

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

CONTRACT NUMBER: CLH31022**AMENDMENT NUMBER: 21**

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/siteways/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- ☒ Adds Statements of Work for the following programs:
- Office of Immunization COVID-19 Vaccine - Effective July 1, 2024
 - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024
 - Office of Resiliency & Health Security-PHEP - Effective July 1, 2024
- ☒ Amends Statements of Work for the following programs:
- DCHS - ELC COVID-19 Response - Effective January 1, 2022
 - Foundational Public Health Services (FPHS) - Effective July 1, 2024
 - Maternal & Child Health Block Grant - Effective January 1, 2022
 - WIC Nutrition Program - Effective January 1, 2022
- ☐ Deletes Statements of Work for the following programs:


2. Exhibit B-21 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-20 Allocations as follows:

- ☒ Increase of \$1,223,570 for a revised maximum consideration of \$7,987,684.
- ☐ 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:
Date: Aug 27, 2024	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Pacific County Public Health & Human Services Department

EXHIBIT B-21
ALLOCATIONS
 Contract Term: 2022-2024

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 Contract Number: CLH31022
 Date: August 1, 2024

Indirect Rate January 1, 2022 through December 31, 2022: 12.87%
 Indirect Rate January 1, 2023 through December 31, 2023: 11.27%
 Indirect Rate January 1, 2024 through December 31, 2024: 11.06%

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 Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY24 USDA BFPC Prog Mgmt	7WA700WA1	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$29,655	\$29,655	\$62,631
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 21	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$3,652	\$22,021	
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 15, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$3,762		
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 11, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$10,955		
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 11, 17	10.557	333.10.55	10/01/22	12/31/24	10/01/22	09/30/25	\$3,652		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1, 17	10.557	333.10.55	01/01/22	09/30/24	10/01/21	09/30/24	\$10,955	\$10,955	
FFY25 USDA WIC Client Svs Contracts	NGA Not Received	Amd 21	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$1,007	\$24,474	\$301,570
FFY25 USDA WIC Client Svs Contracts	NGA Not Received	Amd 17	10.557	333.10.55	10/01/24	12/31/24	10/01/24	09/30/25	\$23,467		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 17	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$70,974	\$96,137	
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$3,000		
FFY24 USDA WIC Client Svs Contracts	7WA700WA7	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	7WA700WA7	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
CSFRF 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 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	(\$138,057)	\$0	\$0
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 15, 19	21.027	333.21.02	07/01/23	02/29/24	07/01/23	06/30/25	\$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
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 21	93.069	333.93.06	07/01/24	12/31/24	07/01/24	06/30/25	\$15,107	\$15,107	\$15,107
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	\$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	RPHPA006495	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

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 LHJ 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			
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	
FFY25 CDC VFC Ops	NGA Not Received	Amd 21	93.268	333.93.26	07/01/24	12/31/24	07/01/24	06/30/25	\$5,600	\$5,600	\$11,760
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	
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		
COVID19 Vaccines R4	NH23IP922619	Amd 21	93.268	333.93.26	07/01/24	12/31/24	07/01/20	12/31/24	\$241,796	\$241,796	\$596,599
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/22	07/01/20	06/30/24	\$354,803	\$354,803	
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$5,600	\$5,600	\$11,200
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$5,600	\$5,600	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$306	\$306	\$306
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$3	\$3	\$3
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 18, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$44,626)	\$359,371	\$359,371
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 12, 18, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	(\$7,909)		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 12, 18, 21	93.323	333.93.32	01/01/22	12/31/24	01/15/21	07/31/25	\$411,906		
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 20	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$22,435	\$175,435	\$175,435
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 16, 20	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$153,000		
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 17	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
FFY25 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 21	93.994	333.93.99	10/01/24	12/31/24	10/01/24	09/30/25	\$9,408	\$9,408	\$84,676
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 15	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$37,634	\$37,634	
FFY23 HRSA MCHBG LHJ 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 LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$3,176	\$31,401	\$31,401
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$28,225		
SFY24 Sexual & Rep Hlth Cost Share		Amd 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$11,837	\$23,674	\$63,548
SFY24 Sexual & Rep Hlth Cost Share		Amd 15, 17	N/A	334.04.91	07/01/23	06/30/24	07/01/23	06/30/24	\$11,837		

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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 Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
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		
LHJ COVID-19 GFS		Amd 19	N/A	334.04.92	07/01/23	06/30/24	07/01/23	06/30/24	\$138,057	\$138,057	\$138,057
Rec Shellfish/Biotoxin		Amd 20	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$700	\$3,100	\$6,300
Rec Shellfish/Biotoxin		Amd 14	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$2,400		
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-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,087,000	\$1,087,000	\$1,647,500
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$674,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$674,000		
FPHS-LHJ-Proviso (YR1)		Amd 9	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$73,750	\$560,500	
FPHS-LHJ-Proviso (YR1)		Amd 4	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	(\$162,250)		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$649,000		
SFY25 FPHS-LHJ Funds-GFS		Amd 21	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$947,000	\$1,894,000	\$3,788,000
SFY25 FPHS-LHJ Funds-GFS		Amd 20	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$947,000		
SFY24 FPHS-LHJ Funds-GFS		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$807,000	\$1,894,000	
SFY24 FPHS-LHJ Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/24	\$1,087,000		
TOTAL									\$7,987,684	\$7,987,684	
Total consideration:										GRAND TOTAL	\$7,987,684
GRAND TOTAL										Total Fed	\$2,301,479
										Total State	\$5,686,205

*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**

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DOH Program Name or Title: DCHS - ELC COVID-19 Response -
Effective January 1, 2022

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

SOW Type: Revision **Revision # (for this SOW)** 6

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

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

Revision Purpose: Extend FFY20 ELC EDE Period of Performance and LHJ Funding End Date from 6/30/24 to 12/31/24

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	3	0	3
FFY20 ELC EDE LHJ ALLOCATION	1897140E	93.323	333.93.32	01/01/22	12/31/24	359,371	0	359,371
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						359,374	0	359,374

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. Examples of key activities include: <ul style="list-style-type: none"> • Incident management for the response • Testing • Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
DCHS COVID-19 Response				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$3 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p> <p>\$359,371 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 6/30/2024 12/31/2024</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <p>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</p> <p>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.</p> <p>iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry.</p> <p>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <p>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.</p> <p>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing, infection control and isolation and quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19</p>	<p>on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with <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</p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

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

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

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the 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 work will be performed in accordance with the revised and approved project plans to be submitted to DOH.

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

CDC Funding Regulations and Policies

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements:

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

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

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) -
Effective July 1, 2024

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, 2024 through December 31, 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: The purpose of this revision is to add the entire SFY25 allocation.

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
SFY25 FPHS-LHJ FUNDS-GFS	99210850	N/A	336.04.25	07/01/24	12/31/24	947,000	947,000	1,894,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						947,000	947,000	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 Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$247,500 \$495,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$30,000 \$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$15,000 \$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$176,500 \$353,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$27,500 \$75,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$31,000 \$62,000
8	FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$100,000 \$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$84,500 \$169,000
11	Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$75,000 \$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 LHIJ questions about the use of funds:
 - o Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
 - o 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 (LHIJ) 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, 2024-December 31, 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 - 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
5. **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
6. **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
7. **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: 562.16
8. **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: 562.13
9. **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
10. **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:

11. **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

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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)** 4

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: January 1, 2022 through December 31, 2024

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, 2024 to December 31, 2024, for continuation of MCHBG related activities, and update Program Specific Requirements.

NOTE: The FFY25 funding allocation in this SOW is for the period of October 1, 2024 through December 31, 2024. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. A new SOW will begin in the next consolidated contract term on January 1, 2025 for continuation of this project through September 30, 2025. Any funds unspent from October 1, 2024 through December 31, 2024 will be added to the new SOW in an amendment in Spring 2025.

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 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	37,634	0	37,634
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93,994	333.93.99	10/01/24 12/31/24	0	9,408	9,408
					0	0	0
					0	0	0
TOTALS					106,669	9,408	116,077

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. Monthly Reports must only reflect activities paid for with
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	

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Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
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	
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	
1j	Report actual expenditures for October 1, 2023 through September 30, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 6, 2024	
1k	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 16, 2025	
1l	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 5, 2025	
1m	Participate in DOH sponsored MCHBG fall regional meeting.	LHJ Contract Lead or designee will attend regional meeting.	September 30, 2025	
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. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
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	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
			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	See Program Specific Requirements and Special Billing Requirements.
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	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
			September 15, 2024	
2i	Report activities and outcomes of 2024-25 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
2j	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	Draft – August 15, 2025 Final – September 12, 2025	
2k	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your updates within each activity of the monthly report how you are intentionally focused on equity in your work.	September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
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. Monthly Reports must only reflect activities paid for with funds provided in this
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	30 days after forms are completed.	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		Fund requests directly to the CYSHCN Program as needed.		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	
3j	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. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIEF administrator at DOH-CHIEF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2024 January 15, 2025 April 15, 2025 July 15, 2025	
3k	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.	

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Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3l	Review your program's entry on <u>ParentHelp123.org</u> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3m	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	September report due October 15, 2024 November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
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.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2023 through September 30, 2024 using DOH-provided reporting template.	Submit documentation as requested by DOH.	December 31, 2024	
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	

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](http://www.wa.gov))

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 by the 30th of each month following the month 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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective July 1, 2024

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, 2024 through December 31, 2024

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID 19 VACCINES R4	74310259	93.268	333.93.26	07/01/24	12/31/24	0	241,796	241,796
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	241,796	241,796

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.				
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached. Within the first 90 days of the contract, provide a budget for FY25 funding showing full expenditure of funds based on engagement strategies.	September 30, 2024	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
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided) Forecast of expected spend down of remaining funds through remainder of contract (if extended past December 31, 2024) in DOH template provided).	November 1, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31, 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)

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**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines. To comply with this act and be eligible to perform the activities in this statement of work, the LHI must have a Unique Entity Identifier (UEI) generated by SAM.gov..

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g. plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase
- Vaccine Purchase

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, 2024

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, 2024 through December 31, 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.

NOTE: Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 CDC VFC Ops	74310251	93.268	333.93.26	07/01/24	12/31/24	0	5,600	5,600
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	5,600	5,600

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>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)</p> <p><u>Examples of qualitative & quantitative methods/measures:</u></p> <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.) 	<p>Written proposal summarizing project plan and method of assessing/observing change in target population.</p> <p>(Template will be provided)</p>	September 15, 2024	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	Within the first 90 days of the contract provide a budget for FY25 funding.	Submit completed Budget Template provided by Department of Health	September 30, 2024	
3	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)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Within 6 months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	
5	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 16, 2025	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.

Program Specific Requirements

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs

- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP -
Effective July 1, 2024

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, 2024 through December 31, 2024

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators (PHERCs).

Note: The current Consolidated Contract ends December 31, 2024. Once a new contract is in place, the program plans to submit a new statement of work for January 1 - June 30, 2025. Deliverable due dates after December 31, 2024 are referenced in this statement of work for informational purposes only and will be updated in the January - June 2025 statement of work.

This statement of work (ending 12/31/24) includes 60% of the total allocation of these funds. The January - June 2025 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/24), any remaining funds will be added to a revised January - June 2025 statement of work.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

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
				Start Date	End Date			
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	07/01/24	12/31/24	0	15,107	15,107
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	15,107	15,107

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1 Contact Information Framework 2 – Enhance Partnerships	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, 2024, 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, 2024 Within 30 days of the change. December 31, 2024 June 30, 2025	Reimbursement for actual costs not to exceed total funding consideration amount.
2 LHJ Performance Measures Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements. Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ. DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
5 Planning Framework 4 – Improve administrative and budget preparedness systems Framework 8 – Incorporate health equity practices	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles.	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Including (but not limited to): <ul style="list-style-type: none"> Administrative preparedness plans. Recovery operations. Incident response improvement plan data elements. 			
6 Planning - IPPW Framework 2 – Enhance Partnerships Framework 5 – Build workforce capacity Framework 10 – Prioritize community recovery efforts	Review LHI public health preparedness and response capabilities and identify gaps, priorities, and training needs. Complete the Integrated Preparedness Planning Workshop (IPPW) Workbook provided by DOH. Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	Mid- and end-of-year reports on template provided by DOH. IPPW Workbook provided by DOH. Participation in IPPW.	December 31, 2024 June 30, 2025	
7 Communication & Planning Framework 7 – Strengthen risk communication activities	Develop or update crisis and emergency risk communication and information dissemination plans.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
8 Training Framework 5 – Build workforce capacity	Complete training to ensure baseline competency and integration with preparedness requirements. Participate in at least one public health emergency preparedness, response, or recovery training. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement. Work with Public Health Emergency Response Coordinators (PHERCS) to review public health preparedness and response plans and identify gaps, priorities, and training needs. Integrate administrative and budget preparedness recommendations into training.	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, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Recommended Training</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> • Incident Command System (ICS) 100: Introduction to ICS • ICS 700: An Introduction to the National Incident Management System (NIMS) • ICS 800: National Response Framework, An Introduction • IS-120.C: An Introduction to Exercise • IS-2900.A: National Disaster Recovery Framework (NDRF) Overview • Homeland Security Exercise and Evaluation Program • Preparation for Resource Providers <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> • ICS 200: Basic ICS for Initial Response • Independent Study (IS)-2200: Basic Emergency Operations Center Functions <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> • ICS 300: Intermediate ICS for Expanding Incidents • Crisis and Emergency Risk Communication (CEERC) <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> • ICS 400: Advanced ICS <p>Notes: Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	participate in at least one training as described above.			
9 Exercising Framework 2 – Enhance Partnerships Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	<p>Participate in at least one exercise by June 30, 2025.</p> <ul style="list-style-type: none"> • Include critical response and recovery partners. • Engage partners to incorporate health equity principles. • Integrate administrative and budget preparedness recommendations. • Complete AAR/IP for the exercise by June 30th, 2025. <p>Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Improvement Plans available upon request.</p>	December 31, 2024 June 30, 2025	
10 Communication & Exercising Framework 7 – Strengthen risk communication activities	<p>Identify and implement communication monitoring media relations, and digital communication strategies in exercises.</p> <p>Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
11 MCM – Non-CRI LHJs Framework 1 – Develop threat-specific approach Framework 10 – Prioritize community recovery efforts	<p>Note: This activity applies to non-CRI LHJs only.</p> <p>Maintain ability to procure, store, manage, and distribute medical materiel.</p> <p>Maintain ability to dispense and administer medical countermeasures (MCM).</p> <p>Attend an MCM quarterly meeting for the non-CRI LHJs.</p> <p>Continue to show capabilities by submitting updated MCM plans as needed.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
12 DOH Duty Officer Framework 7 – Strengthen risk communications activities	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>Produce and provide situation reports (sitreps) documenting LHI activity during all incidents. Sitrep may be developed by the LHI or another jurisdiction that includes input from LHI.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
13 WASECURES Framework 7 – Strengthen risk communication activities	<p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.</p> <p>Participate in DOH-led notification drills. Conduct at least one LHI drill using the LHI-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. LHI may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
14 Communication & Communities of Focus Framework 10 – Prioritize community recovery efforts	<p>Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.</p> <p>DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15 Healthcare Coalition (HCC) Participation Framework 3 – Expand local support	During each reporting period (Jul – Dec and Jan-Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> • Meetings • Communication • Planning • Training • Exercises 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

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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

Special Requirements:

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work: *Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery*. DOH will provide a copy.

Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities -- Defines Excellence in Response Operations
[Implementing Public Health Response Readiness Framework | State and Local Readiness | CDC](#)

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health
[Public Health Emergency Preparedness and Response Capabilities | State and Local Readiness | CDC](#)

2024 PHEP Cooperative Agreement Guidance/Budget Period 1
[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC](#)

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

[CFR :: 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).
- 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 food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- 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 Fiscal 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: WIC Nutrition Program - Effective January 1, 2022Local Health Jurisdiction Name: Pacific County Public Health & Human Services DepartmentContract Number: CLH31022SOW Type: Revision Revision # (for this SOW) 9

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: January 1, 2022 through December 31, 2024

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 FFY25 USDA WIC CLIENT SVS CONTRACTS funds and FFY23 USDA BFPC PROG MGMT and decrease caseload.

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 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	119,484	0	119,484
FFY22 USDA BFPC PROG MGMT	76214231	10.557	333.10.55	01/01/22	09/30/24	10,955	0	10,955
FFY22 USDA FMNP PROG MGMT	76540237	10.572	333.10.57	05/01/22	09/30/22	331	0	331
FFY22 USDA WIC NUTRITION ED	76101236	10.557	333.10.55	01/01/22	09/30/22	2,500	0	2,500
FFY23 USDA BFPC PROG MGMT	76214241	10.557	333.10.55	10/01/22	12/31/24	18,369	3,652	22,021
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	96,137	0	96,137
FFY24 USDA BFPC PROG MGMT	7621424A	10.557	333.10.55	10/01/23	09/30/24	29,655	0	29,655
FFY25 USDA WIC CLIENT SVS CONTRACTS	76101251	10.557	333.10.55	10/01/24	12/31/24	23,467	1,007	24,474
						0	0	0
TOTALS						364,773	4,659	369,432

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
	<p>The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when:</p> <ol style="list-style-type: none"> 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines. 		<p>Revised authorized participating caseload for October 2022 through December 2024 = <u>240</u></p> <p>Revised authorized participating caseload for July 2023 through December 2024 = <u>255</u></p> <p>Revised authorized caseload for January 2024 through December 2024 = <u>265</u></p> <p>Revised authorized caseload for January 2024 through December 2024 = <u>255</u></p>	
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	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/22 Second year due 11/30/23 Biennial WIC Monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: <ul style="list-style-type: none"> Provide staff, health care providers and community partners virtual breastfeeding training resources. Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. Provide participants access to lactation consultants. Other projects will need pre-approval from the State WIC Office	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/22 Second year due 8/30/23 Biennial WIC Monitor	
3	Breastfeeding Peer Counseling Program (BFPC)			See "Billing Requirements" below.
3.1	Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.	First year due 12/31/22 Second year due 12/31/23 Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022 and by Oct. 1, 2023 Biennial WIC Monitor	

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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 LHH 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 LHH 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 LHH of the value of the Loaned Equipment at the time of the loss or damage.
 - 2) Requiring the LHH 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 LHH 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~~ 30 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within ~~90~~ 60 days of the close of the federal budget period.
- c. Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- d. Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.
- e. Payments are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHJ and available for inspection by the Department or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- h. If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

Special Instructions:

The LHJ shall:

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

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