

**SNOHOMISH HEALTH DISTRICT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18261

AMENDMENT NUMBER: 16

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and SNOHOMISH HEALTH DISTRICT hereinafter referred to as “LHJ”, pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

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

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

- ☒ Adds Statements of Work for the following programs:
 - Commercial Tobacco Prevention Program - Effective July 1, 2020
 - ELC COVID-19 - Effective June 1, 2020
 - Infectious Disease Prevention Section (IDPS) - Effective July 1, 2020
 - Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2020
 - OICP-Promotion of Immunization to Improve Vaccination Rates - Effective July 1, 2020
 - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2020
- ☒ Amends Statements of Work for the following programs:
 - Recreational Shellfish Activities - Effective July 1, 2019
 - WIC Nutrition Program - Effective January 1, 2018
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-16 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-15 Allocations as follows:

- ☒ Increase of \$1,313,263 for a revised maximum consideration of \$13,241,309.
- ☐ Decrease of _____ for a revised maximum consideration of _____.
- ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-16 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-15.

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.

SNOHOMISH HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Commercial Tobacco Prevention Program - Effective July 1, 2020	3
DOH Program Name or Title: ELC COVID-19 - Effective June 1, 2020	11
DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) - Effective July 1, 2020.....	13
DOH Program Name or Title: Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2020	16
DOH Program Name or Title: OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2020	18
DOH Program Name or Title: Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2020	20
DOH Program Name or Title: Recreational Shellfish Activities - Effective July 1, 2019.....	25
DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2018.....	27

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Commercial Tobacco Prevention Program -
Effective July 1, 2020

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide state funding for tobacco and vapor product prevention and control activities.

Note: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for SFY20 and SFY21. SFY21 will be split between the current 2018-2020 Consolidated Contract (ConCon) and the next ConCon term beginning January 1, 2021. Any unused portion of SFY21 will be carried forward into the new contract term.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
Youth Tobacco Vapor Products	N/A	334.04.93	77410890	07/01/20	12/31/20	0	56,259	56,259
FPH-Youth Tobacco Vapor Prevention	N/A	334.04.93	77410621	07/01/20	12/31/20	0	81,575	81,575
SFY21 Marijuana Education	N/A	334.04.93	77420821	07/01/20	12/31/20	0	18,599	18,599
TOTALS						0	156,433	156,433

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Planning and Coordination 1. Using a template provided by CTPP, build upon existing 2019-2020 implementation plan for 2020-2021 in collaboration with representatives from all counties within the respective Accountable Communities of Health (ACH) region. 2. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors. 3. Participate in statewide commercial tobacco prevention coalition meetings as established.		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	Funding utilized: State (YTVP, FPH) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
2	Reduce Tobacco-Related Disparities <ol style="list-style-type: none"> 1. In collaboration with priority population contractors, engage and educate internal and external partners about: <ol style="list-style-type: none"> a. The value of local control in preventing initiation and continued use of tobacco and vapor products that lead to tobacco-related health issues and health disparities. b. The value of a comprehensive tobacco prevention program to prevent the initiation of tobacco and vapor product use among youth and young adults c. Focused policy options to address the impact of flavored (including menthol) tobacco and vapor product flavors on youth initiation and use of tobacco and vapor products. 2. Disseminate prevention and Tobacco Use and Dependence Treatment (TUDT)-informing materials for disparately affected communities that address emerging tobacco/vapor products are culturally & linguistically appropriate, trauma-informed, & equity-based. 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	Funding utilized: State (YTVP, FPH) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
3	Prevent Tobacco use Among Youth and Young Adults with Emphasis on Nicotine Consumed Through Electronic Cigarettes/Vapor Products <ol style="list-style-type: none"> 1. Build upon existing Tobacco and Vapor 21 implementation plan, addressing diverse audiences and ensuring all communications materials are culturally and linguistically appropriate. 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	Funding utilized: State (YTVP, FPH) Reimbursement for actual expenditures, not to exceed total funding consideration.

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.				<p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
4	<p>Promote and Support Tobacco Use and Dependence Treatment</p> <ol style="list-style-type: none"> 1. Inform providers about TUDT resources and referral processes, including those for the Washington State Tobacco Quitline (WAQL), 2Morrow Health application, and WA-Branded Truth Initiative's "This is Quitting" promotional materials. 2. In collaboration with CTPP, incorporate 2020-2021 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency social media content, and report communications and media efforts in a template provided by the CTPP as part of the monthly reporting requirement. 3. Disseminate TUDT resources provided by CTPP to community-based organizations, centers, and networks supporting disparately affected communities. 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Eliminate Exposure to Secondhand Smoke and Vape Emissions <ol style="list-style-type: none"> 1. Conduct education and outreach within respective ACH region addressing local smoking and vaping in public places ordinances. 2. Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies. 3. Respond to technical assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses. 4. Upon request, provide technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies. 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
6	Media and Health Communications <p>Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.</p>		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must</p>

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					be completed by the 30 th of the month following the month in which costs were incurred.
7	Youth Marijuana Prevention and Education Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	Funding utilized: State (Marijuana Prevention and Education) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.

***For Information Only:**

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

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

Program Specific Requirements/Narrative**Definitions:**

CONTRACTOR – LHJ performing work under this statement of work.

A. Contractor will:

1. Fulfill program administration roles and responsibilities:
 - a) Ensure required infrastructure. It is recommended that each regional contractor have 0.4 FTE but will have no less than a .25 FTE (10 hours/week).
 - b) Participate in required conference calls, trainings, webinars, and in-person or virtual meetings for Commercial Tobacco Prevention Program (CTPP) contractors hosted by DOH.
 - Participate in contract management conference calls/webinars with CTPP every other month, beginning in July 2020. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.
 - Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors.
 - c) Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
 - d) Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
 - e) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each CTPP Regional Contractor.
 - f) Meet all requirements outlined in the CTPP Work Plan and Reporting Guidebook provided by CTPP.
 - g) Have completed background checks and on file for any staff or volunteer (funded and/or representing a CTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

B. DOH will support Contractor by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - b) Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - c) Providing relevant resources and training, as resources permit.
 - d) Meeting performance measure, evaluation, and data collection requirements.
 - e) Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the LHJ.

C. Program Administration:

1. The contractor shall perform the requirements and activities defined in this statement of work (SOW) and the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2019. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19-1A invoice. CTPP staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by CTPP.
2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with CTPP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this SOW.
3. DOH reserves the right to determine the amount of any reduction to this statement of work, based on contractor's performance. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.

5. The contractor's annual work plan and budget must be approved by CTPP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

D. Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:
 - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.
2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:
 - Provide verification that criminal history/background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

E. Required Plans and Reports

The contractor shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

<u>Report</u>	<u>Date Due</u>
1. Submit an annual plan and budget	Annually, no later than July 30, 2020, using a template provided by CTPP. DOH approval will occur no later than August 15, 2020. Update as needed on SharePoint.
2. Expenditure Report and Request for Reimbursement (A19-1A)	A19-1A and updated budget workbook due the 30 th of the month following the month in which costs are incurred.
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY21: July 10, 2021 Final Expenditure Reports are due within 45 days of the end of the contract year
4. Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by CTPP. All documents related to task activities will be attached.
5. Assessment and Evaluation	Using a template provided by CTPP, complete project evaluation activity developed and coordinated by CTPP as requested.

The contractor shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

F. Payment

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2019.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2020 to June 30, 2021.

AMENDMENT #16

5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Program Manual, Handbook, Policy References

Meet requirements outlined in the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, Budget Workbook.

H. Special References (RCWs, WACs, etc)

As a provision of the Youth Tobacco and Vapor Product Prevention Account, [RCW 70.155.120](#), DOH shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce the use of tobacco and vapor products by youth.

DOH Program Contact

Stacia Wasmundt, Contract Manager
Youth Tobacco and Vapor Product Prevention Consultant
Commercial Tobacco Prevention Program
Office of Healthy and Safe Communities
Washington State Department of Health
Street Address: Tumwater Town Center 3,
243 Israel Road SE, Tumwater, WA 98501
Telephone: 360-791-6484 / Email: Stacia.Wasmundt@doh.wa.gov

DOH Fiscal Contact

Shanna Haggerty, Fiscal Consultant
Prevention and Community Health
Washington State Department of Health
Street Address: 101 Israel Rd SE, Tumwater WA 98501
Mailing Address: PO Box 47855, Olympia WA 98504-7855
Telephone: 360-236- 3801/Fax: 360-664-2619 / Email: Shanna.Haggerty@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

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

Local Health Jurisdiction Name: Snohomish Health District
Contract Number: CLH18261

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to build and strengthen epidemiology, laboratory and health information systems capacity in local health jurisdictions.

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

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
FFY19 COVID CARES	93.323	333.93.32	1891029A	06/01/20	12/31/20	0	746,488	746,488
TOTALS						0	746,488	746,488

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Establish a spending plan and staffing proposal to support the work of COVID-19 case investigation and contact tracing. The spending plan and staffing proposal should include proposed positions and define roles.		Submit spending plan and staffing proposal summary to the DOH Contract Manager.	August 15, 2020	\$746,488 – MI 1891029A – COVID CARES (\$746,488 for the period 06/01/20-12/31/21)
2	Hire, orient and/or train staff based on the negotiated staffing proposal. Develop a training plan in consultation with DOH that is consistent with the DOH COVID-19 guideline. Training plan will be flexible depending on staff experience and based on for onboarding into new systems.		Staff summary and training plan	September 30, 2020	

AMENDMENT #16

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

***For Information Only:**

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

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

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

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

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

Program Specific Requirements/Narrative

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

Special Billing Requirements

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

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

DOH Program Contact

Mike Boysun
DOH, Communicable Disease EPI
1610 NE 150th St, Shoreline, WA 98155
Ph: 206-418-5518 / Mike.Boysun@doh.wa.gov

DOH Fiscal Contact

Summer Wurst
DOH, Office of Program Financial Management
PO Box 47840, Olympia, WA 98504-7841
Ph: 360-236-3486/Fax: 360-664-2216 / Summer.Wurst@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) -
Effective July 1, 2020

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
STATE DISEASE CONTROL AND PREV - FPH	N/A	334.04.91	12411100	07/01/20	12/31/20	0	60,032	60,032
FFY20 STD PREVENTION [PCHD]-FPH	93.977	333.93.97	12411205	07/01/20	12/31/20	0	34,560	34,560
FFY20 HIV PREVENTION - FPH	93.940	333.93.94	12411200	07/01/20	12/31/20	0	55,331	55,331
FFY20 VIRAL HEPATITIS SURVEILLANCE-FPH	93.270	333.93.27	12507200	07/01/20	12/31/20	0	16,329	16,329
FFY19 ADAP REBATE (LOCAL) 19-21	N/A	334.04.98	12618590	07/01/20	12/31/20	0	15,716	15,716
TOTALS						0	181,968	181,968

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV/STD Prevention				
HIV/STD Prevention, Treatment, and Surveillance	Deliver partner services to people diagnosed with HIV/STD per CDC and state guidelines. Ensure timely, correct reporting, testing and treatment of STDs or exposure to STDs for diagnosed patients and identified contacts. Refer at-risk people identified through HIV/STD testing and/or partner services for medical and supportive services to prevent HIV acquisition.	Complete and report actual deliverables in the appropriate data reporting system. Monthly invoice with appropriate back-up documentation. Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH Infectious Disease (ID) Reporting Requirements	\$60,032 - MI 12411100 – State Disease Control & Prev - FPH \$60,032 for 07/01/20-12/31/20) \$55,331 – MI 12411200- HIV Prevention (Cat A) \$55,331 for 07/01/20-12/31/20

AMENDMENT #16

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				\$34,560 – 12411205 - STD Prevention (PCHD) - FPH \$34,560 for 07/01/20-12/31/20
HIV Positive (+) Prevention Activities	Provide services to clients who are diagnosed with and/or living with HIV Deliver partner services to people diagnosed with HIV. Ensure timely, correct reporting of people diagnosed with HIV. Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression.	Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and/or the Washington Data Reporting System (Maven/WDRS). Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH ID Reporting Requirements	\$15,716 – MI 12618590 – Rebates \$15,716 for 07/01/20-12/31/20
Adult Viral Hepatitis Surveillance	The LHJ shall perform the tasks related to strengthening viral hepatitis surveillance / promoting HCV and HBV jail testing.	Complete and report actual deliverables in the appropriate data reporting system	Deliverables will be completed by the end of the period of performance.	\$16,329 – MI 12507200– Viral Hep Surv \$16,329 for 07/01/20-12/31/20

***For Information Only:**

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

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

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

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

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

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

Fiscal Guidance

- i) **Funding** –The LHJ shall submit all claims for payment for costs due and payable under this statement of work by January 25, 2021. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work.
All invoice vouchers must be submitted by the 25th of the following month.

The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting invoice voucher payment requests to DOH.

DOH Fiscal Contact

Abby Gilliland
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PO Box 47840, Olympia, WA 98504-7841
360-236-3351/Fax: 360-664-2216
Abby.Gilliland@doh.wa.gov

DOH Program Contact

Zandt Bryan
DOH, Infectious Disease Prevention
PO Box 47841, Olympia, WA 98504-7841
360-236-3482/Fax: 360-664-2216
Zandt.Bryan@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Immunization & Child Profile-Perinatal
Hepatitis B - Effective July 1, 2020

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to define required Perinatal Hepatitis B activities, deliverables, and funding

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
FFY21 PPHF Ops	93.268	333.93.26	74310206	Start Date	End Date	0	10,750	10,750
TOTALS						0	10,750	10,750

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of 		Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.</p> <p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</p>				

***For Information Only:**

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

Program Specific Requirements/Narrative

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

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

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

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

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

DOH Contract Manager

Tawney Harper, MPA
 Deputy Director | Operations Manager
 Office of Immunization and Child Profile
 Department of Health
 PO Box 47843, Olympia WA 98504-7843
tawney.harper@doh.wa.gov, 360-236-3525

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
FFY21 VFC Ops	93.268	333.93.26	74310202	Start Date	End Date	0	22,575	22,575
TOTALS						0	22,575	22,575

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

***For Information Only:**

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

Program Specific Requirements/Narrative

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

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

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

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

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

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

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

DOH Program Contacts

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DOH Program Contact

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CDC Public Health Advisor
Office of Immunization and Child Profile
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PO Box 47843, Olympia WA 98504-7843
misty.ellis@doh.wa.gov, 360-236-3675

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Immunization & Child Profile-Regional
Representatives - Effective July 1, 2020

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2020 through December 31, 2020

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
FFY21 VFC IQIP	93.268	333.93.26	74310204	Start Date	End Date	0	37,234	37,234
TOTALS						0	37,234	37,234

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region One (Island County, San Juan County, Skagit County, Snohomish County, and Whatcom County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.					
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.		Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted) New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement - DOH 348-576 Vaccine Loss Policy with original signature – DOH 348-298	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be performed in accordance with CDC and CVP guidelines.		Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or disenroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	
3	<p>Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>		<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable s documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	
4	<p>Complete the Compliance Site Visit Management Plan to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p>		<p>a) Copy of Compliance Site Visit Management Plan (template will be provided)</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for</p>	<p>a) By July 31, 2020</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site</p>	

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.		each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR. d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	visit if online access was not possible even with equipment intended for access. c) Within five (5) business days of the site visit. d) Within five (5) business days of receiving the document(s) follow-up action was completed.	
5	<u>IQIP (Immunization Quality Improvement for Providers)</u> a) Complete Project Management Scheduling Tool by July 15, 2020. b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region by December 15, 2020. Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site. c) Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow up visits must take place in person, webinar, or by telephone and in accordance with the		a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Immunization Quality Improvement for Provider's Guide.				

***For Information Only:**

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

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

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

- A portable unit or certified pack-out must be used for any vaccine that is transferred or removed from providers who merge with existing health care organizations or who discontinue participating in the Washington State Childhood Vaccine Program.
- All LHJ staff who conduct VFC Compliance Site Visits and IQIP visits must participate in an annual in-person VFC and IQIP training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All LHJ staff who conduct VFC Compliance Site Visits and IQIP visits must participate in scheduled VFC and IQIP training webinars, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new site visit reviewers are required to complete DOH assigned training before conducting site visits independently.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. The observational visit will occur within three (3) months of the annual training.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.
- All LHJ staff who conduct site visits (Compliance and Unannounced Storage and Handling) must have the equipment needed to allow use of the Provider Education, Assessment, and Reporting (PEAR) online system at the time of the visit (i.e., laptop, internet hotspot or air card, etc.).

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

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

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

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

Program Manual, Handbook, Policy References

Childhood Vaccine Program Operations Guide - A copy will be provided by the Office of Immunization and Child Profile.

Immunization Quality Improvement for Provider's Guide (IQIP) Guide – A copy will be provided by the Office of Immunization and Child Profile and available on the OICP IQIP SharePoint site.

All Childhood Vaccine Program documents created by DOH will be available on the Childhood Vaccine Program and OICP IQIP SharePoint sites.

Staffing Requirements

Provide notification via email to WACHildhoodVaccines@doh.wa.gov within fifteen (15) days of any changes to staffing for those who conduct work outlined in this statement of work.

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

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

Definitions/Acronyms

AFIX - Assessment, Feedback, Incentive, and Exchange
CDC – Centers for Disease Control and Prevention
CVP – Childhood Vaccine Program
IQIP - Immunization Quality Improvement for Providers
OICP – Office of Immunization and Child Profile
PEAR - Provider Education, Assessment, and Reporting
VFC – Vaccines for Children Program

DOH Program Contact

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Department of Health
PO Box 47843, Olympia WA 98504-7843
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

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

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

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Rec. Shellfish/Biotoxin	N/A	334.04.93	26402600	07/01/19	12/31/20	5,000	5,000	10,000
TOTALS						5,000	5,000	10,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. This may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: February 17, 2020 December 31, 2020 (See Special Instructions below.)	\$4,800 \$9,800

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Outreach <ul style="list-style-type: none"> Staff educational booths at local events. Distribute safe shellfish harvesting information. 		Submit report including the number of events staffed, and amount of educational materials distributed.	Email Report to DOH by: February 17, 2020 December 31, 2020 (See Special Instructions below.)	\$200

***For Information Only:**

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

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

Program Specific Requirements/Narrative**Program Manual, Handbook, Policy References**

Department of Health's Biotxin Monitoring Plan

Special References (RCWs, WACs, etc)

Chapter 246-280 WAC

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

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

Special Instructions

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

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

DOH Program Contacts:

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

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

DOH Fiscal Contact: ~~Heidi Kuykendall, Office of Environmental Health and Safety, PO Box 47824, Olympia, WA 98504-7824; 360.236.3396; heidi.kuykendall@doh.wa.gov~~

~~Pamela Ranes, Office of Financial Management; PO Box 47850, Olympia, WA 98504-7850; 360.236.4528; pamela.ranes@doh.wa.gov~~

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

SOW Type: Revision **Revision # (for this SOW)** 11

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

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

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

Revision Purpose: The purpose of this revision is to shorten Period of Performance from 12/31/20 to 09/30/20, add FFY20 USDA WIC Client Services Contracts funds, remove FFY21 USDA WIC Client Services Contracts funds and add Special Requirement language.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211280	01/01/18	09/30/18	751,645	0	751,645
FFY19 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211290	10/01/18	09/30/19	808,205	0	808,205
FFY20 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76101202	10/01/19	09/30/20	0	0	0
FFY21 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76101212	10/01/20	12/31/20	0	0	0
FFY18 CSS USDA BF PEER COUNSELING	10.557	333.10.55	76211286	01/01/18	09/30/19	8,083	0	8,083
FFY18 CSS USDA FMNP PROGRAM MGNT	10.572	333.10.57	76211284	01/01/18	09/30/18	941	0	941
FFY19 CSS USDA BF PEER COUNSELING	10.557	333.10.55	76211296	10/01/18	09/30/19	6,062	0	6,062
FFY16 CASCADES USDA WIC PROGRAM-MIS	10.578	333.10.57	76411261	10/01/18	09/30/19	1,265	0	1,265
FFY19 CSS USDA FMNP PROGRAM MGNT	10.572	333.10.57	76211294	01/01/19	09/30/19	920	0	920
FFY19 MIS TECH GRANT	10.578	333.10.57	76411291	10/01/19	09/30/20	230	0	230
FFY19 CSS USDA BF PEER COUNSELING	10.557	333.10.55	76211296	10/01/19	09/30/20	2,021	0	2,021
FFY20 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101204	10/01/19	09/30/20	970,860	357,565	1,328,425
FFY20 USDA BFPC PROG MGMT	10.557	333.10.55	76214220	10/01/19	09/30/20	6,062	0	6,062
FFY21 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101214	10/01/20	12/31/20	204,750	-204,750	0
TOTALS						2,761,044	152,815	2,913,859

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

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	<p>Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at the state WIC office.</p> <p>The Department of Health (DOH) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when:</p> <ol style="list-style-type: none"> 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. <p>Authorized participating caseload for January 2018 through December 2020 = <u>4,235</u></p> <p>Authorized participating caseload for January 2019 through December <i>September</i> 2020 = <u>3,895</u></p>	7.2	Outcomes based on monthly participation data from state WIC caseload management reports.		
1.2	Submit the annual Nutrition Services Plan for each year of the Contract.	9.2	Nutrition Services Plan	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	11.2	Nutrition Services Expenditure Report	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.4	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.5	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Issue WIC checks while assuring adequate check security and reconciliation.	11.2	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	

AMENDMENT #16

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

AMENDMENT #16

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Other projects will need pre-approval from the State WIC Office.				
3	Breastfeeding Peer Counseling Program				See "Special Billing Requirements" below
3.1	Provide breastfeeding peer counseling program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding Promotion and support activities.	3.1	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.	First year due 12/31/18 Second year due 12/31/19 Third year due 12/31/20 Biennial WIC monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
4	Farmers Market Nutrition Program (FMNP)				See "Special Billing Requirements" below
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients 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. 2018 Weekly June-Sept. 2019 Weekly June-Sept. 2020 All registers sent by Oct. 1, 2018; Oct. 1, 2019, and Oct. 1, 2020 Biennial WIC Monitor	

***For Information Only:**

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

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

Program Specific Requirements/Narrative

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References:

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

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

Staffing Requirements:

The LHJ must:

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

Restrictions on Funds:

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

Monitoring Visits:

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

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

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

Definitions:

What is the WIC program?

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

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

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

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

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

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

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

Assurances/Certifications:

1. Computer Equipment Loaned by the DOH WIC Nutrition Program

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

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

The LHJ agrees to:

- a. Defend, protect and hold harmless DOH or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation.

DOH may enforce this by:

- 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
- 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by DOH), or
- 3) Assertion of a lien against the LHJ's property.
- c. Notify DOH immediately of any damage to Loaned Equipment.
- d. Notify DOH prior to moving or replacing any Loaned Equipment.

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

2. Civil Rights Assurance

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

- a. "The LHJ hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the LHJ receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.

- b. "By accepting this assurance, the LHJ agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the LHJ, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHJ."

3. 7CFR Parts 3016, 3017, 3018

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

Special Billing Requirements:

1. Definitions

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

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

- There are four federal budget periods

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

2. Billing Information

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

Special Instructions:

The LHJ shall:

- 1) Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.

AMENDMENT #16

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

Special Requirements:

Contract Funding Period	Time Period Special Requirement Funds Available	Amount	Description of Special Requirement
January 2018 - September 2018	January 2018 - September 2018	\$6,062	Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
January 2018 - September 2018	January 2018 - September 2018	\$1,400	Added in the USDA/WIC Program Management “Other” category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn’t include out of state trainings.
January 2018 - September 2019	October 2018 - December 2018	\$2,021	Added in the CSS USDA BF Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.
October 2018 - September 2019	October 2018- September 2019	\$1,440	Added in the USDA/WIC Program Management “Other” category to fund training and travel expenses for WIC staff to attend WIC-related trainings and for WIC staff salaries to complete local agency provided WIC-related trainings. This doesn’t include out of state trainings.
October 2018 – September 2019	January 2019 – September 2019	\$6,062	Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
October 2018 - September 2019	October 2018 - September 2019	\$1,265	Added in the FFY16 Cascades USDA WIC Program Management-MIS category to fund training and travel expenses for WIC staff to attend Cascades trainings.
October 2019 – September 2020	October 2019 – September 2020	\$230	Added in the MIS tech grant category to fund training and travel expenses for WIC staff to attend Cascades trainings.
October 2019 – September 2020	October 2019 - December 2019	\$2,021	Added in the USDA/WIC Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
October 2019 - September 2020	January 2020 - September 2020	\$2,000	Added in the USDA WIC Client Services Contracts category to fund training and travel expenses for all WIC staff to participate in WIC-related trainings. <i>With this amendment, these training funds may be used to purchase items to support COVID-19 Remote Access needs. All COVID-19 Remote Access purchases must be approved by the Local Program Operations supervisor or designee prior to purchase.</i>

AMENDMENT #16

October 2019 - September 2020	January 2020 - September 2020	\$6,062	Added in the WIC/USDA CSS Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.
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Other

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

DOH Program Contact

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WIC Nutrition Program
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360-236-3714

DOH Fiscal Contact

Chris Keesee, FA
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PO Box 47886, Olympia, WA 98504-7886
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360-236-3631 or 1-800-841-1410 x 3631

Snohomish Health District

EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18261
Date: May 15, 2020

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR
Indirect Rate as of January 2019: 53.63% Prevention Svcs; 38.60% Environmental Hlth; 30.37% Admin Direct & PHEPR
Indirect Rate as of January 2020: 45.70%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY20 USDA BFPC Prog Mgmt	207WAWA1W5003	Amd 12	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$6,062	\$6,062	\$6,062
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 9	10.557	333.10.55	10/01/19	09/30/20	10/01/18	09/30/20	\$2,021	\$2,021	\$16,166
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/20	\$6,062	\$6,062	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	Amd 4	10.557	333.10.55	01/01/18	09/30/19	10/01/17	09/30/19	\$2,021	\$8,083	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	N/A, Amd 4	10.557	333.10.55	01/01/18	09/30/19	10/01/17	09/30/18	\$6,062		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 15	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$204,750)	\$0	\$1,559,850
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$2,765)		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$207,515		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 15	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$819,000)	\$0	
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$11,060)		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$830,060		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	(\$23,295)	\$808,205	
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 5	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$1,440		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$830,060		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$1,400	\$751,645	
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 1	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$127,700		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$622,545		
FFY21 USDA WIC Client Svs Contracts	NGA Not Received	Amd 16	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$204,750)	\$0	\$1,328,425
FFY21 USDA WIC Client Svs Contracts	NGA Not Received	Amd 15	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$204,750		
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 16	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$357,565	\$1,328,425	
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 15	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$819,000		
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 13	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$149,860		
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 12	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$2,000		
FFY19 CSS USDA FMNP Prog Mgmt	197WAWA7Y8604	Amd 8	10.572	333.10.57	01/01/19	09/30/19	10/01/18	09/30/19	\$920	\$920	\$1,861
FFY18 CSS USDA FMNP Prog Mgmt	187WAWA7Y8604	Amd 2	10.572	333.10.57	01/01/18	09/30/18	10/01/17	09/30/18	\$941	\$941	
FFY16 Cascades USDA WIC Prog Mgmt-MIS SG	16157WAWA6W522	Amd 6, 8	10.578	333.10.57	10/01/18	09/30/19	03/11/16	09/30/19	\$1,265	\$1,265	\$1,265
FFY19 MIS Tech Grant	197WAWA1G5212	Amd 8	10.578	333.10.57	10/01/19	09/30/20	10/01/18	09/30/20	\$230	\$230	\$230
FFY17 EPR PHEP BP1 Cities Readiness Init	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$61,402	\$113,717	\$113,717
FFY17 EPR PHEP BP1 Cities Readiness Init	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$52,315		
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$216,083	\$216,083	\$216,083

Snohomish Health District

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18261
Date: May 15, 2020**

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY18 EPR PHEP BP1 Supp Cities Readiness	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$130,010	\$130,010	\$130,010
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$9,638	\$535,318	\$535,318
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$525,680		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$535,318	\$535,318	\$535,318
FFY19 PHEP Cities Readiness BP1	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$132,220	\$132,220	\$132,220
FFY20 TB Elimination-FPH	NU52PS910221-01-00	Amd 15	93.116	333.93.11	01/01/20	12/31/20	01/01/20	12/31/20	\$82,481	\$103,101	\$296,497
FFY20 TB Elimination-FPH	NU52PS910221-01-00	Amd 13	93.116	333.93.11	01/01/20	12/31/20	01/01/20	12/31/20	\$20,620		
FFY19 TB Elimination-FPH	5NU52PS004674-05-00	Amd 7	93.116	333.93.11	01/01/19	12/31/19	01/01/19	12/31/19	\$98,489	\$98,489	
FFY18 TB Elimination-FPH	5NU52PS004674-04-00	Amd 4	93.116	333.93.11	01/01/18	11/30/18	01/01/18	12/31/18	\$47,336	\$94,907	
FFY18 TB Elimination-FPH	5NU52PS004674-04-00	Amd 3	93.116	333.93.11	01/01/18	11/30/18	01/01/18	12/31/18	\$23,844		
FFY18 TB Elimination-FPH	5NU52PS004674-04-00	Amd 1	93.116	333.93.11	01/01/18	11/30/18	01/01/18	12/31/18	\$23,727		
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$150,000	\$150,000	\$150,000
FFY18 Prescription Drug OD-Supp	NU17CE002734	Amd 4	93.136	333.93.13	09/01/18	08/31/19	09/01/18	08/31/19	\$141,530	\$141,530	\$324,696
FFY17 Prescription Drug OD-Supp	U17CE002734	Amd 3	93.136	333.93.13	01/01/18	08/31/18	09/01/17	08/31/18	\$136,588	\$183,166	
FFY17 Prescription Drug OD-Supp	U17CE002734	N/A	93.136	333.93.13	01/01/18	08/31/18	09/01/17	08/31/18	\$46,578		
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$20,148	\$20,148	\$20,148
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$74,468	\$74,468	\$104,477
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$30,009	\$30,009	
FFY20 Improving Vaccinations AA1	NH23IP922619	Amd 12	93.268	333.93.26	11/01/19	06/30/20	07/01/19	06/30/20	\$33,350	\$33,350	\$33,350
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$45,150	\$45,150	\$45,150
FFY21 PPHF Ops	NGA Not Received	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$10,750	\$10,750	\$53,750
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$21,500	\$21,500	
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$21,500	\$21,500	
FFY21 VFC IQIP	NGA Not Received	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$37,234	\$37,234	\$107,414
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$70,180	\$70,180	

Snohomish Health District

EXHIBIT B-16
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FFY21 VFC Ops	NGA Not Received	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$22,575	\$22,575	\$82,204
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$45,150	\$45,150	
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,479	\$14,479	
FFY20 VPD Outbreak Response BB1	NH23IP922619	Amd 13	93.268	333.93.26	09/01/19	06/30/20	07/01/19	06/30/20	\$14,000	\$14,000	\$14,000
FFY20 Viral Hepatitis Surveillance-FPH	NU51PS005102	Amd 16	93.270	333.93.27	07/01/20	12/31/20	05/01/20	04/30/21	\$16,329	\$16,329	\$114,321
FFY19 Viral Hepatitis Surveillance-FPH	NU51PS005133	Amd 13	93.270	333.93.27	07/01/19	04/30/20	05/01/19	04/30/20	\$5,445	\$32,658	
FFY19 Viral Hepatitis Surveillance-FPH	NU51PS005133	Amd 9	93.270	333.93.27	07/01/19	04/30/20	05/01/19	04/30/20	\$27,213		
FFY18 Viral Hepatitis Surveillance-FPH	5NU51PS005133-02-00	Amd 5	93.270	333.93.27	05/01/18	12/31/18	05/01/18	04/30/19	\$32,667	\$32,667	
FFY17 Viral Hepatitis Surveillance-FPH	6NU51PS005102-02-03	Amd 2	93.270	333.93.27	01/01/18	04/30/18	05/01/17	04/30/18	\$32,667	\$32,667	
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$37,772	\$37,772	\$73,979
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	(\$9,443)	\$0	
FFY19 Tobacco Prevention	NU58DP006004	Amd 8	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	\$9,443		
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$36,207	\$36,207	
FFY19 COVID CARES	NU50CK000515	Amd 16	93.323	333.93.32	06/01/20	12/31/20	06/01/20	06/30/21	\$746,488	\$746,488	\$746,488
FFY18 PH Crisis Resp-Biosurveillance	NU90TP921990	Amd 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	\$2,592	\$32,592	\$32,592
FFY18 PH Crisis Resp-Biosurveillance	NU90TP921990	Amd 5, 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	\$30,000		
FFY18 PH Crisis Resp-CntrMeasures	NU90TP921990	Amd 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	(\$28,912)	\$127,513	\$127,513
FFY18 PH Crisis Resp-CntrMeasures	NU90TP921990	Amd 5, 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	\$156,425		
FFY18 PH Crisis Resp-Incident Mgmt	NU90TP921990	Amd 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	\$5,151	\$91,911	\$91,911
FFY18 PH Crisis Resp-Incident Mgmt	NU90TP921990	Amd 5, 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	\$86,760		
FFY18 PH Crisis Resp-Informtn Mgmt	NU90TP921990	Amd 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	\$21,169	\$70,859	\$70,859
FFY18 PH Crisis Resp-Informtn Mgmt	NU90TP921990	Amd 5, 9, 12	93.354	333.93.35	09/01/18	03/29/20	09/01/18	11/29/19	\$49,690		
FFY16 PPHF Adolescent AFIX	1NH23IP922562-01-00	Amd 2	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	(\$14,500)	\$0	\$0
FFY16 PPHF Adolescent AFIX	1NH23IP922562-01-00	N/A	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	\$14,500		
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$71,458
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$11,458	\$31,458	
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		

Snohomish Health District

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FFY15 ASPR HPP Ebola Part A	U3REP150480	Amd 12	93.817	333.93.81	07/01/19	05/17/20	05/18/15	05/17/20	\$18,595	\$23,595	\$23,595
FFY15 ASPR HPP Ebola Part A	U3REP150480	Amd 10	93.817	333.93.81	07/01/19	05/17/20	05/18/15	05/17/20	\$5,000		
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 5	93.817	333.93.81	07/01/18	06/30/19	07/01/18	06/30/19	\$24,201	\$29,201	\$64,460
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 4	93.817	333.93.81	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 2	93.817	333.93.81	01/01/18	06/30/18	05/18/15	05/17/20	\$30,259	\$35,259	
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	N/A	93.817	333.93.81	01/01/18	06/30/18	05/18/15	05/17/20	\$5,000		
FFY18 EPR BP1 Supp Healthcare System Prep	NU90TP921889-01	Amd 4	93.889	333.93.88	07/01/18	06/30/19	07/01/18	06/30/19	\$50,000	\$50,000	\$282,045
FFY17 EPR HPP BP1 Healthcare Sys Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$122,757	\$232,045	
FFY17 EPR HPP BP1 Healthcare Sys Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$109,288		
FFY20 HIV Prevention-FPH	NU62PS924528	Amd 16	93.940	333.93.94	07/01/20	12/31/20	01/01/20	12/31/20	\$55,331	\$55,331	\$515,162
FFY20 HIV Prevention-FPH	NU62PS924528	Amd 12	93.940	333.93.94	01/01/20	06/30/20	01/01/20	06/30/20	(\$44,669)	\$55,331	
FFY20 HIV Prevention-FPH	NU62PS924528	Amd 9	93.940	333.93.94	01/01/20	06/30/20	01/01/20	06/30/20	\$100,000		
FFY19 HIV Prevention-FPH	NU62PS924528	Amd 9	93.940	333.93.94	07/01/19	12/31/19	01/01/19	12/31/19	\$100,000	\$100,000	
FFY19 HIV Prevention	NU62PS924528	Amd 6	93.940	333.93.94	01/01/19	06/30/19	01/01/19	12/31/19	\$100,000	\$100,000	
FFY18 HIV Prevention	6NU62PS924528-01-03	Amd 5	93.940	333.93.94	01/01/18	12/31/18	01/01/18	12/31/18	\$4,500	\$204,500	
FFY18 HIV Prevention	6NU62PS924528-01-03	Amd 2	93.940	333.93.94	01/01/18	12/31/18	01/01/18	12/31/18	\$200,000		
FFY18 STD Prevention (AAPS)	6NH25PS004364-05-01	Amd 2	93.977	333.93.97	01/01/18	12/31/18	01/01/18	12/31/18	\$75,899	\$75,899	\$75,899
FFY20 STD Prevention (PCHD)-FPH	NH25PS005146	Amd 16	93.977	333.93.97	07/01/20	12/31/20	01/01/20	12/31/20	\$34,560	\$34,560	\$145,010
FFY20 STD Prevention (PCHD)-FPH	NH25PS005146	Amd 9	93.977	333.93.97	01/01/20	06/30/20	01/01/20	12/31/20	\$34,560	\$34,560	
FFY19 STD Prevention (PCHD)-FPH	NH25PS005146	Amd 9	93.977	333.93.97	07/01/19	12/31/19	01/01/19	12/31/19	\$37,945	\$37,945	
FFY19 STD Prevention (PCHD)-FPH	NH25PS005146	Amd 7	93.977	333.93.97	01/01/19	06/30/19	01/01/19	12/31/19	\$37,945	\$37,945	
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$444,879	\$444,879	\$1,223,418
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$444,879	\$444,879	
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$333,660	\$333,660	
Healthy Communities		Amd 12	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	(\$8,905)	\$0	\$0
Healthy Communities		Amd 10	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$8,905		
State Disease Control & Prev-FPH		Amd 16	N/A	334.04.91	07/01/20	12/31/20	07/01/19	06/30/21	\$60,032	\$60,032	\$148,540
State Disease Control & Prev-FPH		Amd 12	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$44,669	\$75,395	
State Disease Control & Prev-FPH		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$30,726		
State Disease Control & Prev-FPH		Amd 2, 5	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/19	\$13,113	\$13,113	

Snohomish Health District

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State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$13,113	\$13,113	\$26,226
State HIV Prevention		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$13,113	\$13,113	
Zoonotics-GFS		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$6,044	\$6,044	\$7,500
Zoonotics-GFS		Amd 9	N/A	334.04.91	06/01/19	06/30/19	07/01/17	06/30/19	\$1,456	\$1,456	
FY20/21 COVID-19 Disaster Response Acct		Amd 14	N/A	334.04.92	01/20/20	12/31/20	01/01/20	06/30/21	\$1,500,000	\$1,500,000	\$1,500,000
FPH Lead Case Mgmt		Amd 15	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$3,925	\$12,830	\$12,830
FPH Lead Case Mgmt		Amd 12, 15	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$8,905		
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$25,000
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$15,000	\$15,000	
SFY21 Marijuana Education		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$18,599	\$18,599	\$36,101
SFY20 Marijuana Education		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	(\$574)	\$17,502	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$18,076		
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$14,658	\$14,658	\$14,658
Rec Shellfish/Biotoxin		Amd 16	N/A	334.04.93	07/01/19	12/31/20	07/01/19	06/30/21	\$5,000	\$10,000	\$20,000
Rec Shellfish/Biotoxin		Amd 9, 16	N/A	334.04.93	07/01/19	12/31/20	07/01/19	06/30/21	\$5,000		
Rec Shellfish/Biotoxin		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$3,000	\$10,000	
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$7,000		
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$30,000	\$30,000	\$120,000
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$30,000	\$30,000	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$13,459	\$13,459	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$13,459)	\$46,541	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$60,000		
.											
FPH-Youth Tobacco Vapor Prevention		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$81,575	\$81,575	\$164,308
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$82,733	\$82,733	

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Youth Tobacco Vapor Products		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$56,259	\$56,259	\$246,715
Youth Tobacco Vapor Products		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	(\$33,891)	\$51,526	
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$85,417		
Youth Tobacco Vapor Products		Amd 7	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	(\$451)	\$138,930	
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000		
Youth Tobacco Vapor Products		Amd 5, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$21,184		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$49,916		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$32,281		
ADAP Rebate (Local) 19-21		Amd 16	N/A	334.04.98	07/01/20	12/31/20	07/01/19	06/30/21	\$15,716	\$15,716	\$47,148
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$31,432	\$31,432	
FFY17 ADAP Rebate (Local) 17-19		Amd 6	N/A	334.04.98	01/01/19	06/30/19	07/01/17	06/30/19	\$15,717	\$15,717	\$47,150
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	07/01/18	12/31/18	07/01/17	06/30/19	\$15,716	\$15,716	
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$15,717	\$15,717	
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$437,504	\$437,504	\$1,312,512
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$437,504	\$437,504	
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$437,504	\$437,504	
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	06/30/19	(\$8,400)	\$0	\$0
YR 20 SRF - Local Asst (15%)(FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	06/30/19	\$8,400		
YR 20 SRF - Prog Mgmt (10%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/17	06/30/19	\$2,000	\$2,000	\$2,000
YR 21 SRF - Prog Mgmt (10%) (FO-NW)		Amd 11	N/A	346.26.64	06/01/18	12/31/18	07/01/17	06/30/19	\$10,073	\$10,073	\$10,073
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 12	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,600)	\$9,200	\$9,200
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$400)		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$5,200		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$6,000		
YR 22 SRF - Local Asst (15%) (FO-NW) SS		Amd 15	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$1,200	\$8,000	\$8,000
YR 22 SRF - Local Asst (15%) (FO-NW) SS		Amd 12	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$6,400		
YR 22 SRF - Local Asst (15%) (FO-NW) SS		Amd 10, 12	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$400		

Snohomish Health District

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18261
Date: May 15, 2020**

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR
Indirect Rate as of January 2019: 53.63% Prevention Svcs; 38.60% Environmental Hlth; 30.37% Admin Direct & PHEPR
Indirect Rate as of January 2020: 45.70%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
Sanitary Survey Fees (FO-NW) SS State		Amd 15	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$4,000	\$11,927	\$11,927
Sanitary Survey Fees (FO-NW) SS State		Amd 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$4,800		
Sanitary Survey Fees (FO-NW) SS State		Amd 11, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	(\$10,073)		
Sanitary Survey Fees (FO-NW) SS State		Amd 6, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$5,200		
Sanitary Survey Fees (FO-NW) - SS State		Amd 3, 6, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/15	06/30/21	(\$400)		
Sanitary Survey Fees (FO-NW) - SS State		N/A, Amd 3, 6, 12	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$8,400		
Yr 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	06/30/19	(\$2,000)	\$0	\$0
Yr 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	06/30/19	\$2,000		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$3,750)	\$250	\$250
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 4, 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000		
YR 22 SRF - Local Asst (15%) (FO-NW) TA		Amd 15	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	(\$3,500)	\$4,250	\$4,250
YR 22 SRF - Local Asst (15%) (FO-NW) TA		Amd 12	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$4,000		
YR 22 SRF - Local Asst (15%) (FO-NW) TA		Amd 10, 12	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$3,750		
TOTAL									\$13,241,309	\$13,241,309	
Total consideration:	\$11,928,046									GRAND TOTAL	\$13,241,309
	\$1,313,263										
GRAND TOTAL	\$13,241,309									Total Fed	\$9,466,921
										Total State	\$3,774,388

*Catalog of Federal Domestic Assistance

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

Exhibit C-16 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

SNOHOMISH HEALTH DISTRICT-SWV0000598-00
CONTRACT CLH18261 - Snohomish Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 USDA WIC CLIENT SVS CONTRACTS	333.10.55	10/01/19	\$6,161,312	10/01/19	09/30/20	\$1,328,425	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY20 USDA BFPC PROG MGMT	333.10.55	02/18/20	\$1,861,572	10/01/19	09/30/20	\$6,062	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWA1W5003	WIC BREASTFEEDING PEER COUNSELING
FFY19 CSS USDA WIC PROGRAM MGMT	333.10.55	10/01/17	\$40,101,357	10/01/18	09/30/19	\$808,205	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY19 CSS USDA BF PEER COUNSELING	333.10.55	03/28/19	\$1,286,951	10/01/18	09/30/20	\$8,083	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	197WAWA1W5003	WIC BREASTFEEDING PEER COUNSELING
FFY18 CSS USDA WIC PROGRAM MGMT	333.10.55	10/02/17	\$27,576,710	01/01/18	09/30/18	\$751,645	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA7W1003	USDA-WIC ADMIN
FFY18 CSS USDA BF PEER COUNSELING	333.10.55	10/01/17	\$1,318,273	01/01/18	09/30/19	\$8,083	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWA1W5003	WOMEN, INFANTS AND CHILDREN
FFY19 CSS USDA FMNP PROG MGNT	333.10.57	10/01/18	\$130,973	01/01/19	09/30/19	\$920	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	197WAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY18 CSS USDA FMNP PROG MGNT	333.10.57	10/01/17	\$86,117	01/01/18	09/30/18	\$941	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture Food and Nutrition Service	187WAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY19 MIS TECH GRANT	333.10.57	01/28/19	\$2,209,026	10/01/19	09/30/20	\$230	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	197WAWA1G5212	WIC CONTINGECY
FFY16 CASCADES USDA WIC PROG MGNT-MIS	333.10.57	03/11/16	\$2,224,476	10/01/18	09/30/19	\$1,265	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	16157WAWA6W522	WOMEN, INFANTS AND CHILDREN WIC SAM PROJECTS
FFY19 PHEP CITIES READINESS BP1	333.93.06	06/29/19	\$1,075,939	07/01/19	06/30/20	\$132,220	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$535,318	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$535,318	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP CITIES READINESS	333.93.06	08/01/18	\$1,052,317	07/01/18	06/30/19	\$130,010	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT

Exhibit C-16 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

SNOHOMISH HEALTH DISTRICT-SWV0000598-00
CONTRACT CLH18261 - Snohomish Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$216,083	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 CITIES READINESS INIT	333.93.06	07/18/17	\$1,052,317	01/01/18	06/30/18	\$113,717	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY20 TB ELIMINATION-FPH	333.93.11	12/11/19	\$324,938	01/01/20	12/31/20	\$103,101	93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NU52PS910221-01-00	WASHINGTON STATE TB ELIMINATION AND LABORATORY COOPERATIVE AGREEMENT
FFY19 TB ELIMINATION-FPH	333.93.11	12/10/18	\$1,566,912	01/01/19	12/31/19	\$98,489	93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	5NU52PS004674-05-00	WASHINGTON STATE TB ELIMINATION AND LABORATORY COOPERATIVE
FFY18 TB ELIMINATION-FPH	333.93.11	04/23/18	\$5,172,767	01/01/18	11/30/18	\$94,907	93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	5NU52PS004674-04-00	WASHINGTON STATE TB ELIMINATION AND LABORATORY COOPERATIVE
FFY19 OVERDOSE DATA TO ACTION PREV	333.93.13	08/12/19	\$4,390,240	09/01/19	08/31/20	\$150,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEALTH OVERDOSE DATA TO ACTION
FFY18 PRESCRIPTION DRUG OD-SUPP	333.93.13	05/31/17	\$6,223,623	09/01/18	08/31/19	\$141,530	93.136	Injury Prevention and Control Research and State and Community Based Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU17CE002734	PRESCRIPTION DRUG OVERDOSE FOR STATES
FFY17 PRESCRIPTION DRUG OD-SUPP	333.93.13	03/16/16	\$4,031,632	01/01/18	08/31/18	\$183,166	93.136	Injury Prevention and Control Research and State and Community Based Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U17CE002734	PRESCRIPTION DRUG OVERDOSE FOR STATES
FFY21 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$22,575	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY21 VFC IQIP	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$37,234	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY21 PPHF OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$10,750	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY20 VPD OUTBREAK RESPONSE BB1	333.93.26	07/01/19	\$9,234,835	09/01/19	06/30/20	\$14,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$70,180	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM

Exhibit C-16 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

SNOHOMISH HEALTH DISTRICT-SWV0000598-00
CONTRACT CLH18261 - Snohomish Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$21,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 IMPROVING VACCINATIONS AA1	333.93.26	07/01/19	\$9,234,835	11/01/19	06/30/20	\$33,350	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/19	\$88,947	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$21,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/18	\$30,009	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$20,148	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY20 VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	07/02/20	\$757,429	07/01/20	12/31/20	\$16,329	93.270	Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	NU51PS005102	WASHINGTON STATE DEPARTMENT OF HEALTH-VIRAL HEPATITIS PREVENTION AND SURVEILLANCE
FFY19 VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	04/10/19	\$1,066,799	07/01/19	04/30/20	\$32,658	93.270	Adult Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	NU51PS005133	IMPROVING HEPATITIS B AND C SURVEILLANCE AND LINKAGE TO CARE IN WASHINGTON STATE
FFY18 VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	04/27/18	\$668,672	05/01/18	12/31/18	\$32,667	93.270	Adult Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	5NU52PS005133-02-00	IMPROVING HEPATITIS B AND C SURVEILLANCE AND LINKAGE TO CARE IN WASHINGTON STATE
FFY17 VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	04/19/18	\$312,439	01/01/18	04/30/18	\$32,667	93.270	Adult Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	6NU51PS005102-02-03	WASHINGTON STATE DEPARTMENT OF HEALTH-VIRAL HEPATITIS PREVENTION AND SURVEILLANCE
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$37,772	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/28/19	\$36,207	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY19 COVID CARES	333.93.32	04/23/20	\$22,581,799	06/01/20	12/31/20	\$746,488	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY, LABORATORY &

Exhibit C-16 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

SNOHOMISH HEALTH DISTRICT-SWV0000598-00
CONTRACT CLH18261 - Snohomish Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY18 PH CRISIS RESP-INFORMATION MGMT	333.93.35	08/29/18	\$3,797,131	09/01/18	03/29/20	\$70,859	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY18 PH CRISIS RESP-INCIDENT MGMT	333.93.35	08/29/18	\$3,797,131	09/01/18	03/29/20	\$91,911	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY18 PH CRISIS RESP-COUNTERMEASURES	333.93.35	09/30/14	\$3,679,752	09/01/18	03/29/20	\$127,513	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY18 PH CRISIS RESP-BIOSURVEILLANCE	333.93.35	08/29/18	\$3,797,131	09/01/18	03/29/20	\$32,592	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$31,458	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY15 EPR HPP EBOLA PART A PREP & RESPONSE	333.93.81	05/19/15	\$3,485,778	01/01/18	06/30/19	\$64,460	93.817	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	Department of Health & Human Services Office of the Secretary	U3REP150480	EBOLA-HOSPITAL PREPAREDNESS PROGRAM SUPPLEMENTAL
FFY15 ASPR HPP EBOLA PART A	333.93.81	05/19/15	\$3,485,778	07/01/19	05/17/20	\$23,595	93.817	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	Department of Health & Human Services Office of the Secretary	U3REP150480	EBOLA-HOSPITAL PREPAREDNESS PROGRAM SUPPLEMENTAL
FFY18 EPR BP1 SUPP HEALTHCARE SYS PREP	333.93.88	08/01/18	\$4,250,883	07/01/18	06/30/19	\$50,000	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$232,045	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY20 HIV PREVENTION-FPH	333.93.94	12/06/19	\$11,940,323	01/01/20	12/31/20	\$110,662	93.940	HIV Prevention Activities-Health Department Based	Department of Health and Human Services Centers for Disease Control and Prevention	NU62PS924528	WASHINGTON STATE DEPT OF HEALTH INTEGRATED HIV SURVEILLANCE & PREVENTION PROGRAMS FOR HEALTH DEPTS
FFY19 HIV PREVENTION-FPH	333.93.94	04/18/19	\$10,613,618	07/01/19	12/31/19	\$100,000	93.940	HIV Prevention Activities-Health Department Based	Department of Health and Human Services Centers for Disease Control and Prevention	NU62PS924528	WASHINGTON STATE DEPT OF HEALTH INTEGRATED HIV SURVEILLANCE & PREVENTION PROGRAMS FOR HEALTH DEPTS
FFY19 HIV PREVENTION	333.93.94	12/11/18	\$10,613,618	01/01/19	06/30/19	\$100,000	93.940	HIV Prevention Activities-Health Department Based	HIV Prevention Activities-Health Department Based	NU62PS924528	WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH
FFY18 HIV PREVENTION	333.93.94	03/30/18	\$2,978,529	01/01/18	12/31/18	\$204,500	93.940	HIV Prevention Activities-Health Department Based	HIV Prevention Activities-Health Department Based	6NU62PS924528-01-03	WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH

Exhibit C-16 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

SNOHOMISH HEALTH DISTRICT-SWV0000598-00
CONTRACT CLH18261 - Snohomish Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 STD PREVENTION (PCHD)-FPH	333.93.97	12/16/19	\$2,304,262	01/01/20	12/31/20	\$69,120	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	NH25PS005146	WASHINGTON STATE DEPT OF HEALTH OFFICE OF INFECTIOUS DISEASE APPLICATION FOR STD PCHD
FFY19 STD PREVENTION (PCHD)-FPH	333.93.97	12/17/18	\$1,860,059	01/01/19	12/31/19	\$75,890	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	NH25PS005146	WASHINGTON STATE DEPARTMENT OF HEALTH OFFICE OF INFECTIOUS DISEASE APPLICATION FOR STD PCHD
FFY18 STD PREVENTION (AAPS)	333.93.97	12/17/17	\$9,738,975	01/01/18	12/31/18	\$75,899	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	6NH25PS004364-05-01	IMPROVING STD PROGRAMS THROUGH ASSESSMENT, ASSURANCE, POLICY DEVELOPMENT & PREVENTION STRATEGIES
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$444,879	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$444,879	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$333,660	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$9,466,921					










730_5145_Washington.State.Department.Of.Health.DOH_Consolidated.Contract.ConCon_Amendment16_2020

Final Audit Report

2020-07-27

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