

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

CONTRACT NUMBER: CLH31022**AMENDMENT NUMBER: 9**

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/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - ☐ Adds Statements of Work for the following programs:
 - ☒ Amends Statements of Work for the following programs:
 DCHS-ELC COVID-19 Response - Effective January 1, 2022
 Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022
 Foundational Public Health Services (FPHS) - Effective January 1, 2022
 WIC Nutrition Program - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:
 - ☒ Increase of **\$75,125** for a revised maximum consideration of **\$2,978,983**.
 - ☐ 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 O. Lindstrom 12/08/11, 1464/20th, 2014 21, 2022 10:30 PM</small>	Signature:  <small>Brenda Henderson Brenda Henderson Oct 31, 2022 11:30 PM</small>
Date: Oct 31, 2022	Date: Oct 31, 2022

APPROVED AS TO FORM ONLY
Assistant Attorney General

EXHIBIT B-9
ALLOCATIONS

Page 2 of 40
Contract Number: CLH31022
Date: October 1, 2022

Pacific County Public Health & Human Services Department

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 LHI Funding Period	Chart of Accounts 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 Svs 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 Svs 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 Svs 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
FFY22 PHEP BP4 LHI 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 LHI 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 E4 LHI 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 LHI 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 LHI 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 LHI 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 LHI Contracts	B04MCA5251	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 LHI Contracts	B04MCA5251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$28,225		
SFY23 Sexual & Rep Hlth Cost Share		Amd 7	N/A	334.04.91	07/01/22	12/31/22	07/01/22	06/30/23	\$12,714	\$12,714	\$27,119
SFY22 Sexual & Rep Hlth Cost Share		Amd 5	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$744	\$14,405	
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$13,661		
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$2,400	\$2,400	\$2,400

EXHIBIT B-9
 ALLOCATIONS
 Contract Term: 2022-2024

Pacific County Public Health & Human Services Department

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	DOH Use Only				Amount	Funding Period Sub Total	Chart of Accounts Total
				BARS Revenue Code**	Statement of Work LHJ Funding Period	Chart of Accounts Funding Period	Start Date End Date			
NACDD BRIC Grant Year 2		Amd 4	N/A	334.04.98	01/01/22 07/31/23	01/01/22 07/31/23		\$23,500	\$23,500	\$42,800
NACDD BRIC Grant		Amd 4	N/A	334.04.98	01/01/22 07/31/22	01/01/22 07/31/22		\$19,300	\$19,300	
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22 06/30/23	07/01/21 06/30/23		\$1,087,000	\$1,087,000	\$1,647,500
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22 06/30/23	07/01/21 06/30/23		(\$674,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22 06/30/23	07/01/21 06/30/23		\$674,000		
FPHS-LHJ-Proviso (YR1)		Amd 9	N/A	336.04.25	01/01/22 06/30/22	07/01/21 06/30/23		\$73,750	\$560,500	
FPHS-LHJ-Proviso (YR1)		Amd 4	N/A	336.04.25	01/01/22 06/30/22	07/01/21 06/30/23		(\$162,250)		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22 06/30/22	07/01/21 06/30/23		\$649,000		
TOTAL								\$2,978,983	\$2,978,983	
Total consideration:	\$2,903,858								GRAND TOTAL	\$2,978,983
GRAND TOTAL	\$75,125								Total Fed	\$1,259,164
	\$2,978,983								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: DCHS - ELC COVID-19 Response - Effective January 1, 2022

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

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FEATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19. This funding is the estimated carryforward amount.

Revision Purpose: Extend Period of Performance and ELC EDE LHJ Funding End Date from 12/31/22 to 07/31/23.

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 None	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22 10/18/22	3	0	3
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22 07/31/23	403,997	0	403,997
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					404,000	0	404,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.			
	Examples of key activities include:			
	• Incident management for the response			
	• Testing			
	• Case Investigation/Contact Tracing			
	• Sustainable isolation and quarantine			
	• Care coordination			
	• Surge management			
	• Data reporting			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
DCHS COVID-19 Response				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$3 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p> <p>\$403,997 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>ii. Case investigation</p> <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, LHIs, and Tribes.)</p> <p>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 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>Enter all case investigation data in WDRS following guidance from-DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager</p>		

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exposure, conduct testing and respond to outbreaks.</p> <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-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). <ul style="list-style-type: none"> i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal </p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <p>ii. Maintain ongoing census data for isolation and quarantine for your population.</p> <p>iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</p> <p>iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.</p>	Report census numbers to include historic total by month and monthly total for current quarter to date		

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)

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 LHI must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHI and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

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

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

CDC Funding Regulations and Policies

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements:

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

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Executive Office of Resiliency and Health Security-
PHEP - Effective July 1, 2022

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

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FEATA (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 establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

Revision Purpose: The purpose of this revision is to update the name of our Office, add, revise, and delete activities and deliverables.

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 None	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22 06/30/23	25,178	0	25,178
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					25,178	0	25,178

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				
1	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	Reimbursement for actual costs not to exceed total funding consideration amount.
All LHJs	Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Additional reporting may be required if federal requirements change.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2 All LHJs	Across Domains and Capabilities Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by August 1, 2022, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.	August 1, 2022 Within 30 days of the change. December 31, 2022 June 30, 2023	
3 All LHJs	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2022 June 30, 2023	
4 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
5 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
6 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness DOH/EPH& Executive Office of Resiliency and Health Security (ORHS) anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas: <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management 	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Trauma-Informed Systems Trauma-Informed Practice Outward Mindset Growth Mindset Racial Equity and/or Social Justice Community Resilience Climate Change and Health Equity Related topics – prior approval from EPRR ORHS required for training topics other than those listed above. <p>Note: Prior approval from DOH/EPRR ORHS is required for any out-of-state travel.</p>			
7 All LHJs Note for RERCs	<p>Domain 1 Community Resilience</p> <p>Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> Local and/or regional Emergency Manager(s). Local and/or regional hospitals. Local and/or regional elected officials. Local and/or regional Community Health Workers (CHWs). Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (For RERCs, this may include some or all the groups identified in Activity 8) 	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
8 RERCs for their LHJ	<p>Domain 1 Community Resilience</p> <p>Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.</p>	Mid- and end-of-year reports on templates provided by DOH. Plans available upon request.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ.</p> <ul style="list-style-type: none"> Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). <p>8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident.</p> <p>8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident.</p> <p>8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.</p>			
9 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> "Mobilize a response" is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. The target is to mobilize a response within 45 minutes. DOH will provide additional guidance about submitting performance measure data. 	LHJ performance measure data (PM 1)	June 30, 2023	
10 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response.</p>	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11 All LHJs	<p>Note: DOH will provide additional guidance about submitting performance measure data.</p> <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). DOH will provide additional guidance about submitting performance measure data. 	LHJ performance measure data (PM 3)	June 30, 2023	
12 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p><i>Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region, DOH, DOH contracted partner, or DOH approved trainer in person or via webinar.</i></p> <p><i>Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</i></p> <p>Notes:</p> <ul style="list-style-type: none"> Prior approval from DOH is required for any out-of-state travel. DOH will work with regions and LHJs to customize and schedule training(s). Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. For Seattle-King County and Tacoma-Pierce County, the LHJ is the region. 	Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and brief summary of what you learned.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Participation in the optional trainings listed in #6 and the communication drill (#22) does not meet the requirement for this activity. 			
13 RERCs for their PHEP region All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in quarterly DOH Training & Exercise Call (unless cancelled).</p> <ul style="list-style-type: none"> Training and exercise opportunities. Delivery of training and exercises. Training and exercise opportunities. <p><i>Note: For Seattle-King County and Tacoma-Pierce County, the LHI is the PHEP region.</i></p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
14 RERCs All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>14.1 Review LHI public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</p> <p>14.2 Complete Integrated Preparedness Planning Workshop (IPPW) Worksheets.</p> <p>14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>14.2 Input to RERCs</p> <p>14.2 IPPW Worksheets</p> <p>Mid-year report on template provided by DOH</p> <p>14.3 Participation in IPPW.</p> <p>End-of-year report on template provided by DOH.</p>	<p>14.2 As requested by RERCs.</p> <p>14.2 December 31, 2022</p> <p>December 31, 2022</p> <p>14.3 As requested by DOH.</p> <p>June 30, 2023</p>	
15 RERCs with their PHEP region except Seattle-King and	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p>	<p>Mid-year report on template provided by DOH.</p> <p>15.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>15.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>15.3 As requested by DOH.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>Tacoma-Pierce</i>	<i>15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</i> <i>15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</i>			
<i>16 Seattle-King and Tacoma-Pierce</i>	<i>Domain 2 Incident Management Capability 3 Emergency Operations Coordination Training & Exercise</i> <i>16.1 Review LHH preparedness and response capabilities and identify gaps, priorities, and training needs.</i> <i>16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</i> <i>16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</i>	<i>Mid-year report on template provided by DOH.</i> <i>16.2 Completed Integrated Preparedness Planning Workshop Guide.</i> <i>16.3 Participation in IPPW.</i>	<i>December 31, 2022</i> <i>16.3 is requested by DOH.</i>	
<i>17 RERCs for their LHH</i>	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ◦ The functionality of critical public health operations ◦ The functionality of critical healthcare facilities and the services they provide ◦ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ◦ Number of disease cases ◦ Number of fatalities attributed to an incident ◦ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ◦ Emergency Operations Center (EOC) or Incident Command System (ICS) activation 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16 16 All LHJs	<p>Note: The communication drill (Activity 22 20) does not meet the requirement for participation in an exercise or real world event.</p> <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>16.1 16.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>16.2 16.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
17 17 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> • An AAR may be completed part-way through an extended response, for example, COVID-19. • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report(s)/Improvement Plan(s)</p>	<p>December 31, 2022 June 30, 2023</p>	
18 18 All LHJs except Seattle-King	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Public Health Official(s) Emergency Manager Regional Health Care Coalition Local and regional hospitals, if in your county Federally Qualified Health Center(s), if in your county Accountable Community of Health Emergency Medical Services Medical Program Director County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. Include name, title, and organization of each participant in documentation (AAR). Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. This may be completed part-way through the COVID-19 response. This AAR may be used to meet the requirement above as well (Activity 19.17). 			
19 19 Seattle-King	<p>Domain 2 Incident Management</p> <p>Capability 3 Emergency Operations Coordination</p> <p>19.1 19.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.</p> <p>19.2 19.2 Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022</p> <p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Notes:</p> <ul style="list-style-type: none"> Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. Include organization of each participant in documentation (AAR). Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. This may be completed part-way through the COVID-19 response This AAR may be used to meet the requirement above as well (Task #19 18). 			
22 20 All LHJs	<p>Domain 3 Information Management</p> <p>Capability 4 Emergency Public Information and Warning - Communication</p> <p>22.4 20.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).</p> <p>22.2 20.2 Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023.</p> <p>22.3 20.3 Conduct a hot wash evaluating LHJ participation in the drill (22.2 20.2).</p> <p>22.4 20.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> Participation in a real world event may meet the requirement for 22.2 20.2, 22.3 20.3, and 22.4 20.4. If the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication 	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>If you use a real-world event to meet 22.2 20.2, 22.3 20.3, and 22.4 20.4, submit hotwash or AAR with report.</p> <p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
23 21 All LHJs	<p>strategies to date or include a summary of communication activities and one sample of communication in mid-year or end-of year report.</p> <p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> The target is within the first six hours. DOH will provide additional guidance about submitting performance measure data. 	LHJ performance measure data (PM 7)	June 30, 2023	
24 22 All LHJs	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>24.1 22.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>24.2 22.2 Participate in DOH-led notification drills.</p> <p>24.3 22.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
25 23 RERCs for their PHEP region	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>25.1 23.1 Participate in quarterly DOH-led WASECURES Users Group,</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
25-2	23.2 Provide technical assistance to LHJs in PHEP region as needed. (<i>Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.</i>)			
26 24 All LHJs	<p>Domain 3 Information Management</p> <p>Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
27 25 All LHJs RERC's additional activity Note for CRI LHJs	<p>Domain 4 Countermeasures and Mitigation</p> <p>Capability 8 Medical Countermeasures Dispensing</p> <p>Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p>RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #28 26). <p>Notes</p> <ul style="list-style-type: none"> DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize 	Mid- and end-of-year reports on template provided by DOH. Updated MCM plan.	December 31, 2022 June 30, 2023 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
28 26 All LHJs	<p>distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan.</p> <ul style="list-style-type: none"> LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28 26). CRI LHJs – See also CRI activity #4. 	LHJ performance measure data (PM 5)	June 30, 2023	
27 All LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution</p> <p>Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).</p> <p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p><i>Begin to update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.</i></p> <p>Notes:</p> <ul style="list-style-type: none"> <i>This update doesn't need to be completed until the next contract period (6/30/24).</i> <i>This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.</i> 	Mid- and end-of-year reports on templates provided by DOH, including progress on updating plan (meetings, draft, etc.).	December 31, 2022 June 30, 2023	
29 28 RERCs for their LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p>	Mid- and end-of-year reports on template provided by DOH. Plans available upon request.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Notes:</p> <ul style="list-style-type: none"> Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. LHJ may also conduct a drill or tabletop exercise to exercise plans. 			
30 RERCs for their LHJs	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plan available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
30 All LHJs	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> Northwest Healthcare Response Network (Network) Regional Emergency and Disaster (REDi) Healthcare Coalition Healthcare Alliance (Alliance) <p>During each reporting period (see notes below), participate in one or more of the following activities:</p> <ul style="list-style-type: none"> Meetings - Communication <ul style="list-style-type: none"> Regional meeting, in person or virtually. Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities. Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. Planning <ul style="list-style-type: none"> Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. 	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Drills and Exercises <ul style="list-style-type: none"> ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. • Response <ul style="list-style-type: none"> ○ Information sharing process during incidents. ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. <p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023 • LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. ○ REDI: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. 			
22 31 All LHJs	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p> <p>Notes:</p> <ul style="list-style-type: none"> • “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. • DOH will provide additional guidance about submitting performance measure data. 	LHJ performance measure data (PM 8)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
33 32 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH. Agreements available upon request.	December 31, 2022 June 30, 2023	
34 33 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation 	Mid- and end-of-year reports on templates provided by DOH. Lists available upon request.	December 31, 2022 June 30, 2023	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps. Note: PHEP Region 4: Clark, Cowlitz, Skamania, and Wahkiakum LHJs.	Mid- and end-of-year reports on templates provided by DOH. Sign in sheets and agendas for trainings conducted by Clark County available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 3	3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.	Mid- and end-of-year reports on templates provided by DOH. Website screenshots available upon request.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.			
LHJ Request Spokane 1	Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 2	As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 3	Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.	Mid- and end-of-year reports on templates provided by DOH. Agreements and subcontracts available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 1	<i>1.1 Maintain and update policies and procedures to recruit, train, mobilize and deploy volunteers registered by the local health jurisdiction to support health and medical response operations.</i> <i>1.2 Identify the priority capabilities volunteers will support, and how volunteers are trained.</i> <i>1.3 Support COVID-19 volunteer response.</i>	<i>Mid- and end-of-year reports on templates provided by DOH.</i>	<i>December 31, 2022 June 30, 2023</i>	
LHJ Request Tacoma-Pierce 2	Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 3	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 4	Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ Request Thurston 1	<p>Domain 5 Surge Management Capability 15 Volunteer Management</p> <p>1.1 Maintain a Medical Reserve Corps (MRC) unit.</p> <p>1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the local jurisdiction to support health and medical response operations.</p> <p>1.3 Identify target mission sets for development within the MRC unit.</p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

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

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

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

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

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

Program Specific Requirements

Special Requirements:

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Submit deliverables to the *Emergency Preparedness, Resilience & Response Executive Office of Resiliency and Health Security* ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccce462549&ty=HTML&h=L&mc=true&r=PART1&n=pt2.1.200#se2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) -
Effective January 1, 2022

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

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

Period of Performance: January 1, 2022 through June 30, 2022

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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS. For SFY22, the Steering Committee is using an iterative approach to decision making. Determining investments for SFY22 (July 1, 2021 – June 30, 2022). This means that additional tasks and/or funds may be added to an LHJ's FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total SFY22 funding allocation is for the period of July 1, 2021 through June 30, 2022. The funding allocations will be divided into two six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022. The July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only. FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year. (RCW 43.88.140)

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management.

Revision Purpose: The purpose of this revision is to update allocation to match actual funds requested and distributed for SFY22.

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
FPHS-LHL-PROVISO (YR1)		99202111	N/A	336.04.25	01/01/22 06/30/22	486,750	73,750	560,500
Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)								
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						486,750	73,750	560,500

BARS Expenditure Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22
			Your jurisdiction	Other jurisdictions	
10-17, 20, 21, 23-29, 40-53, 93	All - CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		178,000
10	Assessment	CHA/CHIP	X		30,000
10	Assessment	Shared Epidemiology - General (Surveillance / Assessment, CHA/CHIP)	X	X	125,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		139,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		177,000
Funding Adjustment					-162,250
					73,750
					\$486,750
TOTAL					\$560,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Results are published in the annual FPHS Investment Report. FPHS indicator metrics available here .	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH.	TBD	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.
		FPHS annual reporting (template provided by the FPHS Steering Committee via DOH)	For SFY22 (07/01/21 - 06/30/22) due by 08/15/22	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Reinforcing Capacity – These funds are to each LHI to deliver FPPHS in their own jurisdiction – In coordination with the FPPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FPPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPPHS definitions.</p> <p>Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53.</p>			
2	<p>Assessment – CHA/CHIP (FPPHS definitions G.3) – These funds are to each LHI to deliver FPPHS in their own jurisdiction – In coordination with the FPPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPPHS definitions.</p> <ul style="list-style-type: none"> Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. <p>These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHIs for staff time or services. Coordinate with the Spokane Regional Health District to participate in <u>County Health Insights</u>.</p> <p>Suggested BARS expenditure codes: 562.11.</p>			
3	<p>Assessment – Shared Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPPHS definitions G.1,2) – These funds are to select LHIs to deliver FPPHS in or for multiple jurisdictions – In coordination with the FPPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide general assessment epidemiology focused on COVID, CHAs/CHIPs and/or local public health assessment needs. Coordinate with the Spokane Regional Health District to participate in <u>County Health Insights</u> and with Tacoma-Pierce County Health Department to participate in the healthcare provider web pages (sample links are provided below):</p> <p>https://www.yakimacounty.us/2140/NEW-Provider-Resource-Page http://providers.whatcomcounty.org/ https://cehsproviderresources.org/ https://providers.kitsapublichealth.org/</p> <ul style="list-style-type: none"> Island – provide services to Island and San Juan Wahkiakum – provide services to Wahkiakum and Cowlitz Pacific – provide services to Pacific and Grays Harbor <p>Suggested BARS expenditure codes: 562.10 and/or 11.</p>			
4	<p>Communicable Disease (CD) (FPPHS definitions C.1, 2, 3, 4, 6) – These funds are to each LHI to deliver FPPHS in their own jurisdiction – In coordination with the FPPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPPHS CD services as defined in the most current version of the FPPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPPHS funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed and/or contract with other LHIs for staff time or services for delivering FPPHS CD. As the pandemic response wains, staff funded with FPPHS funds are to shift focus to providing some or all of the FPPHS CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases.</p> <p>1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions.</p> <p>3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.</p> <p>4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.</p> <p>Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.</p>			
5	<p>Environmental Public Health (EPH) (FPHS definitions B.3 & 4) – <u>These funds are to each LHJ to deliver services in their own jurisdiction.</u> In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for:</p> <ul style="list-style-type: none"> • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) <p>These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue):</p> <ul style="list-style-type: none"> • Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) – Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permitable systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: <ul style="list-style-type: none"> ○ Work with partners to educate and inform public on OSS monitoring and maintenance ○ Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. ○ Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. ○ Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources. 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ○ Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage. ○ Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law. • Schools Safety (FPHS definition B.3.g) – Assure safe and effective learning environments for children attending K-12 schools – public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include: <ul style="list-style-type: none"> ○ Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities. ○ Participate with statewide public health groups to standardize school program implementation. ○ Focus on schools that have not previously been inspected to assess current conditions ○ Focus on existing elementary schools for first phase of inspections program <ul style="list-style-type: none"> ▪ Indoor Air Quality ▪ Classroom ▪ Healthy cleaning and indoor environments ▪ Playground ▪ Drinking water (lead) <p>Suggested BARS expenditure codes: 562.xx – 40-53.</p>			

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Program Specific Requirements

Program Manual, Handbook, Policy References:

All FPHS Resources – www.doh.wa.gov/fphs or [FPHS](#) | Powered by [Box](#)

Special References (i.e., RCWs, WACs, etc.):

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent.](#) ([wa.gov](#))

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding.](#) ([wa.gov](#))

Definitions:

FPHS Definitions – <https://wsa.pho.box.com/s/qb6ss10mxbrajx0fia742lw6zcfzohk>

Special Instructions:

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: www.doh.wa.gov/hjffunding

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health
Mobile Phone 360-951-7566 / marie.flake@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2022

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

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

Period of Performance: January 1, 2022 through December 31, 2024

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: To add FFY23 USDA WIC Client Services Contracts funds and to increase caseload.

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
FFY22 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	01/01/22	09/30/22	61,475	0	61,475
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22	09/30/23	19,325	1,375	20,700
FFY22 USDA BFPC PROG MGMT	76214231	10.557	333.10.55	01/01/22	09/30/22	10,955	0	10,955
FFY22 USDA FMNP PROG MGMT	76540237	10.572	333.10.57	05/01/22	09/30/22	331	0	331
FFY22 USDA WIC NUTRITION ED	76101236	10.557	333.10.55	01/01/22	09/30/22	2,500	0	2,500
FFY23 USDA BFPC PROG MGMT	76214241	10.557	333.10.55	10/01/22	12/31/22	3,652	0	3,652
TOTALS						98,238	1,375	99,613

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program			See "Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office. The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = 215 <i>Revised authorized participating caseload for October 2022 through December 2024 = 240</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3. Caseload declines.			
1.2	Submit the annual Nutrition Services Plan for each year of the contract.	Nutrition Services Plan	First year due 9/30/22 Second year due 9/30/23	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the contract.	Nutrition Services Expenditure Report	11/30/22 11/30/23	Payment withheld if not received by due date.
1.4	Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.5	Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Issue WIC benefits while assuring adequate WIC card security and reconciliation.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	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	Budget Workbook	First year due 9/30/22 Second year due 9/30/23	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19	Revenue and Expense Report and A-19	First year due monthly through December 31, 2022 Second year due monthly through December 31, 2023	
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/22 Second year due 11/30/23 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"> Provide staff, health care providers and community partners virtual breastfeeding training resources. Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. Provide participants access to lactation consultants. Other projects will need pre-approval from the State WIC Office	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/22 Second year due 8/30/23 Biennial WIC Monitor	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Breastfeeding Peer Counseling Program (BFPC)			See "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.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.	First year due 12/31/22 Second year due 12/31/23 Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022 and by Oct. 1, 2023 Biennial WIC Monitor	

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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 LHH must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

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

- WIC Federal Regulations, USDA, and FNS 7CFR Part 246.
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Office of Management and Budget, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200
- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the contract

Staffing Requirements:

The LHJ shall:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine participant eligibility, prescribe an appropriate food package and offer nutrition education based on the participants' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk participants, 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 and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special References:

What is the WIC program?

1. The WIC program in the state of Washington is administered by the Department of Health.
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, participants, persons acting on behalf of a participant, 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 participants 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 benefits or WIC food but who are not WIC participants.

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:

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

Assurances/Certifications:**1. Computer Equipment Loaned by the Department of Health WIC Nutrition Program**

In order to perform WIC program activities, the Department requires computer equipment, such as computers, signature pads, document scanners, card readers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by the Department and loaned to the local agency (Contractor). The Loaned Equipment is supported by the Department. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

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

The LHJ agrees to:

- a. Defend, protect and hold harmless the Department 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. The Department 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 the Department), or
 - 3) Assertion of a lien against the Contractor's property.
- c. Notify the Department immediately of any damage to Loaned Equipment.
- d. Notify the Department prior to moving or replacing any Loaned Equipment.

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

2. Civil Rights Assurance

- a. The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance.
- b. "The Program applicant 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 Program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
- c. "By accepting this assurance, the Program applicant 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 Program applicant, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the Program applicant."

3. 2CFR 200

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), 2CFR part 200, the debarment and suspension requirements of 2CFR part 200.213, if applicable, the lobbying restrictions of 2CFR part 200.245, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Billing Requirements:

1. Definitions

Contract Period: January 1, 2022 - December 31, 2024

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

- There are four federal budget periods
 - January 1, 2022 through September 30, 2022;
 - October 1, 2022 through September 30, 2023;
 - October 1, 2023 through September 30, 2024;
 - October 1, 2024 through December 31, 2024.

2. Billing Information:

- a. Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- b. A-19s are submitted monthly and must be received by the Department within 60 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within 90 days of the close of the federal budget period.

- c. Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- d. Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.
- e. Payments are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHJ and available for inspection by the Department 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.
- h. If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

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 all recipients and sub-recipients of federal funds to have a single audit performed should they spend \$750,000 or more of federal grants or awards from all sources. Contractors spending less than \$750,000 in federal grants or awards may also be subject to audit.
3. 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 participants. 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 participants.

SPECIAL REQUIREMENTS			
Contract Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$3,500	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.
January 2022 - September 2022	January 2022 - September 2022	\$2,500	Added in the USDA WIC Nutrition Education category to fund staff time, conference registration and travel expenses for one WIC-funded staff to attend the 2022 NWA Biennial Nutrition Education and Breastfeeding Conference in Orlando, Florida on September 6 to September 9, 2022.

Other:

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