

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

CONTRACT NUMBER: CLH18261

AMENDMENT NUMBER: 17

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:
 - Disease Control & Health Statistics BITV CI/CT COVID-19 - Effective July 1, 2020
 - Division of Emergency Preparedness & Response PHEP - Effective July 1, 2020
 - Injury & Violence Prevention (IVP) Overdose Data to Action - Effective September 1, 2020
 - OICP AA1 Vaccine Hesitancy in Special Populations - Effective July 1, 2020
 - OICP CARES Enhanced Influenza Coverage Project - Effective July 1, 2020
- ☒ Amends Statements of Work for the following programs:
 - Commercial Tobacco Prevention Program - Effective July 1, 2020
 - Foundational Public Health Services (FPHS) - Effective July 1, 2019
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-17 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-16 Allocations as follows:

- ☒ Increase of **\$5,370,302** for a revised maximum consideration of **\$18,611,611**.
- ☐ 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-17 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-16.

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

Period of Performance: July 1, 2020 through December 31, 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 checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work 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: The purpose of this revision is to add \$18,886 in federal FFY20 Tobacco-Vape Prev Comp 1 funding, add language to task 2, update payment information, and add special requirements and restrictions on federal funding.

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			
Youth Tobacco Vapor Products	N/A	334.04.93	77410890	07/01/20	12/31/20	56,259	0	56,259
FPH-Youth Tobacco Vapor Prevention	N/A	334.04.93	77410621	07/01/20	12/31/20	81,575	0	81,575
SFY21 Marijuana Education	N/A	334.04.93	77420821	07/01/20	12/31/20	18,599	0	18,599
FFY20 Tobacco-Vape Prev Comp 1	93.387	333.93.38	77410220	07/01/20	12/31/20	0	18,886	18,886
TOTALS						156,433	18,886	175,319

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 <ol style="list-style-type: none"> 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. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors. 		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 <i>and federal</i> (YTVP, FPH, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3. Participate in statewide commercial tobacco prevention coalition meetings as established.				<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>
2	<p>Reduce Tobacco-Related Disparities</p> <ol style="list-style-type: none"> In collaboration with priority population contractors, engage and educate internal and external partners about: <ol style="list-style-type: none"> 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. The value of a comprehensive tobacco prevention program to prevent the initiation of tobacco and vapor product use among youth and young adults 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. 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. <i>Educate key stakeholders and decision-makers on:</i> <ol style="list-style-type: none"> <i>The role of local control in preventing youth initiation and continued use of</i> 		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 <i>and federal</i> (YTVP, FPH, <i>CDC</i>)</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>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>tobacco and vapor products that lead to tobacco-related health issues and health disparities;</i> b. <i>Evidence-based and promising policies and practices to decrease the appeal of tobacco and vapor products to youth and youth adults.</i>				
3	Prevent Tobacco use Among Youth and Young Adults with Emphasis on Nicotine Consumed Through Electronic Cigarettes/Vapor Products 1. Build upon existing Tobacco and Vapor 21 implementation plan, addressing diverse audiences and ensuring all communications materials are culturally and linguistically appropriate. 2. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.		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 <i>and federal</i> (YTVP, FPH, <i>CDC</i>) 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.
4	Promote and Support Tobacco Use and Dependence Treatment 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		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 <i>and federal</i> (YTVP, FPH, <i>CDC</i>) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.				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.
5	Eliminate Exposure to Secondhand Smoke and Vape Emissions 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	Funding utilized: State <i>and federal</i> (YTVP, FPH, CDC) 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.
6	Media and Health Communications 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.		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 <i>and federal</i> (YTVP, FPH, CDC)

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<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>
7	<p>Youth Marijuana Prevention and Education</p> <p>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.</p>		<p>Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month.)</p>	07/01/20-12/31/20	<p>Funding utilized: State (Marijuana Prevention and Education)</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</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					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>

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**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, <i>updated Tobacco and Vapor 21 implementation plan</i> , 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.
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.

I. Restrictions on Funds***Federal Funding Restrictions and Limitations:***

- *Subrecipients may not use funds for research.*
- *Subrecipients may not use funds for clinical care except as allowed by law.*
- *Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.*
- *Subrecipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.*
- *Subrecipients may not use funds for tobacco compliance check inspections.*
- *Subrecipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.*
- *Subrecipients must direct a minimum of 10% of the funds for evaluation activities.*
- *Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.*
- *Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.*
- *Other than for normal and recognized executive-legislative relationships, no funds may be used for:*
 - *Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.*
 - *The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.*
- *See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.*
- *The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.*
- *In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).*

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: Disease Control & Health Statistics BITV CI/CT
COVID-19 - 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 30, 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 provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread of COVID-19.

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			
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	12/30/20	0	1,107,701	1,107,701
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	0	3,323,103	3,323,103
TOTALS						0	4,430,804	4,430,804

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.</p> <p>This statement of work includes FEMA funding as part of this allocation. Documentation will be requested to support these costs to provide to FEMA for a reimbursement request. Further instructions on the necessary documents and timeline for providing these will be shared.</p> <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement,</p>		<p>Submit the budget plan and narrative using the template provided.</p> <p>Provide the requested documentation to support costs for FEMA reimbursement reporting.</p>	<p>Within 30 days of receiving this award.</p> <p>Upon request</p>	Reimbursement of actual costs incurred, not to exceed \$4,430,804

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and other public health preparedness and response activities for COVID-19.</p> <p>Existing funds for COVID-19 public health response activities may not be displaced by these funds and reallocated for other organizational expenses. No funds from this agreement shall be used to supplant existing federal, state or local funds nor any funding allocations or commitments made before August 31, 2020.</p> <p>DOH does recognize the public health response goes beyond December 2020 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 as applicable.</p>				
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Funding must be first targeted towards Contact Tracing and Case Investigation Support:</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Maintain the capacity to surge a minimum of eight (8) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations may count towards this minimum short-term and provide additional capacity beyond the eight (8) per 100,000 FTE. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with community-based and culturally-specific organizations to provide 		<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST as directed by DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>such services. DOH centralized investigations may count towards this minimum short-term and provide additional capacity beyond the eight (8) per 100,000 FTE.</p> <ol style="list-style-type: none"> 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Follow up with 95% of contacts within 24 hours. 5. Enter all contact tracing data in CREST as directed by DOH. <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Enter all case investigation data in WDRS as directed by DOH. 2. Ensure all staff designated to utilize WDRS are trained in the system. Include if new positive cases are tied to a known existing positive case or indicate community spread. 3. Conduct case investigation and monitor outbreaks. <p>b. Testing</p> <ol style="list-style-type: none"> i. Work with partners to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID 19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. 		<p>Enter all case investigation data in WDRS as directed by DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> c. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe, if patient providers permission to notify tribes. d. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. iv. Vulnerable populations. Support testing, infection control, isolation and quarantine and social services and wraparound supports for homeless individuals. Individuals residing in homeless camps, for justice-involved individuals and other vulnerable populations. e. Community education. Work with partners to provide culturally and linguistically responsive community outreach and education related to COVID-19. 		<p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	f. Regional Active Monitoring activities. In partnership with WA DOH, the LHJs must work with other LHJs in the region to collaboratively support epidemiologic and surge capacity needs. LHJs must conduct the following activities in accordance with guidance to be provided by WA DOH: <ul style="list-style-type: none"> i. Ensure regular communication among LHJs in the region ii. Compile and share a regional data regularly among LHJs and with WA DOH iii. Establish MOUs for providing epidemiologic and surge capacity needs for the region iv. Implement MOUs as needed. 				

***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

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

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

DOH Program Name or Title: Division of Emergency Preparedness & Response
PHEP - 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 establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness and response.

NOTE: Pending execution of an extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, program plans to extend the period of performance and funding in this statement of work through June 30, 2021. Deliverable due dates after December 31, 2020 are referenced for informational purposes only and will be updated in a revised statement of work once the consolidated contract is extended. The revised statement of work will reflect jurisdiction's entire allocation.

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			
FFY20 PHEP BP2 LHJ Funding	93.069	333.93.06	31102280	07/01/20	12/31/20	0	321,191	321,191
FFY20 PHEP Cities Readiness BP2	93.069	333.93.06	31102290	07/01/20	12/31/20	0	79,242	79,242
TOTALS						0	400,433	400,433

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY20 PHEP BP2 LHJ Funding					Reimbursement for actual costs not to exceed total funding consideration amount.
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.		Mid-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Across Domains and Capabilities Participate in an evaluation of LHJ response capabilities, upon request from DOH.		DOH will maintain documentation of evaluation participation.	Upon request.	
3	Across Domains and Capabilities Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH. Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.		Budget, using template provided by DOH.	September 1, 2020	
4	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.		Mid-year report on template provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2020	
5	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.		Mid-year report on template provided by DOH. Documentation of training available upon request.	December 31, 2020	
6	Domain 1 Community Resilience Capability 1 Community Preparedness - Vulnerable populations 6.1 Update and maintain the All Hazards Plan to address vulnerable populations. 6.2 Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.		Mid-year report on template provided by DOH. Updated sections of the All Hazards Plan available upon request. Procedure checklist, job action sheet or other documentation available upon request. Documentation of primary vulnerable population groups available upon request.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>6.3 Document the primary groups within the LHJ boundaries identified in Centers for Disease Control and Prevention (CDC)'s Social Vulnerability Index to inform public health response planning.</p> <p>Note: Tasks 6.1, 6.2 and 6.3 don't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>				
7	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> For some LHJs this training won't be available until the next Statement of Work period, January 1 – June 30, 2021. DOH will work with regions and LHJs to customize and schedule training(s). This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. 		Mid-year report on template provided by DOH.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Gather and submit data for LHJ performance measure (PM) 2: Percent of public health and medical responders who are trained on their role during a public health response.</p> <p>Note: DOH will provide additional guidance about submitting performance measure data.</p>		LHJ performance measure data (PM 2)	October 30, 2020	
9	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Collaborate with DOH Training & Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities).</p>		Mid-year report on template provided by DOH.	December 31, 2020	
10	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>10.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>10.2 Update Regional Training & Exercise Plans with input from LERCs in region.</p> <p>10.3 Complete Training & Exercise Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p>		<p>Mid-year report on template provided by DOH.</p> <p>10.2 Regional Training & Exercise Plans available upon request.</p> <p>10.3 Training & Exercise Planning Workshop Guide. Guide will be provided by DOH.</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining, maintaining and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Notes:</p> <ul style="list-style-type: none"> • This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period. • The communication drill (15.2) does not meet the requirement for participation in an exercise or real world event. 		<p>Mid-year report on template provided by DOH.</p> <p>After Action Review(s) and Corrective Action Plan(s) available upon request.</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
12	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 3)	October 30, 2020	
13	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> “Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. The target is to mobilize a response within 45 minutes. DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 1)	October 30, 2020	
14	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>14.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p>		<p>Mid-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</p> <p>14.1 Notification to DOH Duty Officer within 60 minutes of activation.</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	14.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.		14.2 Sitreps submitted to DOH Duty Officer		
15	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>15.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on Basecamp.</p> <p>15.2 Participate in at least one risk communication drill offered by DOH between July 1, 2020 and June 30, 2021. Drill will occur via webinar, phone and email. DOH will offer one in July 1 – December 31, 2020 and one between January 31 – June 30, 2021.</p> <p>15.3 Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>15.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Participation in a real world event may meet the requirement for 15.2, 15.3 and 15.4. • The communication drill doesn't meet the requirement for participation in an exercise or real world event for Activity 11. 		<p>Mid-year report on template provided by DOH.</p> <p>15.3 and 15.4 Hotwash or After Action Review (AAR)</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> The target is within the first six hours. DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 7)	October 30, 2020	
17	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>17.1 Maintain WASECURES as primary notification system.</p> <p>17.2 Participate in DOH-led notification drills.</p> <p>17.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>17.4 Participate in quarterly DOH-led WASECURES Users Group, provide technical assistance to LHJs in region as needed.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 17.3 doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period. DOH tracks data for LHJ Performance Measure 6: Percent of successful WASECURES alerts 		Mid-year report on template provided by DOH.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	(high or medium level) confirmed within 60 minutes of receipt by LHJ staff.				
18	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>		<p>Provide EEIs upon request.</p> <p>Note in the mid-year report that EEIs were provided or none were requested.</p>	<p>Upon request.</p> <p>December 31, 2020</p>	
19	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. LHJ may also conduct a drill or tabletop exercise to exercise plans. This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period. 		<p>Mid-year report on template provided by DOH.</p> <p>Logistical Support Plans available upon request.</p>	December 31, 2020	
20	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p>		<p>Mid-year report on template provided by DOH.</p> <p>Responder Safety and Health Plan available upon request.</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.				
21	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) Participate in:</p> <ul style="list-style-type: none"> - Catchment area meetings, which are held quarterly at Regional Lead jurisdictions, as requested by HCC Lead and deemed appropriate by LHJ. - At least one HCC drill or exercise to include, but not limited to: redundant communications, WATrac, CST, or other drills and exercises to support planning and response efforts. - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ. - Reviewing HCC plans for alignment with local ESF8 plans. - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports. <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>		Mid-year report on template provided by DOH.	December 31, 2020	
22	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p>		LHJ performance measure data (PM 8)	October 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Notes:</p> <ul style="list-style-type: none"> • “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. • DOH will provide additional guidance about submitting performance measure data. 				
23	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).</p> <p>Note: This task doesn’t need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>		<p>Mid-year report on template provided by DOH.</p> <p>List of facilities and copies of current agreements available upon request.</p>	December 31, 2020	
24	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum:</p> <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation <p>Note: This task doesn’t need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>		<p>Mid-year report on template provided by DOH.</p> <p>Vendor lists available upon request.</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY20 PHEP Cities Readiness BP2					
1	<p>Complete all 3 drills annually: 1) staff notification and assembly; 2) facility set-up; and 3) site activation.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Drill results submitted through CDC DCIPHER system or via format requested by CDC and DOH. • Drills may be completed in the next Statement of Work period, January 1 – June 30, 2021 		<p>Mid-year report on template provided by DOH.</p> <p>Drill results</p>	December 31, 2020	
2	<p>Complete the Operational Readiness Review (ORR) forms to self-assess continued progress in advancing PHEP capabilities.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Submit required ORR forms in the CDC DCIPHER system or via format requested by CDC and DOH. • May be completed in the next Statement of Work period, January 1 – June 30, 2021 		<p>Mid-year report on template provided by DOH.</p> <p>ORR forms</p>	December 31, 2020	
3	<p>Update Medical Countermeasures (MCM) action plan to move toward or maintain “established” status by June 30, 2022 using areas of improvement identified in the jurisdictions most recent ORR Site Visit Report.</p> <p>3.1 Participate in quarterly conference calls with DOH</p> <p>3.2 Submit updated MCM action plan to DOH.</p> <p>Note: A second updated MCM action plan will be due March 31, 2021.</p>		<p>Mid-year report on template provided by DOH.</p> <p>3.2 Updated action plans.</p>	<p>December 31, 2020</p> <p>3.2 September 30, 2020</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

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

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

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.

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

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

DOH Program Contact

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Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Foundational Public Health Services
(FPHS) - 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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of July 1, 2019 through June 30, 2021.

Note: The total consideration is for the period of July 1, 2019 through June 30, 2021. 2019-2021 biennial funding allocations will be divided into four six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July, 1, 2019; January 1, 2020; July 1, 2020; January 1, 2021.

Pending execution of a one-year 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 June 30, 2021. The final disbursement of funds scheduled for January 1, 2021 and deliverable due dates after December 31, 2020 are included in this statement of work for informational purposes only and will be carried forward into the extended contract term beginning January 1, 2021.

FPHS funds must be spent in the state fiscal year (SFY) in which they are disbursed: SFY20 07/01/19-06/30/20 and SFY21 07/01/20-06/30/21.

2019-2021 Biennial Allocation: \$1,201,192

Annual Allocation: \$163,092

Six Month Disbursement: \$81,546

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			
FPHS FUNDING FOR LHJS	N/A	336.04.25	99202101	07/01/19	06/30/20	437,504	0	437,504
FPHS FUNDING FOR LHJS	N/A	336.04.25	99202101	07/01/20	12/31/20	437,504	0	437,504
FPHS - Hepatitis C	N/A	336.04.25	99202101	07/01/19	06/30/20	0	163,092	163,092
FPHS - Hepatitis C	N/A	336.04.25	99202101	07/01/20	12/31/20	0	163,092	163,092
TOTALS						875,008	326,184	1,201,192

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	These funds are for delivering ANY or all of the FPHS communicable disease, environmental public health or assessment service and can also be used for any of the other FPHS capabilities that support these FPHS as defined in the most current version of FPHS Definitions.	Annual Report (template provided by DOH) for SFY20 (07/01/19 – 06/30/20) Annual Report (template provided by DOH) for SFY21 (07/01/20 – 06/30/21)	By 08/15/20 09/15/20 <i>Note: January 2021 payment is dependent on submission of this annual report.</i> By 08/15/21	Funds are available beginning July 1, 2019. Half of the annual allocation will be disbursed each July upon receipt of the Annual Report and the second half will be disbursed each January. Note: Funds must be spent in the state fiscal year (SFY) in which they are disbursed.
2	<i>FPHS Hepatitis C – Address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models.</i> <i>The priorities for SFY21 (July 2020 – June 2021) are:</i> <ul style="list-style-type: none"> <i>Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.</i> <i>Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population, and incorporate Hepatitis B work.</i> 			<i>\$326,184 for the biennium.</i> <i>Annual distribution amount:</i> <i>\$163,092</i> <i>The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised using updated data biennially.</i> <i>These FPHS funds are for long-term core FPHS investments in Hepatitis C elimination as directed by the FPHS Steering Committee. However in order to make use of the funds available this 19-21 biennium, and in each specific SFY during the COVID-19 response, flexibility is allowed and these funds can be used for other FPHS activities like responding to COVID-19.</i>

Tasks/Activities/Description	Impact Measures
Control of Communicable Disease and Other Notifiable Conditions <ol style="list-style-type: none"> 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other <u>notifiable conditions</u>. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 	<p>Percent of toddlers and school age children that have completed the standard series of recommended vaccinations.</p> <p>Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report.</p> <p>Percent of new positive Hepatitis C case reports with completed investigations.</p>

Tasks/Activities/Description	Impact Measures
<ol style="list-style-type: none"> 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. 5. Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions. 6. When Additional Important Services (AIS) are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well coordinated with foundational services. 	<p>Percent of Gonorrhea cases investigated.</p> <p>Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment for both Gonorrhea and Chlamydia at the same time)</p> <p>Percent of newly diagnosed syphilis cases that receive partner services interview.</p>
<p>Environmental Public Health</p> <ol style="list-style-type: none"> 1. Provide timely, state and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures. 2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources and advocate for high priority policy initiatives. 3. Conduct environmental public health investigations, inspections, sampling, laboratory analysis and oversight to protect food, <u>recreational water</u>, drinking water and liquid waste and solid waste systems in accordance with local, state and federal laws and regulations. 4. Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions and other public health threats related to environmental hazards. 5. Protect the population from unnecessary radiation exposure in accordance with local, state and federal laws and regulations. 6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes 7. When Additional Important Services (AIS) are delivered regarding environmental public health, assure that they are well coordinated with foundational services. 	TBD
<p>Assessment (Surveillance and Epidemiology)</p> <ol style="list-style-type: none"> 1. Ability to collect sufficient, statewide and community level data and develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level. 2. <u>Ability to</u> access, analyze, use and interpret data. 3. <u>Ability to</u> conduct a comprehensive community or statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health. 	TBD
<p>Emergency Preparedness (All Hazards).</p> <ol style="list-style-type: none"> 1. Ability to develop emergency response plans for natural and man-made public health hazards; train public health staff for emergency response roles and routinely exercise response plans. 2. Ability to lead the Emergency Support Function 8 – Public Health & Medical and/or a public health response for the county, region, jurisdiction and state. 3. Ability to activate and mobilize public health personnel and response teams; request and deploy resources; coordinate with public sector, private sector and non-profit response partners and manage public health and medical emergencies utilizing the incident command system. 	TBD

Tasks/Activities/Description	Impact Measures
<p>4. Ability to communicate with diverse communities across different media, with emphasis on populations that are disproportionately challenged during disasters, to promote resilience in advance of disasters and protect public health during and following disasters.</p> <p>Communication.</p> <ol style="list-style-type: none"> 1. Ability to engage and maintain ongoing relations with local and statewide media. 2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Standards, to increase visibility of public health issues. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served. <p>Policy Development and Support</p> <ol style="list-style-type: none"> 1. Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, must include evaluation plans. 2. Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative or promising and include evaluation plans) and that address the social determinants of health and health equity. 3. Ability to utilize cost-benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment. <p>Community Partnership Development</p> <ol style="list-style-type: none"> 1. Ability to create and maintain relationships with diverse partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health inequity; private businesses and health care organizations; Tribal Nations, and local, state and federal government agencies and leaders. 2. Ability to select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners. 	
Business Competencies – Leadership Capabilities; Accountability and Quality Assurance Capabilities; Quality Improvement Information; Technology Capabilities; Human Resources Capabilities; Fiscal Management, Contract and Procurement Capabilities; Facilities and Operations; Legal Capabilities.	TBD

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

Link to 2SHB 1497 – <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/House%20Passed%20Legislature/1497-S2.PL.pdf>

FPHS Definitions

www.doh.wa.gov/fphsresources

Special Instructions

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

336.04.24 – County Public Health Assistance

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

336.04.25 – Foundational Public Health Services

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

SAO's [BARS Manual](#)

Flexibility During COVID-19 Pandemic Response – FPHS funds are for long-term core FPHS investments as directed by the FPHS Steering Committee. However, in order to make use of the funds available for the 19-21 biennium and in each specific state fiscal year (SFY) during the COVID-19 response, flexibility is allowed and these funds can be used for other FPHS activities like responding to COVID-19.

Deliverables are to be submitted to Marie Flake at marie.flake@doh.wa.gov

DOH Program Contact

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Washington State Department of Health
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Injury & Violence Prevention (IVP) Overdose Data to Action - Effective September 1, 2020

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: September 1, 2020 through December 31, 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: Snohomish County's Opioid Response Multi-Agency Coordination Group (the MAC Group) developed a set of goals focused on reducing the impact that opioids have on the health, safety, and quality of life of people in our communities: 1) reduce opioid misuse and abuse; 2) lessen the availability of opioids; 3) reduce criminal activity associated with opioids; 4) use data to detect, monitor, evaluate, and act; 5) reduce collateral damage to the communities; 6) provide information about the response in a timely and coordinated manner; and 7) ensure the availability of resources that efficiently and effectively support response efforts. These goals are aligned with the strategies and activities proposed within the Overdose Data to Action (OD2A) funding opportunity.

Note: Pending execution of a one-year 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 August 31, 2021. Unspent funds through December 31, 2020 and tasks with deliverables due in 2021 will be carried forward into the extended consolidated contract period beginning January 1, 2021 and will allow for work to continue through August 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
				Start Date	End Date			
FFY20 OVERDOSE DATA TO ACTION PREV	93.136	333.93.13	77520292	09/01/20	12/31/20	0	150,000	150,000
TOTALS						0	150,000	150,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Maintain current partnerships with Providence Regional Medical Center Everett, and Swedish Edmonds for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.		Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the Overdose	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 10, 2020.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$150,000 through August 31, 2021.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Data to Action (OD2A) logic model.	December-February due March 10, 2021.	(See Special Billing Requirements below.)
2.	Strategy 5: Extend annual contracts for the maintenance, development and hosting of the Snohomish Overdose Prevention website and the county's opioid data portal/dashboard.		Progress report: Share updates and developments with the county's dashboard. Demonstrate how data informs Snohomish County overdose prevention activities and how work aligns with the OD2A logic model.	March-May due June 10, 2021. June-August final report for this funding period due September 30, 2021.	
3.	Strategy 6: Partner with schools, school districts, community groups and local businesses to develop prevention and outreach strategies focused on decreasing opioid misuse and use disorder.		Progress report: provide the strategies being developed with schools and other partners. Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with the OD2A logic model.		
4.	Strategy 5: Utilize data collected through the MAC Group, hospitals, DOH, ODMAP, first responders, treatment providers and the local syringe exchange to develop prevention and response strategies focused on decreasing the rate of hospital emergency department (ED) visits and deaths due to opioid misuse or opioid use disorder, and increasing the provision of evidence-based treatment.		Progress report: provide the prevention and response strategies being developed with partners. Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program to include next steps and recommendations. Demonstrate how work aligns with the OD2A logic model.		
5.	Strategy 5: Provide ongoing support of an overdose fatality review (OFR) committee. Continue to build on progress from YR 1.		Progress report: Report on process and progress of establishing OFR committee. Once established, record # of OFRs completed, findings, recommendations and next steps. Demonstrate how work aligns with OD2A logic model.		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6.	Strategy 9: Increase focus on three high risk populations affected by the opioid epidemic: inmates, pregnant and parenting mothers, and babies born to women with opioid use disorder (OUD). Participate in monthly outreach to inmates at the Snohomish County Jail, Partner with Homeward House to support people connect to social services, and continue to participate in the PPW ORW.		Progress report: Describe procedures, policies, and program design including community partners. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.		
7.	Participate in quarterly calls with DOH and grant partners. Share lessons learned and successes. More frequent one on one calls with DOH when needed.		Collaboration with other grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

***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.

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

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
 - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

- Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), purchasing fentanyl test strips, or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

Monitoring Visits (frequency, type)

DOH program staff may conduct site visits up to twice per funding year.

Special Billing Requirements

Billing on an A19-1A invoice voucher must be received by DOH monthly.

Special Instructions

The following funding statement must be used for media (publications, presentations, manuscripts, posters, etc.) created using OD2A funding:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NU17CE925007, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

DOH Program Contact

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DOH Fiscal Contact

Tami Davidson
Contracts Coordinator
Tami.Davidson@doh.wa.gov

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

DOH Program Name or Title: OICP AA1 Vaccine Hesitancy in Special Populations -
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 reduce vaccine hesitancy and improve immunization coverage rates in Russian and Ukrainian-speaking communities.

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			
FFY21 Improving Vaccinations AA1	93.268	333.93.26	74310261	07/01/20	12/31/20	0	21,420	21,420
TOTALS						0	21,420	21,420

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 reduce vaccine hesitancy and improve immunization coverage rates for Russian and Ukrainian-speaking communities by participating in the project workgroup and conducting locally-identified activities such as coordinating county promotion activities, collaborating with community partners, and setting up a community health board. Proposals should take into account equity and accessibility when reaching out to community while in person meetings are not feasible due to COVID-19 restrictions.		Written proposal for outreach activities aimed at community. Proposal should include work plan and (if needed) any necessary data collection (such as focus groups, key informant interviews) on target population knowledge, attitudes and practices around vaccination.	August 31, 2020	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *See Restrictions on Funds below.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to reduce vaccine hesitancy and increase immunization coverage rates with the target population identified. Provide any performance based measures and data collection as agreed upon in the final approved proposal demonstrating progress towards goals to reduce vaccine hesitancy and improve immunization rates in the population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	December 31, 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 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 Contact

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

DOH Program Name or Title: OICP CARES Enhanced Influenza Coverage Project -
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 influenza immunization coverage rates.

NOTE: Pending execution of an extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, the period of performance and funding in this statement of work will be extended to include the deliverable due in March 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
				Start Date	End Date			
FFY21 Enhanced Influenza Coverage CARES	93.268	333.93.26	74310219	07/01/20	12/31/20	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 work with partners on activities that implement evidence-based strategies to increase influenza immunization coverage rates for adult population, increase immunization and promotion activities targeted at populations at higher risk for COVID-19 and those that support them, uninsured and underinsured populations, and improve collaboration with community partners. The proposal must include a line-item, object-based budget and must meet the goals and objectives outlined in the <i>Local Health Jurisdiction Enhanced Influenza Coverage Funding Opportunity</i> Guidelines.		Written proposal, to include a line-item, object-based budget (template will be provided) and a report that shows starting immunization rates for the target population	July 28, 2020	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *See Restrictions on Funds below.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	December 31, 2020	
3	Conduct an evaluation of the interventions implemented		Final written report, including a report showing ending influenza immunization rates for the target population (template will be provided)	March 31, 2021	

***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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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%

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					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)		\$808,205
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)		
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		\$751,645
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		
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		\$1,328,425
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
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17	21.019	333.21.01	07/01/20	12/30/20	07/01/20	12/30/20	\$1,107,701	\$1,107,701	\$1,107,701
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		

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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
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		
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 17	93.069	333.93.06	07/01/20	12/31/20	07/01/20	06/30/21	\$321,191	\$321,191	\$856,509
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	
FFY20 PHEP Cities Readiness BP2	NU90TP922043	Amd 17	93.069	333.93.06	07/01/20	12/31/20	07/01/20	06/30/21	\$79,242	\$79,242	\$211,462
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	
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		
FFY20 Overdose Data to Action Prev	NGA Not Received	Amd 17	93.136	333.93.13	09/01/20	12/31/20	09/01/20	08/31/21	\$150,000	\$150,000	\$300,000
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	
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	
FFY21 Enhanced Influenza Coverage CARES	NH23IP922619	Amd 17	93.268	333.93.26	07/01/20	12/31/20	06/05/20	06/30/21	\$22,575	\$22,575	\$22,575
FFY21 Improving Vaccinations AA1	NH23IP922619	Amd 17	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$21,420	\$21,420	\$54,770
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	
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

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FFY21 PPHF Ops	NH23IP922619	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	NH23IP922619	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	
FFY21 VFC Ops	NH23IP922619	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		

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FFY20 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 17	93.387	333.93.38	07/01/20	12/31/20	06/29/20	04/28/21	\$18,886	\$18,886	\$18,886
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		
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 (AAPPS)	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	

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 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	
FEMA-75 COVID LHJ Allocation	NGA Not Received	Amd 17	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	\$3,323,103	\$3,323,103	\$3,323,103
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	
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/Biotxin		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/Biotxin		Amd 9, 16	N/A	334.04.93	07/01/19	12/31/20	07/01/19	06/30/21	\$5,000		
Rec Shellfish/Biotxin		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/Biotxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$7,000		

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			
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	
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 Dir		Amd 17	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$163,092	\$600,596	\$1,638,696
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		
FPHS Funding for LHJs Dir		Amd 17	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$163,092	\$600,596	
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		
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

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			
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		
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									\$18,611,611	\$18,611,611	
Total consideration:	\$13,241,309									GRAND TOTAL	\$18,611,611
	\$5,370,302										
GRAND TOTAL	\$18,611,611									Total Fed	\$14,511,039
										Total State	\$4,100,572

*Catalog of Federal Domestic Assistance

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

Exhibit C-17 Schedule of Federal Awards

AMENDMENT #17

Date: July 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	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
BITV-COVID ED	LHJ ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	07/01/20	12/30/20	\$1,107,701	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
FFY20	PHEP CITIES READINESS BP2	333.93.06	06/12/20	\$11,365,797	07/01/20	12/31/20	\$79,242	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
FFY20	PHEP BP2 LHJ FUNDING	333.93.06	06/12/20	\$11,365,797	07/01/20	12/31/20	\$321,191	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 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

Exhibit C-17 Schedule of Federal Awards

AMENDMENT #17

Date: July 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
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
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
FFY20 OVERDOSE DATA TO ACTION PREV	333.93.13	NGA Not Received	NGA Not Received	09/01/20	12/31/20	\$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	NGA Not Received	NGA Not Received
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	07/01/20	\$9,082,252	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	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 VFC IQIP	333.93.26	07/01/20	\$9,082,252	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	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM

Exhibit C-17 Schedule of Federal Awards

AMENDMENT #17

Date: July 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
FFY21 PPHF OPS	333.93.26	07/01/20	\$9,082,252	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	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 IMPROVING VACCINATIONS AA1	333.93.26	07/01/20	\$9,082,252	07/01/20	12/31/20	\$21,420	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
FFY21 ENHANCED INFLUENZA COVERAGE CARES	333.93.26	08/13/20	\$12,548,955	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	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
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
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

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SNOHOMISH HEALTH DISTRICT-SWV0000598-00
CONTRACT CLH18261 - Snohomish Health District
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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
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 &
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
FFY20 TOBACCO-VAPE PREV COMP 1	333.93.38	06/21/20	\$1,523,776	07/01/20	12/31/20	\$18,886	93.387	National and State Tobacco Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006808	TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM
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 Health 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

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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
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 DEPTS
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 DEPTS
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 (AAPPS)	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
FEMA-75 COVID LHJ ALLOCATION	333.97.03	NGA Not Received	NGA Not Received	07/01/20	12/30/20	\$3,323,103	97.036	Disaster Grants-Public Assistance (Presidentially Declared Disasters)	Department of Homeland Security	NGA Not Received	NGA Not Received

TOTAL \$14,511,039