks or WIC food but who are not WIC clients.

Assurances/Certifications:

1. Computer Equipment Loaned by the DOH WIC Nutrition Program

In order to perform WIC program activities, DOH requires computers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by DOH, and loaned to the local agency (LHJ). The Loaned Equipment is supported by DOH. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

An inventory of Loaned Equipment is kept by DOH. Each time Loaned Equipment is changed, the parties shall complete the Equipment Transfer Form and DOH updates the inventory. A copy of the Transfer Form will be provided to the LHJ. Copies of the updated inventory list may be requested at any time.

The LHJ agrees to:

- a. Defend, protect and hold harmless DOH or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation.
DOH may enforce this by:
 - 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
 - 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by DOH), or
 - 3) Assertion of a lien against the LHJ's property.
- c. Notify DOH immediately of any damage to Loaned Equipment.
- d. Notify DOH prior to moving or replacing any Loaned Equipment.

The Department recommends LHJs carry insurance against possible loss or theft.

2. Civil Rights Assurance

The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance:

- a. "The LHJ hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the LHJ receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.
- b. "By accepting this assurance, the LHJ agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the LHJ, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHJ."

3. 7CFR Parts 3016, 3017, 3018

The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 7CFR part 3016, the debarment and suspension requirements of 7CFR part 3017, if applicable, the lobbying restrictions of 7CFR part 3018, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Special Billing Requirements:

1. Definitions

Contract Period: January 1, 2018 - December 31, 2020

Contract Budget Period: The time period for which the funding is budgeted.

- There are four federal budget periods

Exhibit A, Statements of Work
Revised as of May 15, 2020

January 1, 2018 through September 30, 2018;
 October 1, 2018 through September 30, 2019;
 October 1, 2019 through September 30, 2020;
 October 1, 2020 through December 31, 2020.

2. Billing Information

- a. Billings are submitted on an A19-1A form, which is coded and provided by DOH prior to each federal fiscal budget period. Submit summary level financial data to support each individual program billing.
- b. A19-1A forms are submitted monthly following the close of each calendar month or upon completion of services, before the end of the federal contract budget period.
- c. Funds are allocated by budget categories (refer to Chart of Accounts Program names) and by state and federal budget periods (refer to the allocation sheet).
- d. Expenses are incurred only during the budget period; no carry forward from previous time periods, or borrowing from future time periods is allowed. Advance payments are not allowed.
- e. Payments for a budget period are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs, with back up documentation retained by the LHJ and available for inspection by DOH or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special Instructions:

The LHJ shall:

- 1) Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.
- 2) Provide, as necessary, a single audit in accordance with the provisions of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This circular requires the LHJ to have a single audit performed should LHJ spend \$750,000 or more of federal grants or awards from all sources. The LHJ is a subrecipient of federal funds.
- 3) Staff must use Breastfeeding Peer Counseling (BFPC) Program funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC clients. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs. The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC clients.

Special Requirements:

Contract Funding Period	Time Period Special Requirement Funds Available	Amount	Description of Special Requirement
January 2018 - September 2018	January 2018 - September 2018	\$10,955	Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
January 2018 - September 2018	January 2018 - September 2018	\$8,300	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn't include out of state trainings.

AMENDMENT #14

October 2018 - September 2019	October 2018- September 2019	\$8,550	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn't include out of state trainings.
October 2018 - September 2019	January 2019 - September 2019	\$10,955	Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
October 2018 - September 2019	October 2018 - September 2019	\$2,950	Added in the FFY16 Cascades USDA WIC Program Management-MIS category to fund training and travel expenses for WIC staff to attend Cascades trainings.
October 2018 - September 2019	January 2019 - September 2019	\$8,131	Added in the CSS Program Management Other category to fund part-time staff salaries and benefits to support staff completing Cascades training.
October 2019 - September 2020	October 2019 - December 2019	\$3,652	Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
October 2019 - September 2020	January 2020 - September 2020	\$4,275	Added in the USDA WIC Client Services Contracts category to fund training and travel expenses for all WIC staff to participate in WIC-related trainings. <i>With this amendment, these training funds may be used to purchase items to support COVID-19 Remote Access needs. All COVID-19 Remote Access purchases must be approved by the Local Program Operations supervisor or designee prior to purchase.</i>
October 2019 - September 2020	January 2020 - September 2020	\$10,955	Added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
October 2019 - December 2020	October 2020 - December 2020	\$3,652	Added in the FFY19 WIC/USDA CSS Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

Other

Any program requirements that are not followed may be subject to corrective action, and may result in monetary fines, repayment of funds, or withholding of Contract payment.

DOH Program Contact

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PO Box 47886, Olympia, WA 98504-7886
mike.schweizer@doh.wa.gov
360-236-3714

DOH Fiscal Contact

Chris Keese, FA
WIC Nutrition Program
PO Box 47886, Olympia, WA 98504-7886
christopher.keese@doh.wa.gov
360-236-3631 or 1-800-841-1410 x 3631

Pacific County Public Health & Human Services Department

EXHIBIT B-14
ALLOCATIONS

Contract Term: 2018-2020

Contract Number:
Date:

CLH18256
May 15, 2020

Indirect Rate as of January 2018: 12.52%
Indirect Rate as of January 2019: 12.34%
Indirect Rate as of January 2020: 12.34%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	Revenue Code**	Statement of Work Funding Period Start Date End Date	DOH Use-Only Chart of Accounts Funding Period Start Date End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
FFY20 USDA BFPC Prog Mgmt	207WAWA1W5003	Amd 11	10.557	333.10.55	10/01/19 09/30/20	10/01/19 09/30/20	\$10,955	\$10,955	\$10,955
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 14	10.557	333.10.55	10/01/19 12/31/20	10/01/18 09/30/20	\$3,652	\$7,304	\$32,866
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 9, 14	10.557	333.10.55	10/01/19 12/31/20	10/01/18 09/30/20	\$3,652		
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 6	10.557	333.10.55	10/01/18 09/30/19	10/01/18 09/30/19	\$10,955	\$10,955	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	Amd 4	10.557	333.10.55	01/01/18 09/30/19	10/01/17 09/30/19	\$3,652	\$14,607	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	N/A, Amd 4	10.557	333.10.55	01/01/18 09/30/19	10/01/17 09/30/19	\$10,955		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 13	10.557	333.10.55	10/01/20 12/31/20	10/01/20 12/31/20	(\$24,250)	\$0	\$195,221
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20 12/31/20	10/01/20 12/31/20	(\$1,060)		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20 12/31/20	10/01/20 12/31/20	\$25,310	\$0	
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 13	10.557	333.10.55	10/01/19 09/30/20	10/01/19 09/30/20	(\$97,000)		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19 09/30/20	10/01/19 09/30/20	(\$4,240)		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	N/A	10.557	333.10.55	10/01/19 09/30/20	10/01/19 09/30/20	\$101,240		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 8	10.557	333.10.55	10/01/18 09/30/19	10/01/18 09/30/19	\$8,131	\$110,991	
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 6	10.557	333.10.55	10/01/18 09/30/19	10/01/18 09/30/19	(\$6,930)		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 5	10.557	333.10.55	10/01/18 09/30/19	10/01/18 09/30/19	\$8,550		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/18 09/30/19	10/01/18 09/30/19	\$101,240		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18 09/30/18	10/01/17 09/30/18	\$8,300	\$84,230	
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18 09/30/18	10/01/17 09/30/18	\$75,930		
FFY21 USDA WIC Client Svs Contracts	NGA Not Received	Amd 13	10.557	333.10.55	10/01/20 12/31/20	10/01/20 12/31/20	\$24,250	\$24,250	\$125,525
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 13	10.557	333.10.55	10/01/19 09/30/20	10/01/19 09/30/20	\$97,000	\$101,275	
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 11	10.557	333.10.55	10/01/19 09/30/20	10/01/19 09/30/20	\$4,275		
FFY20 USDA FMNP Prog Mgmt	207WAWA7Y8604	Amd 14	10.572	333.10.57	10/01/19 09/30/20	10/01/19 09/30/20	\$335	\$335	\$335
FFY20 CSS IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 14	10.561	333.10.56	10/01/19 09/30/20	10/01/19 09/30/20	\$2,571	\$82,475	\$82,475
FFY20 CSS IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 10	10.561	333.10.56	10/01/19 09/30/20	10/01/19 09/30/20	\$79,904		
FFY19 CSS IAR SNAP Ed Program Mgmt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18 09/30/19	10/01/18 09/30/19	\$2,525	\$69,112	\$145,015
FFY19 CSS IAR SNAP Ed Program Mgmt	197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18 09/30/19	10/01/18 09/30/19	\$66,587		
FFY18 CSS IAR SNAP Ed Program Mgmt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18 09/30/19	10/01/18 09/30/19	\$13,317	\$13,317	
FFY18 CSS IAR SNAP ED Program Mgmt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18 09/30/18	10/01/17 09/30/18	\$22,634	\$54,596	
FFY18 CSS IAR SNAP ED Program Mgmt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18 09/30/18	10/01/17 09/30/18	\$31,962		
FFY17 CSS IAR SNAP ED Program Mgmt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18 09/30/18	10/01/17 09/30/18	\$7,990	\$7,990	
FFY16 Cascades USDA WIC Prog Mgmt-MIS	16157WAWA6W522	Amd 6, 8	10.578	333.10.57	10/01/18 09/30/19	03/11/16 09/30/19	\$2,950	\$2,950	\$2,950

Pacific County Public Health & Human Services Department

EXHIBIT B-14
ALLOCATIONS

Contract Number: CLH18256
Date: May 15, 2020

Contract Term: 2018-2020

Indirect Rate as of January 2018: 12.52%
Indirect Rate as of January 2019: 12.34%
Indirect Rate as of January 2020: 12.34%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date End Date	DOH Use Only Chart of Accounts Funding Period Start Date End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18 06/30/18	07/01/17 07/02/18	\$8,247	\$18,410	\$18,410
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18 06/30/18	07/01/17 07/02/18	\$10,163		
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18 06/30/19	07/01/18 06/30/19	\$453	\$25,178	\$25,178
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18 06/30/19	07/01/18 06/30/19	\$24,725		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19 06/30/20	07/01/19 06/30/20	\$25,178	\$25,178	\$25,178
FFY19 Family Planning Title X	FPHPA006462	Amd 8, 11	93.217	333.93.21	04/01/19 06/30/19	04/01/19 03/31/20	\$6,009	\$6,009	\$11,316
FFY18 Family Planning Title X	FPHPA006359	Amd 4	93.217	333.93.21	09/01/18 03/31/19	09/01/18 08/31/19	\$5,307	\$5,307	
FFY18 Suicide Prevention Works	U79SM061734	Amd 7	93.243	333.93.24	09/30/18 09/29/19	09/30/18 09/29/19	\$37,700	\$167,700	\$224,200
FFY18 Suicide Prevention Works	U79SM061734	Amd 5	93.243	333.93.24	09/30/18 09/29/19	09/30/18 09/29/19	\$130,000		
FFY17 Suicide Prevention Works	SM061734	N/A	93.243	333.93.24	01/01/18 09/29/18	09/30/17 09/29/18	\$56,500	\$56,500	
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18 06/30/18	04/01/17 06/30/18	\$805	\$805	\$805
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18 06/30/18	04/01/17 06/30/18	\$2,980	\$2,980	\$2,980
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18 06/30/19	07/01/18 06/30/19	\$5,600	\$5,600	\$5,600
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19 06/30/20	07/01/19 06/30/20	\$500	\$500	\$1,000
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18 06/30/19	07/01/18 06/30/19	\$500	\$500	
FFY21 VFC Ops	NGA Not Received	Amd 14	93.268	333.93.26	07/01/20 12/31/20	07/01/20 06/30/21	\$2,800	\$2,800	\$9,885
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19 06/30/20	07/01/19 06/30/20	\$5,600	\$5,600	
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18 06/30/18	04/01/17 06/30/18	\$1,485	\$1,485	
FFY19 COVID CARES	NU50CK000515	Amd 14	93.323	333.93.32	06/01/20 12/31/20	06/01/20 06/30/21	\$30,194	\$30,194	\$30,194
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	NU90TP922069	Amd 12	93.354	333.93.35	01/20/20 12/31/20	01/01/20 06/30/21	\$78,522	\$78,522	\$78,522
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19 09/30/20	10/01/19 09/30/20	\$37,634	\$37,634	\$103,494
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18 09/30/19	10/01/18 09/30/19	\$37,634	\$37,634	
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18 09/30/18	10/01/17 09/30/18	\$28,226	\$28,226	

Pacific County Public Health & Human Services Department

EXHIBIT B-14
ALLOCATIONS

Contract Term: 2018-2020

Contract Number: CLH18256
Date: May 15, 2020

Indirect Rate as of January 2018: 12.52%
Indirect Rate as of January 2019: 12.34%
Indirect Rate as of January 2020: 12.34%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA *	BARS Revenue Code**	Statement of Work Funding Period	DOH Use Only Chart of Accounts Funding Period	Amount	Funding Period Sub Total	Chart of Accounts Total
SFY20 Family Planning Cost Share		Amd 11	N/A	334.04.91	12/01/19 12/31/20	07/01/19 06/30/21	\$17,722	\$17,722	\$56,521
SFY20 Family Planning Cost Share		Amd 14	N/A	334.04.91	12/01/19 06/30/20	07/01/19 06/30/21	\$12,429	\$12,429	
SFY20 Family Planning Cost Share		Amd 8, 9, 11	N/A	334.04.91	07/01/19 11/30/19	07/01/19 08/31/19	\$8,231	\$10,950	
SFY20 Family Planning Cost Share		Amd 4, 9, 11	N/A	334.04.91	07/01/19 11/30/19	07/01/19 08/31/19	\$2,719		
SFY19 Family Planning Cost Share		Amd 7	N/A	334.04.91	09/01/18 03/31/19	07/01/18 06/30/19	\$1,507	\$1,507	
SFY19 Family Planning Cost Share		Amd 8	N/A	334.04.91	09/01/18 06/30/19	07/01/18 06/30/19	\$316	\$13,913	
SFY19 Family Planning Cost Share		Amd 4	N/A	334.04.91	09/01/18 06/30/19	07/01/18 06/30/19	\$13,597		
FY20/21 COVID-19 Disaster Response Acct		Amd 12	N/A	334.04.92	01/20/20 12/31/20	01/01/20 06/30/21	\$71,478	\$71,478	\$71,478
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18 06/30/19	07/01/18 06/30/19	\$1,500	\$1,500	\$4,500
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18 06/30/18	07/01/17 06/30/18	\$3,000	\$3,000	
Rec Shellfish/Biotoxin		Amd 14	N/A	334.04.93	07/01/19 12/31/20	07/01/19 06/30/21	\$800	\$2,400	\$4,500
Rec Shellfish/Biotoxin		Amd 9, 14	N/A	334.04.93	07/01/19 12/31/20	07/01/19 06/30/21	\$1,600		
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18 06/30/19	07/01/17 06/30/19	\$2,100	\$2,100	
FPHS Funding for LHIs		Amd 10	N/A	336.04.25	07/01/20 12/31/20	07/01/19 06/30/21	\$42,000	\$42,000	\$126,000
FPHS Funding for LHIs		Amd 10	N/A	336.04.25	07/01/19 06/30/20	07/01/19 06/30/21	\$42,000	\$42,000	
FPHS Funding for LHIs Dir		Amd 3	N/A	336.04.25	07/01/18 06/30/19	07/01/17 06/30/19	\$42,000	\$42,000	

TOTAL

\$1,395,103

Total consideration:

\$1,342,322

\$52,781

GRAND TOTAL

\$1,395,103

GRAND TOTAL

\$1,395,103

Total Fed

\$1,132,104

Total State

\$262,999

*Catalog of Federal Domestic Assistance

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

Exhibit C-14 Schedule of Federal Awards

AMENDMENT #14

Date: May 15, 2020

PACIFIC COUNTY HEALTH DEPT - SWW0007195-11
 CONTRACT CLH18256 - Pacific County Public Health & Human Services Department
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY21 USDA WIC CLIENT SVS CONTRACTS	333.10.55	NGA Not Received	NGA Not Received	10/01/20	12/31/20	\$24,250	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY20 USDA WIC CLIENT SVS CONTRACTS	333.10.55	10/01/19	\$6,161,312	10/01/19	09/30/20	\$101,275	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY20 USDA BFPC PROG MGMT	333.10.55	02/18/20	\$1,861,572	10/01/19	09/30/20	\$10,955	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWA1W5003	WIC BREASTFEEDING PEER COUNSELING
FFY19 CSS USDA WIC PROGRAM MGMT	333.10.55	10/01/17	\$40,101,357	10/01/18	09/30/19	\$110,991	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY19 CSS USDA BF PEER COUNSELING	333.10.55	03/28/19	\$1,286,951	10/01/18	12/31/20	\$18,259	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	197WAWA1W5003	WIC BREASTFEEDING PEER COUNSELING
FFY18 CSS USDA WIC PROGRAM MGMT	333.10.55	10/02/17	\$27,576,710	01/01/18	09/30/18	\$84,230	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA7W1003	USDA-WIC ADMIN
FFY18 CSS USDA BF PEER COUNSELING	333.10.55	10/01/17	\$1,318,273	01/01/18	09/30/19	\$14,607	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA1W5003	WOMEN, INFANTS AND CHILDREN
FFY20 CSS IAR SNAP ED PROG MGMT-REGION 5	333.10.56	09/30/19	\$5,300,000	10/01/19	09/30/20	\$82,475	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 CSS IAR SNAP-ED PROG MGMT	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$69,112	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,317	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGMT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$54,596	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGMT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$7,990	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY20 USDA FMNP PROG MGMT	333.10.57	10/01/19	\$129,791	10/01/19	09/30/20	\$335	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	207WAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY16 CASCADES USDA WIC PROG MGMT-MIS SG	333.10.57	03/11/16	\$2,224,476	10/01/18	09/30/19	\$2,950	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	16157WAWA6W522	WOMEN, INFANTS AND CHILDREN WIC SAM PROJECTS

Exhibit C-14 Schedule of Federal Awards

AMENDMENT #14

PACIFIC COUNTY HEALTH DEPT - SWV0007195-11

CONTRACT CLH18256 - Pacific County Public Health & Human Services Department

CONTRACT PERIOD: 01/01/2018-12/31/2020

Date: May 15, 2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,804	07/01/19	06/30/20	\$25,178	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU80TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$25,178	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU80TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$18,410	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU80TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 FAMILY PLANNING TITLE X	333.93.21	03/26/19	\$4,100,000	04/01/19	03/31/20	\$6,009	93.217	Family Planning Services	Department of Health and Human Services Office of Population Affairs	FPHPA006482	TITLE X FAMILY PLANNING SERVICES
FFY18 FAMILY PLANNING TITLE X	333.93.21	09/12/18	\$2,783,000	09/01/18	03/31/19	\$5,307	93.217	Family Planning Services	Department of Health and Human Services Office of Population Affairs	FPHPA006359	TITLE X FAMILY PLANNING SERVICES
FFY18 SUICIDE PREVENTION WORKS	333.93.24	09/30/14	\$3,679,752	09/30/18	09/29/19	\$167,700	93.243	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Department of Health and Human Services Substance Abuse and Mental Health Services Administration	U76SM061734	SUICIDE PREVENTION WORKS
FFY17 SUICIDE PREVENTION WORKS	333.93.24	09/30/14	\$2,943,772	01/01/18	09/29/18	\$56,500	93.243	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Department of Health and Human Services Substance Abuse and Mental Health Services Administration	SM061734	SUICIDE PREVENTION WORKS
FFY21 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$2,800	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$5,600	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$1,485	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	08/29/18	\$3,634,512	07/01/18	06/30/19	\$500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	08/29/18	\$1,722,443	07/01/18	06/30/19	\$5,600	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/18	\$2,980	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM

Exhibit C-14 Schedule of Federal Awards

AMENDMENT #14

Date: May 15, 2020

PACIFIC COUNTY HEALTH DEPT - SWW0007195-11
 CONTRACT CLH18256 - Pacific County Public Health & Human Services Department
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts	Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 317 OPS		333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$805	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDRENS PROGRAM
FFY19 COVID CARES		333.93.32	04/23/20	\$22,581,799	06/01/20	12/31/20	\$30,194	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and Public Health Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY,
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE		333.93.35	03/16/20	\$13,230,799	01/20/20	12/31/20	\$78,522	93.354	Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922069	CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802
FFY20 MCHBG LHJ CONTRACTS		333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$37,634	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS		333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$37,634	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS		333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$28,226	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL							\$1,132,104					