

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

CONTRACT NUMBER: CLH31022

AMENDMENT NUMBER: 15

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:
- COVID-19 LHJ Gap Funding - Effective July 1, 2023
 - Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2023
 - Executive Office of Resiliency & Health Security-WFD LHJ - Effective July 1, 2023
- ☒ Amends Statements of Work for the following programs:
- Foundational Public Health Services (FPHS) - Effective July 1, 2023
 - Maternal and Child Health Block Grant - Effective January 1, 2022
 - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
 - Sexual & Reproductive Health Program - Effective January 1, 2022
 - WIC Nutrition Program - Effective January 1, 2022
- ☐ Deletes Statements of Work for the following programs:



2. Exhibit B-15 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-14 Allocations as follows:

- ☒ Increase of **\$1,081,592** for a revised maximum consideration of **\$5,379,327**.
- ☐ 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: 	Signature:  <small>Brenda Henriksen (Sep 6, 2023 07:30 PM)</small>
Date: Sep 5, 2023	Date: Sep 6, 2023

APPROVED AS TO FORM ONLY
Assistant Attorney General

Pacific County Public Health & Human Services Department

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

Indirect Rate January 1, 2023 through December 31, 2023: 11.27%

EXHIBIT B-15
ALLOCATIONS
Contract Term: 2022-2024Page 2 of 54
Contract Number: CLH31022
Date: August 1, 2023

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period	LHJ Funding Period	Chart of Accounts Funding Period	Chart of Accounts Funding Period			
					Start Date	End Date	Start Date	End Date			
FFY24 USDA BFPC Prog Mgmt	NGA Not Received	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$29,655	\$29,655	\$58,979
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 15	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$3,762	\$18,369	
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$10,955		
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$3,652		
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	
FFY24 USDA WIC Client Svs Contracts	NGA Not Received	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$3,000	\$25,163	\$206,122
FFY24 USDA WIC Client Svs Contracts	NGA Not Received	Amd 14, 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$863		
FFY24 USDA WIC Client Svs Contracts	NGA Not Received	Amd 11, 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$21,300		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$24,909	\$119,484	
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 14	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$9,975		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$63,900		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	Amd 9	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$1,375		
FFY23 USDA WIC Client Svs Contracts	7WA700WA7	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	
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7	Amd 11	10.557	333.10.55	01/01/23	09/30/23	10/01/22	09/30/23	\$2,400	\$2,400	\$2,400
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
CSFRP CTS LHJ Allocation	SLFRP0002	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$48,447	\$48,447	\$48,447
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 15	21.027	333.21.02	07/01/23	06/30/24	07/01/23	06/30/25	\$138,057	\$138,057	\$138,057
LHJ Vaccination ARPA	SLFRP0002	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$26,962	\$26,962	\$26,962
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 15	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$25,178	\$25,178	\$69,882
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$25,178		
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 3	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$19,526	\$19,526	
FFY22 Title X Dire Needs	FPHPA006495	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$1,319	\$1,319	\$1,319
FFY23 Title X Family Planning	FPHPA006560	Amd 14	93.217	333.93.21	04/01/23	03/31/24	04/01/23	03/31/24	\$11,132	\$11,132	\$22,700
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	
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$560	\$6,160	\$6,160
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$5,600		
COVID19 Vaccines	NH23IP922619	Amd 13	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$14,263	\$276,879	\$276,879
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$262,616		

Pacific County Public Health & Human Services Department

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHIJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
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 CARBS	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$306	\$306	\$306
FFY19 ELC COVID Ed LHIJ 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 LHIJ Allocation	NU50CK000515	Amd 7, 9, 12	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	(\$7,909)	\$403,997	\$403,997
FFY20 ELC EDE LHIJ Allocation	NU50CK000515	Amd 2, 9, 12	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$411,906		
FFY24 HRSA MCHBG LHIJ Contracts	NGA Not Received	Amd 15	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$37,634	\$37,634	\$75,268
FFY23 HRSA MCHBG LHIJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$37,634	\$37,634	
FFY22 MCHBG LHIJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$3,176	\$31,401	\$31,401
FFY22 MCHBG LHIJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$28,225		
SFY24 Sexual & Rep Hlth Cost Share		Amd 15	N/A	334.04.91	07/01/23	12/31/23	07/01/23	06/30/24	\$11,837	\$11,837	\$51,711
SFY23 Sexual & Rep Hlth Cost Share		Amd 11	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23	\$12,755	\$25,469	
SFY23 Sexual & Rep Hlth Cost Share		Amd 7, 11	N/A	334.04.91	07/01/22	06/30/23	07/01/22	06/30/23	\$12,714		
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 14	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$2,400	\$2,400	\$5,600
Rec Shellfish/Biotoxin		Amd 12	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$800	\$3,200	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$2,400		
NACDD BRIC Grant Year 2		Amd 14	N/A	334.04.98	01/01/22	12/31/23	01/01/22	07/31/23	\$19,300	\$42,800	\$42,800
NACDD BRIC Grant Year 2		Amd 4, 14	N/A	334.04.98	01/01/22	12/31/23	01/01/22	07/31/23	\$23,500		
NACDD BRIC Grant		Amd 4	N/A	334.04.98	01/01/22	07/31/22	01/01/22	07/31/22	(\$19,300)	\$0	
NACDD BRIC Grant		Amd 4	N/A	334.04.98	01/01/22	07/31/22	01/01/22	07/31/22	\$19,300		
FPHS-LHIJ-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-LHIJ-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-LHIJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$674,000		
FPHS-LHIJ-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-LHIJ-Proviso (YR1)		Amd 4	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	(\$162,250)		
FPHS-LHIJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$649,000		
FPHS-Local Health Jurisdiction		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$807,000	\$1,894,000	\$1,894,000
FPHS-Local Health Jurisdiction		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,087,000		

Pacific County Public Health & Human Services Department

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Indirect Rate January 1, 2023 through December 31, 2023: 11.27%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period	Funding Period	Start Date	End Date			
TOTAL									\$5,379,327	\$5,379,327	
Total consideration:	\$4,297,735									GRAND TOTAL	\$5,379,327
GRAND TOTAL	\$1,081,592									Total Fed	\$1,737,716
	\$5,379,327									Total State	\$3,641,611

*Catalog of Federal Domestic Assistance

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 LHJ Gap Funding -
Effective July 1, 2023

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

Contract Number: CLH31022

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

Period of Performance: July 1, 2023 through June 30, 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 of this statement of work is to support LHJ COVID-19 work utilizing American Rescue Plan Act (ARPA) funding.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FY24 LHJ COVID-19 ARPA	926C0240	21.027	333.21.02	07/01/23 06/30/24	0	138,057	138,057
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	138,057	138,057

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1, 2, and 3 Activities Supported by LHJ COVID-19 Gap Supplemental			July 1, 2023 – June 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding allocation. Due date: Every 60 days as specified in the ConCon billing instructions.
1.	Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional hours such as evenings and weekends. Activities may include vaccine strike teams, mobile vaccine clinics,	Vaccine availability to the community and prioritized in your jurisdiction's community.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	satellite clinics, temporary or off-site clinics to travel and provide vaccination services in non-traditional settings, community outreach/messaging or to supplement the work of other community partners in underserved communities and may include administration costs for COVID-19 vaccine.			
1A.	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) then include internet based, phone option and other methods to ensure equitable registration. The state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 48 hours of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Within two (2) days of vaccine use	
1B.	Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe.	Final written report including activities completed and how LHI addressed equitable distribution of the vaccine, community outreach and messaging.	Report due within 30 days of the end of each quarter listed below: Year 1 Quarter 1 July 1, 2023-September 30, 2023 Year 1 Quarter 2 October 1, 2023-December 31, 2023 Year 1 Quarter 3 January 1, 2024-March 31, 2024 Year 1 Quarter 4 April 1, 2024-June 30, 2024	
2.	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. Examples of key activities include: <ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management 	See Special Requirements below.	See Special Requirements below.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Data reporting <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>			
3.	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: 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, 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> 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. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below. <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities; In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing, infection control and isolation and 	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and 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>quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-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>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with <u>WAC 246-100-045</u> (Conditions and principles for isolation or quarantine).</p> <p>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 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>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>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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

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

Program Specific Requirements

Special Requirements:

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
PHEP - Effective July 1, 2023

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

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

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

Period of Performance: July 1, 2023 through June 30, 2024

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 (PHEP), 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: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 PHEP BP5 LHJ Funding	31602231	93.069	333.93.06	07/01/23	06/30/24	0	25,178	25,178
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	25,178	25,178

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP5 LHJ Funding				Reimbursement for actual costs not to exceed total funding allocation amount.
1	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
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 September 1, 2023, 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 changes.	September 1, 2023 Within 30 days of the change. December 31, 2023 June 30, 2024	
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, 2023 June 30, 2024	
4 All LHJs	Across Domains and Capabilities Participate with DOH in site visit (virtual or in person) to discuss LHJ's performance measure data and readiness to respond. Complete preparation and follow-up activities as requested by DOH. DOH will take notes during the discussion and send them to you for review.	Participation in site visit discussion. Preparation and follow-up activities as requested by DOH. Reviewed and returned discussion notes (sent to you for review by DOH).	Upon request from DOH	
5 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, 2023 June 30, 2024	
6 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Assist DOH and the University of Washington in developing a tool to complete a public health disaster risk assessment tailored to the needs of LHJs and our state.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	LHJ participation in one or more 90-minute engagement sessions/focus groups is planned for this statement of work period.			
7 All LHJs	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>DOH/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:</p> <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • 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 ORHS required for training topics other than those listed above. <p>Note: Prior approval from DOH/ ORHS is required for any out-of-state travel.</p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
8 All LHJs Note for RERCs	<p>Domain 1 Community Resilience 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 	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	emergencies or incidents. (For RERCs, this may include some or all the groups identified in #21.)			
9 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>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.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Prior approval from DOH is required for any out-of-state travel. • 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. • Participation in the optional trainings listed in #7 and/or the communication drill (#15) does not meet the requirement for this activity. 	Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	December 31, 2023 June 30, 2024	
10 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>10.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>10.2 Complete Integrated Preparedness Planning Workshop (IPPW) Workbook.</p> <p>10.3 Participate in Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for February 2024.</p>	<p>10.2 IPPW Workbook</p> <p>10.3 Participation in IPPW.</p> <p>End-of-year report on template provided by DOH.</p>	<p>10.2 December 31, 2023</p> <p>10.3 As requested by DOH.</p> <p>June 30, 2024</p>	
11 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <ul style="list-style-type: none"> • Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaalert@doh.wa.gov for all response 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>incidents involving use of emergency response plans and/or incident command structures.</p> <ul style="list-style-type: none"> 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. 			
12 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>After a locally affected Emergency Support Function (ESF)-8 related incident or ESF-8 related exercise, participate in After Action Review and an After Action Report, including an Improvement Plan.</p> <p>Notes:</p> <ul style="list-style-type: none"> Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. Include list of organizations that participated in the After Action Review. 	<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, 2023</p> <p>June 30, 2024</p>	
13 All LHJs, unless completed previously.	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>If not, completed and submitted in previous reporting period, develop and/or update a county COVID-19 Improvement Plan, including progress tracking and estimated dates of completion.</p> <p>If not, completed and submitted in previous reporting period, 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 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 	<p>Mid-year report on template provided by DOH.</p> <p>County COVID-19 Improvement Plan, unless submitted previously.</p> <p>County ESF-8 AAR for COVID-19, unless submitted previously.</p>	<p>December 31, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> 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. 			
14 All LHJs	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>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>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
15 All LHJs	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in at least one risk communication drill offered by DOH between July 1, 2023, and June 30, 2024.</p> <p>Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>Notes:</p> <ul style="list-style-type: none"> DOH will offer one July 1 – December 31, 2023, and one drill between January 31 – June 30, 2024. Drill will occur via webinar, phone, and email. Identifying and implementing communication strategies in real-world incidents 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>Hot wash</p> <p>If you participated in a real-world incident, submit hotwash or AAR.</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>	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> If the real-world incident response is ongoing, LHJ may conduct a hot wash or AAR evaluating communication strategies to date or include a summary of communication activities and one sample of communication in mid-year or end-of year report. 			
16 All LHJs	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>Participate in DOH-led notification drills.</p> <p>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 (or respond to an alert) quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system in <u>addition to</u> WASECURES to alert staff during incidents. 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
17 All LHJs	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) 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, 2023 June 30, 2024	
18 All LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	<p>December 31, 2023 June 30, 2024</p> <p>June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
RERCs additional activity Note for CRI LHJs	<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). • Number of local PODs 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>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 distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • CRI LHJs – See also CRI Task #3. 			
19 All LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>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.</p> <p>Note: 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.</p>	Mid- and end-of-year reports on template provided by DOH, including progress on updating plan (meetings, draft, etc.).	December 31, 2023 June 30, 2024	
20 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) 	Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> 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. 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, 2023, and January 1 – June 30, 2024 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 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.			

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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 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

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
WFD LHJ - Effective July 1, 2023

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

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

Period of Performance: July 1, 2023 through July 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 of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2024. LHJs will not be provided a fund allocation. Program will review invoices and manage use of funds across all LHJs who want to access these funds. Timely invoicing of costs by LHJs to DOH is essential. The program also asks LHJs to inform DOH know as soon as possible if they do not plan to invoice for any of these funds.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change	Total Allocation
FFY21 CDC COVID-19 PHWFD-LHJ	3190621G	93.354	333.93.35	07/01/23	06/30/24	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by September 15, 2023, and any changes within 30 days of the change.	September 15, 2023 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	December 31, 2023, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Describe promising practices or activities that should be considered for sustained funding. Explain your approach and mitigation plans to address challenges in meeting these hiring goals. Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. Administrative Support Staff – New Hires Professional or Clinical Staff – New Hires Disease Investigation Staff – New Hires Program Management Staff – New Hires Existing Staff budget for this funding. <p>Note: Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024.</p>			

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

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

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

Program Specific Requirements

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

eCFR :: 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.
(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) -
Effective July 1, 2023

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, 2023 through June 30, 2024

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: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

Revision Purpose: Adding SFY24 funds and additional activities

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FPHS-LOCAL HEALTH JURISDICTION	99210840	N/A	336.04.25	07/01/23	06/30/24	1,087,000	807,000	1,894,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						1,087,000	807,000	1,894,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ -- See below in <u>Program Specific Requirements - Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$494,000 \$495,000
2	Assessment Reinforcing Capacity -- See below in <u>Program Specific Requirements - Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment - CHA/CHIP -- See below in <u>Program Specific Requirements - Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse - Infrastructure & Workforce Capacity -- See below in <u>Program Specific Requirements - Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$353,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<i>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$353,000
6	<i>CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$75,000
7	<i>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$150,000
8	<i>FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$62,000
9	<i>FC - NEW SFY 24 Public Health Communications – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$200,000
10	<i>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$150,000
11	<i>EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$169,000
12	<i>Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) Capacity – See below in Program Specific Requirements – Activity Special Instructions for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$150,000

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.

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
 - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
 - Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171

The intent of FPHS funding is outlined in [RCW 43.70.512](#).

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs.

Stable funding and an iterative decision-making process – The FPHS Steering Committee's roles and responsibilities are outlined in the [FPHS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Spending of FPHS funds – FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPHS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ's contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Annual Allocations – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

Disbursement of FPHS funds to LHJs – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

Deliverables – FPHS funds are to be used to assure FPHS services statewide. The FPHS accountability process measures how funds are spent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.
2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at www.doh.wa.gov/fphs.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations

23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data & Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

Special References (i.e., RCWs, WACs, etc.):FPHS Intent - RCW 43.70.512FPHS Funding – RCW 43.70.515FPHS Committee & Workgroup CharterFPHS Steering Committee Consensus Decision Making Model**Activity Special Instructions:****Investments to Each LHJ:****1. FPHS Funds to Each LHJ**

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

Targeted Investments to Each LHJ:

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**
Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11
3. **Assessment – CHA/CHIP (FPHS definitions G.3)**
Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11
4. ~~**Lifecourse – Infrastructure & Workforce Capacity (FPHS definitions D, E, F)**~~
~~Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.~~
5. **Lifecourse – NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**
Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80
6. **CD – NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**
Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27
7. **EPH – NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**
These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53
8. **FC – NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 526.16
9. **FC – NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 526.13
10. **Lifecourse – NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
11. **EPR – NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

Targeted Investments to Select LHJs – Assuring FPHS Available for/in Multiple Jurisdictions:

12. Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)

Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Maternal and Child Health Block Grant -
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 September 30, 2024

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2023 to September 30, 2024, for continuation of MCHBG related activities, and update Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	31,401	0	31,401
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	37,634	0	37,634
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	0	37,634	37,634
						0	0	0
						0	0	0
						0	0	0
TOTALS						69,035	37,634	106,669

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. <i>Action Plan and Progress Monthly</i> Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	

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Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	See Program Specific Requirements and Special Billing Requirements.
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	Report actual expenditures for October 1, 2022 through September 30, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 1, 2023	
1h	Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 8, 2023	
1i	Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 17, 2024	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress-Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	

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Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September report due October 15, 2023 November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2f	Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	Draft- August 16, 2024 Final- September 6, 2024	
2g	Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.	Submit updates as part of monthly reporting document as requested by DOH.	September 30, 2024	
2h	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.	November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Monthly Reports must

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Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024	
3h	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment.	30 days after forms are completed.	
3i	Review your program's entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.	September 30, 2024	
MCHBG Assessment and Evaluation				
4a	As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.	Submit documentation using guidance provided by DOH.	September 30, 2024	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.

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 subrecipient funding.)

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

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

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

Program Specific Requirements

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in pre-approved Budget Workbook. Submit a paragraph to your Community Consultant (*contract manager*) explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

[Children and Youth with Special Health Care Needs Manual \(wa.gov\)](#)

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used *for* services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high-risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant). [Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low-income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted *monthly* quarterly by the 30th of each month following the *month* quarter in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

Special Instructions: Contact DOH contract manager for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- ~~Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.~~
- ~~Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.~~
- ~~Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.~~
- ~~Partnering with parent networks and health care providers to provide accurate and reliable information to all families.~~
- ~~Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness.~~

~~Restrictions listed above continue to apply.~~

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

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

Contract Number: CLH31022

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates

Revision Purpose: The purpose of this revision is to increase the allocation by 10%

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
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	5,600	560	6,160
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						5,600	560	6,160

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods) <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> Surveys, Questionnaires, Interviews Immunization coverage rates expressed in percentages Observations (i.e., feedback from surveys/interviews, social media posts comments) Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	August 1, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> Increased partner knowledge on immunization guidelines Change in attitudes about childhood vaccines Increase in school district immunization coverage rates 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Sexual & Reproductive Health 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)** 6

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

This Statement of Work spans Year 1 and Year 2 of the contract, which runs January 1, 2022 – March 31, 2024

For state funding, due dates after June 30, 2023 are for reporting only. LHJs may not bill under this contract for work done after June 30, 2023.

Revision Purpose: The purpose of this revision is to add \$11,837 in Sexual & Rep Hlth Cost Share funds for the period of 07/01/2023 - 12/31/2023. No language in was changed in this revision.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY22 Sexual & Rep Hlth Cost Share	78430120	N/A	334.04.91	01/01/22	06/30/22	14,405	0	14,405
FFY22 Title X Dire Needs	78430222	93.217	333.93.21	01/14/22	03/31/22	1,319	0	1,319
FFY22 Title X Family Planning	78430225	93.217	333.93.21	04/01/22	03/31/23	11,568	0	11,568
SFY23 Sexual & Rep Hlth Cost Share	78430130	N/A	334.04.91	07/01/22	06/30/23	25,469	0	25,469
FFY23 Title X Family Planning	78430241	93.217	333.93.21	04/01/23	03/31/24	11,132	0	11,132
SFY24 Sexual & Rep Hlth Cost Share	78430140	N/A	334.04.91	07/01/23	12/31/23	0	11,837	11,837
						0	0	0
TOTALS						63,893	11,837	75,730

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Sexual and Reproductive Health Program (SRHP) & Title X (TX) Services—excluding abortion and other surgical procedures related to SRHP. A. Comply with Washington State SRHP Manual, federal Title X requirements and all state and	<ul style="list-style-type: none"> A19 invoice vouchers submitted in a timely manner accompanied by an R&E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy. 	No more than monthly and no less than quarterly.	Billing must be based on a current cost analysis approved by DOH (see Reporting Requirements table).

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>federal laws, Also see Program Manual, Handbook, Policy References under Reporting Requirements below.</p> <p>B. Complete required Agency Information Dashboard that includes Title X Assurance of Compliance</p> <ol style="list-style-type: none"> 1. Compile all National Provider Identifier (NPI) billing numbers for SRHP services and submit to DOH. DOH will compile and send to Health Care Authority (HCA) in order for LHJ to qualify for the Medicaid Enhanced rate <p>C. Provide medical services, community education and outreach, and staff training, consistent with state requirements:</p> <ol style="list-style-type: none"> 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. 2. Medical, laboratory, and other services related to abortion are not covered by this task. 3. Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with no fewer than five (5) members and up to as many members as the LHJ determines; be broadly representative of the population or community for which materials are intended; review all educational materials for clients; meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6]) 4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity. 	<ul style="list-style-type: none"> • All reports described in Reporting Requirements table below. • Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH/TX site-visits—appropriate staff and documentation readily available prior to and during review. <p>DOH performs site visits. Follow-up site visits are performed until identified issues are resolved.</p>	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p>	<p>DOH reserves the right to withhold payment until:</p> <ul style="list-style-type: none"> • Compliance issues or a previous SOW are resolved in a way accepted by DOH • Current data is submitted to, and accepted by, Ahlers. • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> • Actual allowable costs according to your approved cost analysis (see Reporting Requirements table). <p>or</p> <ul style="list-style-type: none"> • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Washington State Sexual and Reproductive Health Network priority populations are:</p> <ul style="list-style-type: none"> • Teens • People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) • Rural communities • Hispanic • Black, Indigenous, People of Color <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>Provide all services in accordance with:</p> <ul style="list-style-type: none"> • DOH SRHP & Title X Manual • Other state and federal requirements • LHJ's Current Scope Report (defined under 3. Reporting Requirements below) <p>D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual.</p> <ol style="list-style-type: none"> 1. Maintain a computer system that includes normal safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee. <p>E. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. 	<p>CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> • Data for each month • Corrected CVR data <p>Email briefly describing change.</p>	<p>The last day of the next month.</p> <p>Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager.</p> <p>As needed to keep information current.</p>	<p>Payment will be calculated by R&H provided by DOH (see Reporting Requirements table).</p> <p>All services through the end of this contract period must be billed within 60 days.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Any other change that might affect LHJ's ability to provide the sexual and reproductive services described in this SOW. 			
Reporting Requirements				
	<p>1. Agency Information Dashboard</p> <p>Information required at the beginning of this SOW period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides.</p> <p>In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements regarding client fees, required services, requirements are met. It also provides other information to assist DOH to manage this SOW and the Sexual & Reproductive Health Network as a whole.</p>	<p>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by April 30th during each year of this contract. It will include:</p> <p>Information about your agency contacts and your organization's staffing</p> <p>A. Head of Organization B. Head of Finance C. Medical Director D. The following (one person might fill more than one role) a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information E. NPI numbers used to bill Medicaid</p> <p>Information regarding sexual and reproductive health related services offered at each clinic site:</p> <p>A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ no more than three years prior to the start date of this SOW. B. Sliding fee schedule that includes all services required in the SRH Manual. Additional Task 1 SRH-related services may also be included on LHJ's sliding fee schedule. a. Sliding fee schedule must be based on cost analysis described above. b. Fee schedule must be resubmitted for reapproval anytime there are any significant changes, which may include changing of services, fees, etc.</p>	<p>April 30th during each year of this contract.</p> <p>AND</p> <p>As needed or requested to maintain accuracy of information.</p> <p>Submit an updated income conversion table by March 15 of</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH.</p> <p>d. Income conversion tables must be updated annually and approved by DOH</p> <p>Information related to current Community Outreach Plan:</p> <p>LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs assessment, this process must include the following steps:</p> <ul style="list-style-type: none"> A. Define the populations LHJ serves and identify opportunities to expand reach within those populations and to unreached populations in each community it serves. B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. C. Gather available data and current assessments (secondary data) D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data) E. Aggregate secondary and primary data and analyze aggregated data F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities G. Document and disseminate the community health needs assessment to LHJ's SRH consultant and appropriate stakeholders <p>Information related to billing and client fees</p> <p>Cost analysis: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHJ cost analysis was approved by DOH at the beginning of the contract period, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.</p>	each year of the contract.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2. Progress Summary Report Summary of activities from previous SRHP services SOW. It informs quality improvement of the Washington State SRH Network.	This information must be reported using the template or format provided by DOH. It will include information about contractor's work during the previous SOW: A. Community education and outreach strategies and activities and a discussion of their effectiveness. B. Staff training.	As requested by DOI	
	3. Family Planning Annual Report (FPAR) Information DOH is requesting to develop trend data. All information is for calendar year 2022 (January through December 2022). The subsequent agreements sent to the agency will request that these data be collected and reported on within the statement of work period of performance.	Organization-level data on clinical services emailed to DOH SRH data manager Number of: A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide sexual and reproductive health services: <ul style="list-style-type: none"> Physicians Physician assistants + nurse practitioners + certified nurse midwives Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. Financial data emailed to DOH Contract Manager R&E showing Other Revenue through 03-31-24 as described below. Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR due 01-31 annually through 2027)	Data to be collected annually through the end of the contract period grant (2027).	
	4. Clinic Visit Reports (CVRs)	Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf. CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software. <ul style="list-style-type: none"> Each month's CVR data Corrected CVR data 	The last day of the next month Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Data elements will be changed in 2024. CVRs submitted start 01-01-24 must be done so based on the new reporting requirements.		
	5. Revenue and Expense Reports (R&E)	<p>Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH.</p> <p>A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</p>	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&E showing all sources of revenue that support services for: April 2023-March 2024 due through the end of this contract period must be billed within 60 days.</p>	

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

Federal Funding Accountability and Transparency Act (FFATA)

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

Program Manual, Handbook, Policy References:

LHJ must comply with all state, federal, DOH SRHP, and Title X requirements, policies, and regulations and with their DOH approved Agency Information Dashboard.

Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at [930-122-FPRHManualComplete.pdf \(wa.gov\)](#)). Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- LHJ's approved Agency Information Dashboard.

Billing Requirements:

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

Special Instructions:

Exhibit A, Statement of Work

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Contract Number CLH31022-Amendment 15

Accessibility of Services

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

Availability of Emergency Services

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

If LHJ or DOH discontinues this contract:

See SRHP Manual for close out requirements and resources.

**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) 7Period of Performance: January 1, 2022 through December 31, 2024

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

Statement of Work Purpose: The 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 and FFY24 BFPC PROG MGMT funds, add FFY23 and FFY24 USDA WIC CLIENT SVS CONTRACTS funds and extend the FFY24 funding period from 12/31/23 to 09/30/24, and add a special requirement.

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	94,575	24,909	119,484
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 09/30/23	14,607	3,762	18,369
FFY23 USDA WIC PROG MGMT CSS	76101242	10.557	333.10.55	01/01/23 09/30/23	2,400	0	2,400
FFY24 USDA WIC CLIENT SVS CONTRACTS	7610124B	10.557	333.10.55	10/01/23 09/30/24	22,163	3,000	25,163
FFY24 USDA BFPC PROG MGMT	TBD	10.557	333.10.55	10/01/23 09/30/24	0	29,655	29,655
					0	0	0
TOTALS					209,006	61,326	270,332

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.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = <u>215</u>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: <ol style="list-style-type: none"> 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines. 		Revised authorized participating caseload for October 2022 through December 2024 = 240 Revised authorized participating caseload for July 2023 through December 2024 = 255	
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. 	Status report of chosen activities in Nutrition Services Plan.	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
	<ul style="list-style-type: none"> 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	Documentation must be available for review by WIC monitor staff.		
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	

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

Program Manual, Handbook, Policy References:

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

- WIC Federal Regulations, USDA, 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.

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 LHI 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 LHI 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.
January 2023 - September 2023	January 2023 - September 2023	\$2,400	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits or contractor), and other approved WIC training expenses.
October 2023 - September 2024	October 2023 - September 2024	\$3,000	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits for part-time or contractors), and other approved WIC training expenses.

Other:

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