

**PACIFIC COUNTY PUBLIC HEALTH & HUMAN SERVICES DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31022**AMENDMENT NUMBER: 10**

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, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.


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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitewpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☒ Adds Statements of Work for the following programs:
COVID-19 LHJ Vaccination-ARPA - Effective November 1, 2022
 - ☐ Amends Statements of Work for the following programs:
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:
 - ☒ Increase of \$75,409 for a revised maximum consideration of \$3,054,392.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

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

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

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

| | |
|---|---|
| PACIFIC COUNTY PUBLIC HEALTH & HUMAN SERVICES DEPARTMENT | STATE OF WASHINGTON DEPARTMENT OF HEALTH |
| Signature:  <small>Katie Lindstrom (Nov 17, 2022 10:30 PM)</small> | Signature: |
| Date: Nov 17, 2022 | Date: |

APPROVED AS TO FORM ONLY
Assistant Attorney General

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2022-2024Page 2 of 11
Contract Number: CLH31022
Date: November 1, 2022

Indirect Rate January 1, 2022 through December 31, 2022: 12.87%

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List # | BARS | | Statement of Work | | DOH Use Only | | Amount | Funding Period Sub Total | Chart of Accounts Total |
|-------------------------------------|--------------------------------|----------|---------------|----------------|------------|-------------------|----------------|--------------|----------|-----------|--------------------------|-------------------------|
| | | | | Revenue Code** | Start Date | End Date | Funding Period | Start Date | End Date | | | |
| FFY23 USDA BFPC Prog Mgmt | NGA Not Received | Amd 8 | 10.557 | 333.10.55 | 10/01/22 | 12/31/22 | 10/01/22 | 12/31/22 | | \$3,652 | \$3,652 | \$14,607 |
| FFY22 USDA BFPC Prog Mgmt | 7WA700WA1 | Amd 1 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | | \$10,955 | \$10,955 | |
| FFY23 USDA WIC Client Sys Contracts | NGA Not Received | Amd 9 | 10.557 | 333.10.55 | 10/01/22 | 09/30/23 | 10/01/22 | 09/30/23 | | \$1,375 | \$20,700 | \$82,175 |
| FFY23 USDA WIC Client Sys Contracts | NGA Not Received | Amd 1 | 10.557 | 333.10.55 | 10/01/22 | 09/30/23 | 10/01/22 | 09/30/23 | | \$19,325 | | |
| FFY22 USDA WIC Client Sys Contracts | 7WA700WA7 | Amd 1 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | | \$61,475 | \$61,475 | |
| FFY22 USDA WIC Nutrition Ed | 7WA700WA7 | Amd 5 | 10.557 | 333.10.57 | 01/01/22 | 09/30/22 | 06/01/21 | 09/30/22 | | \$2,500 | \$2,500 | \$2,500 |
| FFY22 USDA FMNP Prog Mgmt | 7WA810WA7 | Amd 4 | 10.572 | 333.10.57 | 05/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | | \$331 | \$331 | \$331 |
| CSFRF CTS LHJ Allocation | NGA Not Received | Amd 10 | 21.027 | 333.21.02 | 11/01/22 | 06/30/23 | 11/01/22 | 06/30/23 | | \$48,447 | \$48,447 | \$48,447 |
| LHJ Vaccination ARPA | NGA Not Received | Amd 10 | 21.027 | 333.21.02 | 11/01/22 | 06/30/23 | 11/01/22 | 06/30/23 | | \$26,962 | \$26,962 | \$26,962 |
| FFY22 PHEP BP4 LHJ Funding | NU90TP922043 | Amd 7 | 93.069 | 333.93.06 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | | \$25,178 | \$25,178 | \$44,704 |
| FFY21 PHEP BP3 LHJ Funding | NU90TP922043 | Amd 3 | 93.069 | 333.93.06 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | | \$19,526 | \$19,526 | |
| FFY22 Title X Dire Needs | FPHPA006495 | Amd 2 | 93.217 | 333.93.21 | 01/14/22 | 03/31/22 | 01/14/22 | 03/31/22 | | \$1,319 | \$1,319 | \$1,319 |
| FFY22 Title X Family Planning | FPHPA006560 | Amd 5 | 93.217 | 333.93.21 | 04/01/22 | 03/31/23 | 04/01/22 | 03/31/23 | | \$11,568 | \$11,568 | \$11,568 |
| COVID19 Vaccines | NH23IP922619 | Amd 4 | 93.268 | 333.93.26 | 01/01/22 | 06/30/24 | 07/01/20 | 06/30/24 | | \$262,616 | \$262,616 | \$262,616 |
| COVID19 Vaccines R4 | NH23IP922619 | Amd 1 | 93.268 | 333.93.26 | 01/01/22 | 06/30/24 | 07/01/20 | 06/30/24 | | \$354,803 | \$354,803 | \$354,803 |
| FFY23 VFC Ops | NH23IP922619 | Amd 5 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | | \$5,600 | \$5,600 | \$11,200 |
| FFY22 VFC Ops | NH23IP922619 | Amd 3 | 93.268 | 333.93.26 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | | \$5,600 | \$5,600 | |
| FFY19 COVID CARES | NU50CK000515 | Amd 2 | 93.323 | 333.93.32 | 01/01/22 | 04/22/22 | 04/23/20 | 07/31/24 | | \$306 | \$306 | \$306 |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | Amd 2 | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 05/19/20 | 10/18/22 | | \$3 | \$3 | \$3 |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 7, 9 | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 01/15/21 | 07/31/24 | | (\$7,909) | \$403,997 | \$403,997 |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 2, 9 | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 01/15/21 | 07/31/24 | | \$411,906 | | |
| FFY23 MCHBG LHJ Contracts | NGA Not Received | Amd 7 | 93.994 | 333.93.99 | 10/01/22 | 09/30/23 | 10/01/22 | 09/30/23 | | \$37,634 | \$37,634 | \$69,035 |
| FFY22 MCHBG LHJ Contracts | B04MC45251 | Amd 4 | 93.994 | 333.93.99 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | | \$3,176 | \$31,401 | |
| FFY22 MCHBG LHJ Contracts | B04MC45251 | Amd 1 | 93.994 | 333.93.99 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | | \$28,225 | | |

EXHIBIT B-10
ALLOCATIONS

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Contract Number: CLH31022
Date: November 1, 2022

Pacific County Public Health & Human Services Department

Contract Term: 2022-2024

Indirect Rate January 1, 2022 through December 31, 2022: 12.87%

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List # | BARS Revenue Code** | DOH Use Only | | | | Amount | Funding Period SubTotal | Chart of Accounts Total |
|------------------------------------|--------------------------------|---------|---------------|---------------------|--------------------------------------|----------------------------------|------------|----------|--------------------|-------------------------|-------------------------|
| | | | | | Statement of Work LHJ Funding Period | Chart of Accounts Funding Period | Start Date | End Date | | | |
| SFY23 Sexual & Rep Hlth Cost Share | | Amnd 7 | N/A | 334.04.91 | 07/01/22 12/31/22 | 07/01/22 06/30/23 | 07/01/22 | 06/30/23 | \$12,714 | \$12,714 | \$27,119 |
| SFY22 Sexual & Rep Hlth Cost Share | | Amnd 5 | N/A | 334.04.91 | 01/01/22 06/30/22 | 07/01/21 06/30/22 | 07/01/21 | 06/30/22 | \$744 | \$14,405 | |
| SFY22 Sexual & Rep Hlth Cost Share | | Amnd 1 | N/A | 334.04.91 | 01/01/22 06/30/22 | 07/01/21 06/30/22 | 07/01/21 | 06/30/22 | \$13,661 | | |
| Rec Shellfish/Biotoxin | | Amnd 1 | N/A | 334.04.93 | 01/01/22 06/30/23 | 07/01/21 06/30/23 | 07/01/21 | 06/30/23 | \$2,400 | \$2,400 | \$2,400 |
| NACDD BRIC Grant Year 2 | | Amnd 4 | N/A | 334.04.98 | 01/01/22 07/31/23 | 01/01/22 07/31/23 | 01/01/22 | 07/31/23 | \$23,500 | \$23,500 | \$42,800 |
| NACDD BRIC Grant | | Amnd 4 | N/A | 334.04.98 | 01/01/22 07/31/22 | 01/01/22 07/31/22 | 01/01/22 | 07/31/22 | \$19,300 | \$19,300 | |
| FPHS-LHU-Proviso (YR2) | | Amnd 6 | N/A | 336.04.25 | 07/01/22 06/30/23 | 07/01/21 06/30/23 | 07/01/21 | 06/30/23 | \$1,087,000 | \$1,087,000 | \$1,647,500 |
| FPHS-LHU-Proviso (YR2) | | Amnd 7 | N/A | 336.04.25 | 07/01/22 06/30/23 | 07/01/21 06/30/23 | 07/01/21 | 06/30/23 | (\$674,000) | \$0 | |
| FPHS-LHU-Proviso (YR2) | | Amnd 1 | N/A | 336.04.25 | 07/01/22 06/30/23 | 07/01/21 06/30/23 | 07/01/21 | 06/30/23 | \$674,000 | | |
| FPHS-LHU-Proviso (YR1) | | Amnd 9 | N/A | 336.04.25 | 01/01/22 06/30/22 | 07/01/21 06/30/23 | 07/01/21 | 06/30/23 | \$73,750 | \$560,500 | |
| FPHS-LHU-Proviso (YR1) | | Amnd 4 | N/A | 336.04.25 | 01/01/22 06/30/22 | 07/01/21 06/30/23 | 07/01/21 | 06/30/23 | (\$162,250) | | |
| FPHS-LHU-Proviso (YR1) | | Amnd 1 | N/A | 336.04.25 | 01/01/22 06/30/22 | 07/01/21 06/30/23 | 07/01/21 | 06/30/23 | \$649,000 | | |
| TOTAL | | | | | | | | | \$3,054,392 | \$3,054,392 | |
| Total consideration: | | | | | | | | | | GRAND TOTAL | \$3,054,392 |
| GRAND TOTAL | | | | | | | | | | Total Fed | \$1,334,573 |
| | | | | | | | | | | Total State | \$1,719,819 |

*Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 LHJ Vaccination-ARPA -
Effective November 1, 2022

Local Health Jurisdiction Name: Pacific County Public Health & Human
Services Department
Contract Number: CLH31022

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

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

Period of Performance: November 1, 2022 through June 30, 2023

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

Revision Purpose: N/A

| DOH Chart of Accounts Master Index Title | Master Index Code | Assistance Listing Number | BARS Revenue Code | LHJ Funding Period Start Date End Date | Current Allocation | Allocation Change Increase (+) | Total Allocation |
|--|-------------------|---------------------------|-------------------|--|--------------------|--------------------------------|------------------|
| LHJ VACCINATION ARPA | 934V1200 | 21.027 | 333-21.02 | 11/01/22 06/30/23 | 0 | 26,962 | 26,962 |
| CSFRF CTS LHJ ALLOCATION | 934C0200 | 21.027 | 333-21.02 | 11/01/22 06/30/23 | 0 | 48,447 | 48,447 |
| | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| TOTALS | | | | | 0 | 75,409 | 75,409 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|----------------------------------|--|
| Task 1 Activities Supported by LHJ Vaccination ARPA (MI 934V1200) funding: | | | | |
| 1. | Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional hours such as evenings and weekends. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary or off-site clinics to travel and provide vaccination services in non-traditional settings, community outreach/messaging or to supplement the work of other | Vaccine availability to the community and prioritized in your jurisdiction's community. | November 1, 2022 - June 30, 2023 | Reimbursement for actual costs incurred, not to exceed \$26,962. Due date: Every 60 days as specified in the ConCon billing instructions. |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|--|---|-----------------------------------|
| | community partners in underserved communities and may include administration costs for COVID-19 vaccine. | | | |
| 1A. | Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) then include internet based, phone option and other methods to ensure equitable registration. The state PrepMod system and tools will be available for use. | Submission of vaccine use into WA IIS database within 48 hours of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities. | Within two (2) days of vaccine use | |
| 1B. | Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe. | Final written report including activities completed and how LHJ addressed equitable distribution of the vaccine, community outreach and messaging. | Report due within 30 days of the end of each quarter listed below: Year 1 Quarter 2 November 1, 2022-December 31, 2022 Year 1 Quarter 3 January 1, 2022-March 30, 2023 Year 1 Quarter 4 April 1, 2022-June 30, 2023 | |

Task 2 and 3 Activities Supported by CSFRF CTS LHJ Allocation (MI 934C0200) Funding:

Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.

Examples of key activities include:

- Incident management for the response
- Testing
- Case Investigation/Contact Tracing
- Sustainable isolation and quarantine
- Care coordination
- Surge management
- Data reporting

| | | | | |
|---|---|---------------------------------|---------------------------------|---|
| 2 | Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. | See Special Requirements below. | See Special Requirements below. | Reimbursement of actual costs incurred, not to exceed: \$48,447 |
|---|---|---------------------------------|---------------------------------|---|

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|--|---|-----------------------------------|
| | <p>Examples of key activities include:</p> <ul style="list-style-type: none"> Incident management for the response Testing Case Investigation/Contact Tracing Sustainable isolation and quarantine Care coordination Surge management Data reporting <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p> | | | |
| 3 | <p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support:</p> <p>Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <ol style="list-style-type: none"> Contact tracing <ol style="list-style-type: none"> Strive to maintain the capacity to conduct targeted investigations as appropriate. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. | <p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from DOH.</p> | <p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p> | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|---|---------------------|-----------------------------------|
| | <p>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</p> <p>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</p> <p>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>ii. Case investigation</p> <p>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</p> <p>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.</p> <p>a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH.</p> <p>b) Ensure all staff designated to utilize WDRS have access and are trained in the system.</p> <p>c) Include if new positive cases are tied to a known existing positive case or indicate community spread.</p> <p>d) Conduct targeted case investigation and monitor outbreaks.</p> <p>e) Coordinate with Tribal partners in conducting case investigations for tribal members.</p> <p>3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>b. Testing</p> <p>i. Work with partners and Tribes to ensure testing is available to every person within the</p> | <p>Enter all case investigation data in WDRS-following guidance from-DOH.</p> | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|---|---------------------|-----------------------------------|
| | <p>jurisdiction meeting current DOH criteria for testing and other local testing needs.</p> <p>ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy.</p> <p>iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested.</p> <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <p>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</p> <p>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.</p> <p>iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</p> <p>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <p>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and</p> | <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and</p> | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|--|---------------------|-----------------------------------|
| | <p>farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</p> <p>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-</p> | <p>linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p> | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|--------|---|---|---------------------|-----------------------------------|
| | <p>based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <ol style="list-style-type: none"> Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. Maintain ongoing census data for isolation and quarantine for your population. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility. | <p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p> | | |

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

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

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

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

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

Program Specific Requirements

Special Requirements:

A report on the specific areas the LHJ partners have spent the ARPA dollars if the legislature requests this information.