

**SNOHOMISH HEALTH DISTRICT
2018 – 2021 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18261

AMENDMENT NUMBER: 18

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

IT IS MUTUALLY AGREED: On February 29, 2020, Governor Jay Inslee issued Proclamation 20-05 declaring a State of Emergency due to the outbreak of COVID-19. In June 2020, DOH and LHJ agreed that to support the parties’ ongoing response to the emergency, the parties would extend the end date of the Contract rather than beginning a new three-year contract. For ease of reference, the Contract as amended is attached and incorporated in this amendment showing the insertions, deletions, and revisions as follows: Section 1 Purpose and Section 2 Statements of Work. Remove reference to repealed RCW 43.70.520 and RCW 43.70.580. Section 33 Term. Extend the Contract term for a period of one year from December 31, 2020 through December 31, 2021. Heading on page one and footers are updated to reflect the extended contract term.

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

- ☒ Adds Statements of Work for the following programs:
 - COVID-19 Emergency Language & Community Outreach Services - Effective July 1, 2020
- ☒ Amends Statements of Work for the following programs:
 - Commercial Tobacco Prevention Program - Effective July 1, 2020
 - Division of Emergency Preparedness & Response PHEP - Effective July 1, 2020
 - Infectious Disease Prevention Section (IDPS) - Effective July 1, 2020
 - Maternal & Child Health Block Grant - Effective January 1, 2018
 - OICP AA1 Vaccine Hesitancy in Special Populations - Effective July 1, 2020
 - OICP CARES Enhanced Influenza Coverage Project - Effective July 1, 2020
 - Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2020
 - OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2020
 - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2020
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-18 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-17 Allocations as follows:

- ☒ Increase of **\$1,152,687** for a revised maximum consideration of **\$19,764,298**.
- ☐ 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-18 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-17.

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 upon execution of this amendment.

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~~ 2021

WASHINGTON STATE
DEPARTMENT OF HEALTH
CONSOLIDATED CONTRACT

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CONSOLIDATED CONTRACT
between
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
(Referred to as “DOH”)
and
SNOHOMISH HEALTH DISTRICT
(Referred to as “LHJ”)
for

THE DELIVERY OF PUBLIC HEALTH SERVICES
FOR THE PERIOD OF

January 1, 2018 through December 31, ~~2020~~ 2021

1. Purpose

This Contract is entered into in accordance with ~~RCW 43.70.520, RCW 43.70.580~~, the general statutory powers of the Secretary of the Department of Health (DOH), including at RCW 43.70.040, the general statutory powers of local health jurisdictions (LHJs), including at RCW 70.05.060, RCW 70.08.020, and RCW 70.46.060, and the authority for joint or cooperative action provided for under chapter 39.34 RCW. The purpose of this Contract is to define the parties' joint and cooperative relationship. The contract and all statements of work adopted under its provisions are intended to implement applicable objectives under the Public Health Improvement Plan and to facilitate the delivery of public health services to the people in Washington State. This Contract is the result of cooperative planning efforts between the LHJ and DOH.

2. Statements of Work

The individual program activities, requirements, and outcomes/deliverables to be achieved by the parties under this Contract are described in Exhibit A, Statements of Work. ~~Each statement of work shall comply with the performance-based criteria under RCW 43.70.580(2)(b).~~

The LHJ shall furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work as set forth in Exhibit A, Statements of Work.

3. Exhibits

This Contract incorporates by reference the following Exhibits:

- Exhibit A - Statements of Work
- Exhibit B - Allocations
- Exhibit C - Schedule of Federal Awards

4. Definitions

As used throughout this Contract and unless amended for a particular Statement of Work, the following terms shall have the meanings set forth below:

“Budget, Accounting, and Reporting System (BARS)”: The system designed by the State Auditor's office for collecting, consolidating, and reporting financial budgeting and accounting information from all local governmental units.

“Client”: An agency, firm, organization, individual or other entity applying for or receiving services provided by the LHJ under this Contract.

“Catalog of Federal Domestic Assistance (CFDA)”: The unique identifying code assigned to a federal assistance program which identifies the awarding agency.

“Confidential Information”: Information protected from disclosure under federal or state law.

“Contract Coordinator”: Each party’s designated contact for all notices required or permitted under this Contract.

“Contracting Officer”: The DOH Contracts and Procurement Office Director and his/her delegates within that office authorized to execute this agreement on behalf of DOH.

“Contractor”: An entity that provides goods or services to DOH and others. A contractor normally operates its business in a competitive environment, provides its goods and/or services to many different purchasers during normal business hours, and is not subject to the compliance requirements of the federal program.

“Equipment”: When used in this Contract is defined as an article of non-expendable, tangible property other than land, buildings, or fixtures which is used in operations and having a useful life of more than one year and an acquisition cost of \$5,000 or more or as otherwise provided in the Exhibit A, Statements of Work.

“Federal Assistance”: Assistance provided by a federal agency in the form of grants, contracts, loans, loan guarantees, property, cooperative agreements, interest subsidies, insurance, or direct appropriations, but does not include direct federal cash assistance to individuals.

“Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act)”: A federal act to make information available online so the public can see how federal funds are spent.

“Fixed Assets”: Fixed assets are property and/or equipment obtained through donation, gift, purchase, capital lease, or construction with a service life of more than one year.

“Program Contact”: Each party’s designated contact for those purposes identified in the Exhibit A, Statements of Work.

“Subcontractor”: Any individual or group contracted with the LHJ to perform all or part of the services included in this Contract. This term will also apply to situations where an LHJ’s subcontractor contracts with another individual or group to perform all or part of the services included in its agreement with the LHJ.

“Subrecipient” or “Subgrantee”: A non-federal entity that receives a subaward of federal grant money or goods directly or indirectly from DOH and makes decisions regarding who can receive what federal assistance; has its performance measured against the objectives contained in the DOH agreement with the federal government; makes decisions on how to operate the program to accomplish the program goals; has the obligation to comply with federal subrecipient requirements; and/or use federal funds to carry out a program for the public purpose specified in the authorizing statute.

5. Funding and Billing

- A. DOH shall pay the LHJ for services as set forth in the Exhibit A, Statements of Work, not to exceed funding amounts as detailed in the Contract Allocations, Exhibit B, for those services provided herein.

The LHJ will advise the Program Contact identified in the applicable Statement of Work in writing 90 calendar days prior to the end of the funded period, or as soon as practicable thereafter, if the LHJ anticipates not using all Contract funding.

- B. If the Exhibit A, Statement of Work, is supported by federal funds that require compliance with FFATA (the Transparency Act), the corresponding checkbox on the statement of work will be checked.
- C. Total consideration for this Contract is \$3,476,383, or as amended.

The LHJ will submit accurate and timely billings which, for clarity and consistency, will be prepared using the form provided and following the instructions located on the DOH website, www.doh.wa.gov.

DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget.

D. The LHJ will submit a BARS A financial report by April 15 for the prior calendar year.

6. Contract Management

Unless otherwise specified in the Contract, the following individuals are the contacts (“Contract Coordinators”) for all notices required or permitted under this Contract:

LHJ Contract Coordinator:		DOH Contract Coordinator:	
Name: Sarah de Jong		Name: Brenda Henrikson	
Title:		Title: Contracts Specialist	
Mailing Address:		Mailing Address:	
3020 Rucker Avenue, Suite 308 Everett WA 98201-3900		PO Box 47905, Olympia WA 98504-7905	
Physical Address:		Physical Address:	
Same as above		101 Israel Rd. SE, Tumwater WA 98501-5570	
Phone: 425-339-8693	Fax: 425-339-5253	Phone: 360-236-3933	Fax: 360-236-2401
Email Address:		Email Address:	
sdejong@snohd.org		brenda.henrikson@doh.wa.gov	

A party may change its Contract Coordinator or its Program Contact by providing written notice to the other party. DOH Program Contacts can be found in the Exhibit A, Statements of Work, and on the DOH website at www.doh.wa.gov.

7. Access to Records

To the extent authorized by applicable federal and state law, the parties shall provide access to records relevant to this Contract to each other, the Joint Legislative Audit and Review Committee, the State Auditor, and authorized federal officials, at no additional cost. Inspections shall occur at reasonable times and upon reasonable notice.

8. All Writings Contained Herein

This Contract contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto. The individuals signing this Contract certify by their signatures that they are authorized to sign this Contract on behalf of their respective entity.

9. Assignment

Except for subcontracting as authorized in this Contract, the LHJ shall not assign or delegate, in whole or in part, this Contract or any of its rights, duties, obligations, or responsibilities, without the prior written consent of DOH’s Contracting Officer, which consent shall not be unreasonably withheld.

10. Assurances

The parties agree that all activity pursuant to this Contract shall be in accordance with all applicable current federal, state and local laws, rules, and regulations.

The LHJ acknowledges its agreement to comply with federal certifications and assurances by signing and returning the following:

1. Standard Federal Certifications and Assurances
2. Federal Assurances for Non-Construction Programs

11. Confidential Information

The parties agree to comply with all state and federal statutes and regulations relating to Confidential Information. DOH and LHJ will limit access to the Confidential Information to the fewest number of people necessary to complete the work. Everyone having access to Confidential Information covered by this Contract must agree to protect the confidentiality of the information.

Either party to this Contract may designate certain Confidential Information as “Confidential Information/Notice Requested.” The designation shall be made by clearly stamping, watermarking, or otherwise marking each page of the Confidential Information. If a third party requestor seeks information that has been marked “Confidential Information/Notice Requested,” notice shall be given to the marking party prior to release of the information. Such notice shall be provided to the program contact no less than five (5) business days prior to the date of disclosure, to allow the party objecting to disclosure to seek a protective order from the proper tribunal.

DOH and LHJ agree to establish, document and maintain security practices and safeguards consistent with state and federal laws, regulations, standards, and guidelines to prevent unauthorized access, use, or disclosure of Confidential Information in any form. In accordance with federal and state contracting requirements, DOH may monitor, audit, or investigate LHJ management of Confidential Information relating to this Contract. Working together, the LHJ and DOH may use any and all tools available to track Contract related Confidential Information.

If one of the parties becomes aware of an actual or suspected breach of confidentiality, that party will promptly notify the Contract Coordinator for the other party of the facts. The parties will work within their respective organizations to take any steps necessary to determine the scope of the breach and to restore reasonable security to the Confidential Information. Both parties agree to mitigate any known harmful effects of a breach in confidentiality, including notifying affected individuals to the extent required by law. The parties will also reasonably cooperate with law enforcement as appropriate.

12. Ethics

Both parties and their officers shall comply with all ethics laws applicable to their activities under this Contract, including Chapters 42.23 and 42.52 RCW. If a violation occurs and is not cured within a reasonable time after notice, the other party shall have the right to terminate this Contract. This section is expressly subject to the Disputes section of this Contract.

13. Debarment Certification

The LHJ, by signing this Contract, certifies that the LHJ is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any federal department or agency. The LHJ also agrees to include the above requirement in all subcontracts into which it enters. The LHJ will notify DOH of any such events that may occur during the term of the Contract.

14. Disputes

Except as otherwise provided in this contract, when a dispute arises between the parties and it cannot be resolved by direct negotiation, the parties agree to participate in good faith in non-binding mediation. The mediator shall be chosen by agreement of the parties. If the parties cannot agree on a mediator, the parties shall use a mediation service located in Washington State that selects a qualified mediator for the parties. Each party shall bear its own costs for mediation and each party shall contribute equally to the mediator’s fee, if any. The parties agree that mediation shall precede any action in a judicial tribunal.

Nothing in this contract shall be construed to limit the parties’ choice of a mutually acceptable alternate dispute resolution method in addition to the dispute resolution procedure outlined above.

15. Equipment Purchases

Equipment purchased by the LHJ for use by the LHJ or its subcontractors during the term of this Contract using federal funds, in whole or in part, shall be the property of the LHJ. The use, management and disposal of the equipment must

comply with federal requirements. These requirements are found in the Office of Management and Budget's (OMB's) Uniform Guidance, Title 2 Code of Federal Regulations Part 200 (2 CFR 200) - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, or are included in the federal funding agency's regulations.

16. Governing Law and Venue

The laws of the state of Washington govern this Contract. In the event of a lawsuit by the LHJ against DOH arising under this Contract, venue shall be proper only in Thurston County, Washington. In the event of a lawsuit by DOH against the LHJ arising under this Contract, venue shall be proper only in the county in which the LHJ is located or in either of the two nearest judicial districts within the meaning of RCW 36.01.050.

17. Independent Capacity

The employees or agents of each party who are engaged in the performance of this Contract shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

18. Insurance

The LHJ certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverage as required by this Contract. Each party shall pay for losses for which it is found liable. The LHJ agrees to require all subcontractors to maintain insurance in types and with limits as may be determined by the LHJ and/or its risk manager, unless the LHJ and DOH agree otherwise.

19. Licensing, Accreditation and Registration

The LHJ shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements and standards, necessary for the performance of this Contract.

20. Maintenance of Records

Each party to this Contract shall maintain books, records, documents and other evidence that sufficiently and properly reflect all direct and indirect costs expended by it. All books, records, documents, and other material relevant to this Contract will be retained for six (6) years after expiration. If any litigation, claim or audit is started before the expiration of the six-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties. Both parties agree to continue protecting records until such time as the information is destroyed in accordance with applicable state and federal records retention laws.

21. Modifications and Waivers

This Contract, or any term or condition, may be modified only by a written amendment signed by the DOH Contracting Officer and the authorized representative for the LHJ. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege or remedy provided under this Contract shall not constitute a waiver. No provision of this Contract may be waived by either party except in a writing signed by the DOH Contracting Officer or the authorized representative of the LHJ.

22. No Third-Party Rights Created

This Contract, or any program hereunder, is entered into solely for the benefit of the two parties thereto and shall not be construed as giving rise to any right, remedy or expectancy of any kind or nature on the part of any third party.

23. Nondiscrimination

During the performance of this Contract, the LHJ and DOH shall comply with all federal and state nondiscrimination laws, regulations and policies. In the event of the LHJ's noncompliance or refusal to comply with any nondiscrimination law, regulation or policy, this Contract may be rescinded, canceled or terminated in whole or in part, and the LHJ may be declared

ineligible for further contracts with DOH. The LHJ shall, however, be given a reasonable time in which to cure this noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

24. Order of Precedence

In the event of an inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable state and federal statutes, and local laws, rules and regulations.
- Terms and conditions of this Contract.
- Statements of Work.
- Any other provisions of this Contract, including other materials incorporated by reference.

25. Ownership of Material/Rights in Data

Records and other documents relevant to this Contract, in any medium, furnished by one party to this Contract to the other party, will remain the property of the furnishing party, unless otherwise agreed. Data which is delivered under the Contract shall be transferred to DOH with a nonexclusive, royalty-free, perpetual, irrevocable license to publish, translate, reproduce, modify, deliver, perform, dispose of, and to authorize others to do so; provided that such license shall be limited to the extent which the LHJ has a right to grant such a license. The LHJ shall exert all reasonable effort to advise DOH, at the time of delivery of data furnished under this Contract, of all known or potential invasions of privacy contained therein and of any portion of such document which was not produced in the performance of this Contract. DOH shall receive prompt written notice of each notice or claim or copyright infringement received by the LHJ with respect to any data delivered under this Contract. DOH shall have the right to modify or remove any restrictive markings placed upon the data by the LHJ, provided that if DOH modifies or removes such markings without the LHJ's approval, it assumes all liability for doing so.

26. Publications

Any program reports, articles, and publications that result from information gathered through use of state and federal funds must acknowledge receiving support from DOH and/or the appropriate federal agencies. Correspondingly, such documents resulting from information gathered through use of local funds must acknowledge receipt of such local support.

27. Responsibility for Actions

Each party to this Contract shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Contract. Neither party to this Contract will be responsible for the acts and omissions of entities or individuals not party to this Contract. DOH and the LHJ shall cooperate in the defense of tort lawsuits, when possible.

28. Loss or Reduction of Funding

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this contract and prior to normal completion, DOH may elect to suspend or terminate the contract, in whole or in part, under the "Termination for Convenience" clause with a ten (10) business day notice to LHJ, to the extent possible, subject to renegotiation at DOH's discretion under those new funding limitations and conditions.

29. Severability

If any term or condition of this Contract is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Contract, provided, however, that the remaining terms and conditions can still fairly be given effect.

30. Subcontracts

The LHJ may subcontract any or all of the services or other obligations specified in this Contract. The LHJ will require the subcontractor to comply with all the applicable terms and conditions of this Contract, including all terms, conditions, certifications and assurances. The LHJ agrees it is responsible for assuring adequate performance on the part of the subcontractor.

The parties agree that all subcontractors must be responsible for any liabilities created by their actions or omissions. In the event DOH, LHJ, and subcontractor are found by a jury or trier of fact to be jointly and severally liable for personal injury damages arising from any act or omission, then each entity shall be responsible for its proportionate share.

31. Subrecipient

For those activities designated as “subrecipient” on Exhibit A, Statements of Work, the LHJ must comply with applicable federal requirements, including but not limited to OMB’s Uniform Guidance at 2 CFR 200, Subparts D (Administrative Requirements), E (Cost Principles) and F (Audit Requirements), and program specific federal regulations. If the LHJ expends \$500,000 or more in federal awards from all sources, it is responsible for obtaining appropriate audits. If the LHJ expends \$750,000 or more in federal grants or awards from all sources, it is responsible for obtaining the required single audit.

32. Survivability

The terms and conditions contained in this Contract, which by their sense and context are intended to survive the expiration of the Contract, shall survive. Surviving terms include, but are not limited to: Access to Records, Confidential Information, Disputes, Responsibility for Actions, Maintenance of Records, Ownership of Material/Rights in Data, Subcontracts, Termination for Convenience, Termination for Default, and Termination Procedure.

33. Term

This Contract will be in effect following execution by the parties from January 1, 2018 through December 31, ~~2020~~ **2021**, unless terminated earlier as provided herein.

34. Termination for Convenience

Except as otherwise provided in this Contract, either party may terminate or suspend this Contract, or any program hereunder, for convenience by providing at least thirty (30) days’ advance written notice to the other party.

If DOH elects to suspend the Contract, in whole or in part, LHJ shall stop work as of the effective date of DOH’s written notice of suspension. During suspension, each Party will reasonably notify the other of any conditions that may affect resumption of performance. Upon DOH’s written notice to resume performance, LHJ shall resume work unless the LHJ provides notice to DOH that services cannot be resumed. If LHJ cannot resume performance, the Contract or affected Exhibit A, Statement of Work, will be deemed terminated upon the date the LHJ received notice to suspend performance.

35. Termination for Default

(a) In the event of a default by either party under this Contract, the nondefaulting party may give written notice to the defaulting party that it intends to terminate this Contract, or any program hereunder, if the default is not cured within thirty (30) days of the date of the notice, or such longer period of time as may be reasonable under the circumstances. If the default is not cured within that time, the nondefaulting party may then notify the defaulting party in writing that this Contract is terminated. In the event of such termination, the nondefaulting party shall have all rights and remedies available to it under general law.

(b) A disputed termination for default is expressly subject to the Disputes section of this Contract.

36. Termination Procedure

Upon termination DOH may require the LHJ to deliver to DOH any non-LHJ-owned equipment, data, or other property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

DOH shall pay to the LHJ the agreed upon price, if separately stated, for completed work and services accepted by DOH. In addition DOH shall pay the amount determined by DOH’s Contracting Officer for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services which are accepted by DOH, and (d) the protection and preservation of the property. Disagreement by the LHJ with the determination of DOH’s Contracting Officer that relates to the obligations or amounts due to the LHJ shall be considered a dispute within the meaning of the “Disputes” clause of this Contract.

DOH may withhold from any amounts due the LHJ for such completed work or services such sum as DOH's Contracting Officer reasonably determines to be necessary to protect DOH against potential loss or liability.

The rights and remedies of DOH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

After receipt of a written notice of termination, the LHJ shall:

- Stop work under the Contract on the date and to the extent specified in the notice;
- Place no further orders or subcontracts for materials, services, or facilities, except as necessary to complete such portion of the work not terminated;
- Assign to DOH, to the extent reasonably directed by DOH's Contracting Officer and to the extent that the LHJ has the legal right to do so, all of the right, title, and interest of the LHJ under the orders and subcontracts in which case DOH has the right, at its reasonable discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- Settle all outstanding liabilities and all claims arising out of orders or subcontracts, with the approval or ratification of DOH's Contracting Officer to the extent he/she may reasonably require, which approval or ratification shall be final for all the purposes of this clause;
- Transfer title to DOH and deliver, as reasonably directed by DOH's Contracting Officer, any property which, if the Contract had been completed, would have been required to be furnished to DOH;
- Complete performance of such part of the work not terminated by DOH's Contracting Officer; and,
- Take such action as may be necessary, or as DOH's Contracting Officer may reasonably direct, for the protection and preservation of the property related to this Contract which is in the possession of the LHJ, or its subcontractors, and in which DOH has or may acquire an interest.

IN WITNESS WHEREOF, the parties have executed this Contract.

SNOHOMISH HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Signature

Signature

Title: _____

Title: _____

Print Name:

Print Name:

Date: _____

Date: _____

Standard Federal Certifications and Assurances

Following are the Assurances, Certifications, and Special Conditions that apply to all federally-funded (in whole or in part) agreements administered by the Washington State Department of Health.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
 Have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- B. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- C. Have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the contractor not be able to provide this certification, an explanation as to why should be placed after the assurances page in the contract.

The contractor agrees by signing this contract that it will include, without modification, the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the contracting organization) certifies that the contractor will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing an ongoing drug-free awareness program to inform employees about:
 - 1) The Dangers of drug abuse in the workplace;
 - 2) The contractor's policy of maintaining a drug-free workplace;
 - 3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph 1) above;

- D. Notifying the employee in the statement required by paragraph 1), above, that, as a condition of employment under the contract, the employee will:
- 1) Abide by the terms of the statement; and
 - 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- E. Notifying the agency in writing within ten calendar days after receiving notice under paragraph D. 2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- F. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph D. 2) with respect to any employee who is so convicted:
- 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

For purposes of paragraph (E) regarding agency notification of criminal drug convictions, DOH has designated the following central point for receipt of such notices:

Compliance and Internal Control Officer
Office of Grants Management
WA State Department of Health
PO Box 47905
Olympia, WA 98504-7905

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (nonappropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

- A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying

Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- C. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the contracting organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the contracting organization will comply with the Public Health Service terms and conditions of award if a contract is awarded.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the contracting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The contracting organization agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - INSTRUCTIONS FOR CERTIFICATION

By signing and submitting this proposal, the prospective contractor is providing the certification set out below.

- A. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

- B. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
- C. The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- D. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
- E. The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DOH.
- F. The prospective contractor further agrees by submitting this contract that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction, provided by HHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- G. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- H. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- I. Except for transactions authorized under paragraph 6. of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DOH may terminate this transaction for cause or default.

7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

- A. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
 - 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1. B. of this certification; and
 - 4) Have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.

- B. Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this contract.

AUTHORIZED SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
PLEASE PRINT OR TYPE NAME:	
ORGANIZATION NAME: (if applicable)	DATE

Federal Assurances – Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the contractor, I certify that the contractor:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §§874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Uniform Guidance at 2 CFR 200, Subpart F.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

AUTHORIZED SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
PLEASE PRINT OR TYPE NAME	
ORGANIZATION NAME (if applicable)	DATE

**SNOHOMISH HEALTH DISTRICT
2018-2021 CONSOLIDATED CONTRACT #CLH18261
EXHIBIT A - STATEMENTS OF WORK
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Exhibit A
Statement of Work
Contract Term: 2018-2021

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)** 2

Period of Performance: July 1, 2020 through June 30, 2021

Funding Source ☒ Federal Subrecipient ☒ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide state funding for tobacco and vapor product prevention and control activities.

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

Revision Purpose: The purpose of this revision is to add \$18,886 in FFY20 Tobacco Vape Prev Comp 1 funding, extend the period of performance from December 31, 2020 to June 30, 2021, and extend funding periods and deliverable due date/time frame dates.

Chart of Accounts	Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Youth Tobacco Vapor Products		N/A	334.04.93	77410890	07/01/20 06/30/21	56,259	0	56,259
FPH-Youth Tobacco Vapor Prevention		N/A	334.04.93	77410621	07/01/20 06/30/21	81,575	0	81,575
SFY21 Marijuana Education		N/A	334.04.93	77420821	07/01/20 06/30/21	18,599	0	18,599
FFY20 Tobacco-Vape Prev Comp 1		93.387	333.93.38	77410220	07/01/20 04/28/21	18,886	18,886	37,772
TOTALS						175,319	18,886	194,205

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Planning and Coordination 1. Using a template provided by CTPP, build upon existing 2019-2020 implementation plan for 2020-2021 in collaboration with representatives from all counties within the respective Accountable Communities of Health (ACH) region. 2. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors. 3. Participate in statewide commercial tobacco prevention coalition meetings as established.		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20- 12/31/20 06/30/21	Funding utilized: State and federal (YTVP, FPH, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					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.
2	Reduce Tobacco-Related Disparities 1. In collaboration with priority population contractors, engage and educate internal and external partners about: a. The value of local control in preventing initiation and continued use of tobacco and vapor products that lead to tobacco-related health issues and health disparities. b. The value of a comprehensive tobacco prevention program to prevent the initiation of tobacco and vapor product use among youth and young adults c. Focused policy options to address the impact of flavored (including menthol) tobacco and vapor product flavors on youth initiation and use of tobacco and vapor products. 2. Disseminate prevention and Tobacco Use and Dependence Treatment (TUDT)-informing materials for disparately affected communities that address emerging tobacco/vapor products are culturally & linguistically appropriate, trauma-informed, & equity-based. 3. Educate key stakeholders and decision-makers on: a. The role of local control in preventing youth initiation and continued use of tobacco and vapor products that lead to tobacco-related health issues and health disparities;		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 <i>06/30/21</i>	Funding utilized: State and federal (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.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	b. Evidence-based and promising policies and practices to decrease the appeal of tobacco and vapor products to youth and young adults.				
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 <i>06/30/21</i>	Funding utilized: State and federal (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 30th 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 agency social media content, and report communications and media efforts in a template		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 <i>06/30/21</i>	Funding utilized: State and federal (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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.				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 06/30/21	Funding utilized: State and federal (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 06/30/21	Funding utilized: State and federal (YTVP, FPH, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration.

AMENDMENT #18

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					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 30th of the month following the month in which costs were incurred.
7	Youth Marijuana Prevention and Education Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.		Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month.)	07/01/20-12/31/20 <i>06/30/21</i>	Funding utilized: State (Marijuana Prevention and Education) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30th 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, updated Tobacco and Vapor 21 implementation plan, and budget	Annually, no later than July 30, 2020, using a template provided by CTPP. DOH approval will occur no later than August 15, 2020. Update as needed on SharePoint.
2. Expenditure Report and Request for Reimbursement (A19-1A)	A19-1A and updated budget workbook due the 30 th of the month following the month in which costs are incurred.
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY21: July 10, 2021 Final Expenditure Reports are due within 45 days of the end of the contract year

4. Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by CTPP. All documents related to task activities will be attached.
5. Assessment and Evaluation	Using a template provided by CTPP, complete project evaluation activity developed and coordinated by CTPP as requested.

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

F. Payment

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

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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: COVID-19 Emergency Language & Community Outreach Services - 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 ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The LHJ will work with community organizations and partners to provide emergency language and outreach services and ensure messaging is culturally relevant and linguistically appropriate. The LHJ will focus all efforts on communities disproportionately impacted by COVID-19 and the response to the pandemic, with an intentional focus on reaching culturally and linguistically diverse communities.

The messages, materials, products, dissemination channels, and activities will be in the format that is most appropriate for the community as defined by the community. The LHJ will share back completed products with the Washington State Department of Health for sharing with other LHJs and communities across the state (as relevant).

Revision Purpose: N/A

Chart of Accounts Program Name or Title						Funding Period (LHJ Use Only)	Current Consideration	Change Increase (+)	Total Consideration
CFDA #	BARS Revenue Code	Master Index Code	Start Date	End Date					
	21.019	9811929V	07/01/20	12/30/20		0	120,000		120,000
TOTALS						0	120,000		120,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Translate existing LHJ or other public health agency COVID-19 materials, communications, and information into additional languages.	3.1, 3.2	Provide link to translated material	By December 30, 2020	Payment for all tasks will be reimbursement for actual expenses not to exceed the total funding consideration.
2	Develop in-language COVID-19 webpages	3.1, 3.2	Provide link(s) to in-language webpages	By December 30, 2020	
3	Provide interpretation services for COVID-19 community/partner meetings or events (spoken or signed language, virtual or in-person)	3.1, 3.2, 4.1, 4.2	Submit the following information: date, purpose COVID-19 community/partner meeting, and number of attendees	By December 30, 2020	
4	Organize radio interviews, ads, public service announcements (PSAs with community media and multilingual media stations about COVID-19 topics	3.1, 3.2	Final product, script, and/or link to interview	By December 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Create community-tailored audio and video recordings of key COVID-19 information	3.1, 3.2, 4.1, 4.2	Provide a copy of or a link to the final product	By December 30, 2020	
6	Disseminate culturally and linguistically appropriate COVID-19 messages via mail, radio, TV, social media, or other channels.	3.1, 3.2	Submit a copy of the final product or provide a link	By December 30, 2020	
7	Provide Computer Assisted Real-time Transcription (CART) services for COVID-19 related community/partner meetings or events	3.1, 3.2, 4.1, 4.2	Submit the following information: date, purpose of COVID-19 community/partner meeting, and number of attendees	By December 30, 2020	

***For Information Only:**

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

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.

Definitions

Interpretation: Immediate verbal (or signed) communication of meaning from one language (the source language) into another (the target language). Messages are conveyed orally. Interpretation services that occur over-the-phone are referred to as telephonic interpretation services.

Translation: The conversion of written communication from one language (source language) to another (target language) in a written form. An accurate translation is one that conveys the intent and essential meaning of the original text.

In-language: Refers to being provided in the language that the audience will understand. For example: Webpages that were created for Spanish speakers would be “in-language” webpages. A live interview on a radio station in Russian by a Russian speaker would be “in-language.”

Special Instructions

The listed tasks/activities serve as a menu that the LHJ can choose from. LHJs have the ability to prioritize activities and languages based off of the needs of their communities. LHJs are asked to review the top languages groups within their jurisdiction, but have flexibility in which languages they prioritize the funding for. Source (OFM LEP Population Estimates) <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/special-subject-estimates>.

Other

Subcontracting with community-based, community-rooted, and community-led organizations is encouraged. Community-rooted and community-led organizations and groups are better positioned and equipped to listen, understand, and respond to the needs of their community members in the most culturally relevant and linguistically appropriate way.

Below are some considerations for subcontractor selection:

1. Community-rooted, community-led, and community-based.
2. Are a current, trusted messenger to the community/communities they plan to serve.
3. Serve community/communities who are disproportionately impacted by COVID-19
4. Proposed activities that align with the scope of this funding opportunity and focus on outreach, and the actual approach to COVID-19 outreach is community-informed and culturally and linguistically appropriate.

DOH Program

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Exhibit A
Statement of Work
Contract Term: 2018-2021

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

Period of Performance: July 1, 2020 through June 30, 2021

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ 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.

Revision Purpose: The purpose of this revision is to extend the period of performance, add the remainder of the annual allocation, add an end-of-year report, revise the budget due date, add a training and exercise task, and remove activities no longer required.

Chart of Accounts	Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY20 PHEP BP2 LHJ Funding		93.069	333.93.06	31102280	07/01/20 06/30/21	321,191	214,127	535,318
FFY20 PHEP Cities Readiness BP2		93.069	333.93.06	31102290	07/01/20 06/30/21	79,242	52,828	132,070
TOTALS						400,433	266,955	667,388

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					
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. <i>End-of-year report on template provided by DOH.</i> Additional reporting may be required if federal requirements change.	December 31, 2020 <i>June 30, 2021</i>	Reimbursement for actual costs not to exceed total funding consideration amount.

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 <i>Upon request from DOH.</i>	
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. <i>End-of-year report on template provided by DOH.</i>	December 31, 2020 <i>June 30, 2021</i>	
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.		Input provided to DOH upon request from DOH. Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> Documentation of training available upon request.	December 31, 2020 <i>June 30, 2021</i>	
6	Domain 1 Community Resilience Capability 1 Community Preparedness - Vulnerable populations 6.1 Update and maintain the All Hazards Plan to address vulnerable populations.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i>	December 31, 2020 <i>June 30, 2021</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. 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. 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.		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.		
7	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 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. Notes: - 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		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i>	December 31, 2020 <i>June 30, 2021</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	requirement to participate in at least one training as described above.				
8	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 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. Note: DOH will provide additional guidance about submitting performance measure data.		LHJ performance measure data (PM 2)	October 30, 2020	
9	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 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).		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i>	December 31, 2020 <i>June 30, 2021</i>	
10	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 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. 10.2 Update Regional Training & Exercise Plans with input from LERCs in region. 10.3 Complete Training & Exercise Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> 10.2 Regional Training & Exercise Plans available upon request. 10.3 Training & Exercise Planning Workshop Guide. Guide will be provided by DOH.	December 31, 2020 <i>June 30, 2021</i> <i>10.3 December 31, 2020</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>10.4 Participate in Integrated Preparedness Planning Workshop unless cancelled.</i>			<i>10.4 As requested by DOH.</i>	
11	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: • The process for requesting and receiving resource support • The process for gaining, maintaining and sharing situational awareness of, as applicable: ○ 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 Notes: • 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.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> After Action Review(s) and Corrective Action Plan(s) available upon request.	December 31, 2020 <i>June 30, 2021</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
12	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date. Notes: - 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	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response. Notes: “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	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 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. 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.		Mid-year report on template provided by DOH. Indicate that this was done or that no response incident occurred. <i>End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</i> 14.1 Notification to DOH Duty Officer within 60 minutes of activation.	December 31, 2020 <i>June 30, 2021</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
15	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 15.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on Basecamp. 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 drill between January 31 – June 30, 2021. 15.3 Conduct a hot wash evaluating LHJ participation in the drill. 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. <i>If, the real world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date, OR include a summary of communication activities in mid-year and/or end-of year reports and one sample of communication.</i> Notes: - 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.		14.2 Sitreps submitted to DOH Duty Officer Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> 15.3 and 15.4 Hotwash or After Action Review (AAR) <i>OR summary of communication activities and one sample.</i>	December 31, 2020 <i>June 30, 2021</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16	Domain 3 Information Management Capability 4 Emergency Public Information and Warning Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise. Notes: - 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	Domain 3 Information Management Capability 6 Information Sharing 17.1 Maintain WASECURES as primary notification system. 17.2 Participate in DOH-led notification drills. 17.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system. 17.4 17.2 Participate in quarterly DOH-led WASECURES Users Group, provide technical assistance to LHJs in region as needed. Notes: - Registered users must log in quarterly at a minimum. - DOH will provide technical assistance to LHJs on using WASECURES. - LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. 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		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i>	December 31, 2020 <i>June 30, 2021</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Alerts (high or medium level) confirmed within 60 minutes of receipt by LHJ staff.				
18	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EELs) during incident response upon request from DOH. 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.		Provide EELs upon request. Note in the mid-year <i>and end-of-year</i> reports that EELs were provided or none were requested.	Upon request. December 31, 2020 <i>June 30, 2021</i>	
19	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: - 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.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> Logistical Support Plans available upon request.	December 31, 2020 <i>June 30, 2021</i>	
20	Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> Responder Safety and Health Plan available upon request.	December 31, 2020 <i>June 30, 2021</i>	

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	Domain 5 Surge Management Capability 10 Medical Surge Engagement with regional Health Care Coalition (HCC) Participate in: - 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. 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.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i>	December 31, 2020 <i>June 30, 2021</i>	
22	Domain 5 Surge Management Capability 10 Medical Surge 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.		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
	Notes: “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. - DOH will provide additional guidance about submitting performance measure data.				
23	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS). 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.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> List of facilities and copies of current agreements available upon request.	December 31, 2020 <i>June 30, 2021</i>	
24	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: - Biohazard/Waste Management - Feeding - Laundry - Communications - Sanitation 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.		Mid-year report on template provided by DOH. <i>End-of-year report on template provided by DOH.</i> Vendor lists available upon request.	December 31, 2020 <i>June 30, 2021</i>	

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	Complete all 3 drills annually: 1) staff notification and assembly; 2) facility set up; and 3) site activation. Notes: 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.		Mid-year report on template provided by DOH. Drill results	December 31, 2020	
2	Complete the Operational Readiness Review (ORR) forms to self-assess continued progress in advancing PHEP capabilities. Notes: 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.		Mid-year report on template provided by DOH. ORR forms	December 31, 2020	
3 1	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. 3.1.1 1.1 Participate in quarterly conference calls with DOH 3.2 1.2 Submit updated MCM action plan to DOH. Note: A second updated MCM action plan will be due March 31, 2021.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. 3.2 1.2 Updated action plans.	December 31, 2020 June 30, 2021 3.2 1.2 September 30, 2020 and 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

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&t=PART&n=pt2.1.200#se2.1.200_1439

DOH Program Contact

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Exhibit A
Statement of Work
Contract Term: 2018-2021

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: July 1, 2020 through June 30, 2021

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

Revision Purpose: The purpose of this revision is to extend the period of performance and funding periods from December 31, 2020 to June 30, 2021 and add funding.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
STATE DISEASE CONTROL AND PREV - FPH	N/A	334.04.91	12411100	07/01/20 06/30/21	60,032	59,342	119,374
FFY20 STD PREVENTION [PCHD]-FPH	93.977	333.93.97	12411205	07/01/20 12/31/20	34,560	0	34,560
FFY20 HIV PREVENTION - FPH	93.940	333.93.94	12411200	07/01/20 12/31/20	55,331	0	55,331
FFY20 VIRAL HEPATITIS SURVEILLANCE-FPH	93.270	333.93.27	12507200	07/01/20 04/30/21	16,329	16,329	32,658
FFY19 ADAP REBATE (LOCAL) 19-21	N/A	334.04.98	12618590	07/01/20 06/30/21	15,716	15,716	31,432
FFY21 STD PREVENTION [PCHD]-FPH	93.977	333.93.97	12411215	01/01/21 06/30/21	0	35,250	35,250
FFY21 HIV PREVENTION - FPH	93.940	333.93.94	12411210	01/01/21 06/30/21	0	55,331	55,331
FFY21 VIRAL HEPATITIS SURVEILLANCE-FPH	93.270	333.93.27	12507210	05/01/21 06/30/21	0	5,445	5,445
TOTALS					181,968	187,413	369,381

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV/STD Prevention				
HIV/STD Prevention, Treatment, and Surveillance	Deliver partner services to people diagnosed with HIV/STD per CDC and state guidelines. Ensure timely, correct reporting, testing and treatment of STDs or exposure to STDs for diagnosed patients and identified contacts.	Complete and report actual deliverables in the appropriate data reporting system. Monthly invoice with appropriate back-up documentation. Quarterly Reports are Required - Deliverables for this reporting period have	Agency must adhere to DOH Infectious Disease (ID) Reporting Requirements	\$60,032 \$119,374 - MI 12411100 - State Disease Control & Prev - FPH \$60,032 \$119,374 for 07/01/20- 12/31/20 06/30/21

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Refer at-risk people identified through HIV/STD testing and/or partner services for medical and supportive services to prevent HIV acquisition.	been identified and can be referenced in LHJ's Quarterly Report.		\$55,331 – MI 12411200- HIV Prevention (Cat A) \$55,331 for 07/01/20-12/31/20 \$55,331 – MI 12411210- HIV Prevention (Cat A) \$55,331 for 01/01/21-06/30/21 \$34,560 – 12411205 - STD Prevention (PCHD) - FPH \$34,560 for 07/01/20-12/31/20 \$35,250 – 12411215 - STD Prevention (PCHD) - FPH \$35,250 for 01/01/21-06/30/21
HIV Positive (+) Prevention Activities	Provide services to clients who are diagnosed with and/or living with HIV Deliver partner services to people diagnosed with HIV. Ensure timely, correct reporting of people diagnosed with HIV. Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression.	Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and/or the Washington Data Reporting System (Maven/WDRS). Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH ID Reporting Requirements	\$15,716 \$31,432 – MI 12618590 – Rebates \$15,716 \$31,432 for 07/01/20-12/31/20 06/30/21
Adult Viral Hepatitis Surveillance	The LHJ shall perform the tasks related to strengthening viral hepatitis surveillance / promoting HCV and HBV jail testing.	Complete and report actual deliverables in the appropriate data reporting system	Deliverables will be completed by the end of the period of performance.	\$16,329 \$32,658 – MI 12507200– Viral Hep Surv \$16,329 \$32,658 for 07/01/20-12/31/20 04/30/21 \$5,445 – MI 12507210– Viral Hep Surv \$5,445 for 05/01/21-06/30/21

***For Information Only:**

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

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

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

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

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

Fiscal Guidance

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

All invoice vouchers must be submitted by the 25th of the following month.

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

DOH Fiscal Contact

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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Maternal & Child Health Block Grant-Effective January 1, 2018

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: January 1, 2018 through September 30, 2021

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding from September 30, 2020 to September 30, 2021 for continuation of MCHBG-related activities.

Chart of Accounts	Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 MCHBG LHJ CONTRACTS		93.994	333.93.99	78120281	01/01/18 09/30/18	333,660	0	333,660
FFY19 MCHBG LHJ CONTRACTS		93.994	333.93.99	78120291	10/01/18 09/30/19	444,879	0	444,879
FFY20 MCHBG LHJ CONTRACTS		93.994	333.93.99	78120292	10/01/19 09/30/20	444,879	0	444,879
FFY21 MCHBG LHJ CONTRACTS		93.994	333.93.99	78120293	10/01/20 09/30/21	0	444,879	444,879
TOTALS						1,223,418	444,879	1,668,297

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every quarter, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ		Designated LHJ staff will participate in contract management calls.	September 30, 2018 September 30, 2019 September 30, 2020	Reimbursement for actual costs, not to exceed total funding consideration.
1b	Report actual expenditures for October 1, 2017 through March 31, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 26, 2018	Action Plan and Progress Reports

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1c	Develop 2018-2019 MCHBG Budget Workbook for October 1, 2018 through September 30, 2019 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2018	must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1d	Report actual expenditures for October 1, 2018 through March 31, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 24, 2019	
1e	Develop 2019-2020 MCHBG Budget Workbook for October 1, 2019 through September 30, 2020 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2019	
1f	Report actual expenditures for October 1, 2017 through September 30, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2018	
1g	Participate in DOH sponsored MCHBG fall regional meeting.		Designated LHJ staff will attend regional meeting.	September 30, 2020	
1h	Report actual expenditures for October 1, 2018 through September 30, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 6, 2019	
1i	Develop 2020-2021 MCHBG Budget Workbook for October 1, 2020 through September 30, 2021 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 6, 2020	
1j	Report actual expenditures for the six month period from October 1, 2019 through March 31, 2020		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 22, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>1k</i>	<i>Report actual expenditures for October 1, 2019 through September 30, 2020</i>		<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager</i>	<i>December 4, 2020</i>	
<i>1l</i>	<i>Report actual expenditures for the six month period from October 1, 2020 through March 31, 2021.</i>		<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 21, 2021</i>	
<i>1m</i>	<i>Develop 2021-2022 MCHBG Budget Workbook for October 1, 2021 through September 30, 2022 using DOH provided template.</i>		<i>Submit MCHBG Budget Workbook to DOH contract manager</i>	<i>September 10, 2021</i>	
MCHBG Assessment and Evaluation					
2a	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH	September 30, 2018 September 30, 2019 September 30, 2020 <i>September 30, 2021</i>	Reimbursement for actual costs, not to exceed total funding consideration.
2b	Report program level strategy measure data (CSHCN, UDS, ACEs).		Documentation using report template provided by DOH	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018	See Program Specific Requirements and Special Billing Requirements.
2c	Conduct a Maternal and Child Health (MCH) Needs Assessment.		Submit Needs Assessment documentation to DOH contract manager using templates provided by DOH	May 24, 2019	
2d	Explore health equity approaches to maternal and child health and develop implementation plan		Include health equity plan in 2020-2021 MCHBG Action Plan using DOH- provided template.	Draft August 16, 2020 Final September 6, 2020	
MCHBG Implementation					
3a	Develop 2018-2019 MCHBG Action Plan for October 1, 2018 through September 30, 2019 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2018 Final September 5, 2018	Reimbursement for actual costs, not to exceed total funding consideration.
3b	Report activities and outcomes of 2017-2018 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3c	Develop 2019-2020 MCHBG Action Plan for October 1, 2019 through September 30, 2020 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2019 Final September 5, 2019	Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3d	Report activities and outcomes of 2018-2019 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	
3e	Develop 2020-2021 MCHBG Action Plan for October 1, 2020 through September 30, 2021 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 16, 2020 Final September 6, 2020	
3f	Report activities and outcomes of 2019-2020 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	See Program Specific Requirements and
3g	<i>Report activities and outcomes of 2020-21 MCHBG Action Plan using DOH-Provided template.</i>		<i>Submit Action Plan reports to DOH contract manager</i>	<i>October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021</i>	Special Billing Requirements.
3h	<i>Develop 2021-2022 MCHBG Action Plan for October 1, 2021 through September 30, 2022 using DOH-Provided template.</i>		<i>Submit MCHBG Action Plan to DOH contract manager</i>	<i>Draft August 20, 2021 Final September 10, 2021</i>	
Children and Youth with Special Health Care Needs (CYSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program Manual <i>guidance</i> . Ensure client data is collected on all children served by CYSHCN contractors, including <i>including</i> regional <i>regional</i> maxillofacial coordinators, and the DOH Newborn Screening Program.		Submit CHIF data into Secure File <i>Transmittal (SFT)- Access Washington</i> website: https://sft.wa.gov <i>https://secureaccess.wa.gov</i>	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018 January 15, 2019 April 15, 2019 July 15, 2019 October 15, 2019 January 15, 2020 April 15, 2020 July 15, 2020 <i>October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021</i> 30 days after forms are completed.	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
4b	Administer requested DOH Diagnostic and Treatment funds for infants and children per CYSHCN Program Manual when funds are used. <i>Identify unmet needs for CYSHCN on Medicaid, and refer to DOH CYSHCN Program for</i>		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.		See Program Specific Requirements and Special Billing Requirements.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<i>approval to access Diagnostic and Treatment funds to meet the need.</i>				

***For Information Only:**

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Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References

Children and Youth with Special Health Care Needs Manual -

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

Health Services Authorization (HSA) Form

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

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

- At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
- Funds may not be used for:
 - Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - Cash payments to intended recipients of health services.
 - The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - Meeting other federal matching funds requirements.
 - Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits (frequency, type)

Telephone calls with contract manager ~~at least one every quarter, and annual site visit as needed.~~

Special Billing Requirements

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

Special Instructions

Contact DOH contract manager below for approval of expenses not reflected in approved budget workbook.

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

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

Restrictions listed above continue to apply.

DOH Program Contact

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Office of Family and Community Health Improvement
Washington State Department of Health
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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: OICP AAI Vaccine Hesitancy in Special Populations - 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 June 30, 2021

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ 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: The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 06/30/21, add funds, and modify the statement of work.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY21 Improving Vaccinations AAI	93.268	333.93.26	74310261	07/01/20 06/30/21	21,420	21,420	42,840
TOTALS					21,420	21,420	42,840

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. <i>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.</i>		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	December 31, 2020	
3	<i>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.</i>		<i>Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)</i>	<i>March 31, 2021</i>	
4	<i>Provide any final 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.</i>		<i>Final written report, including showing activities completed and any changes in target population knowledge, attitudes, and practices around vaccinations (template will be provided)</i>	<i>June 15, 2021</i>	

***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: 2018-2021

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

Period of Performance: July 1, 2020 through June 30, 2021

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ 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.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 06/30/21 and add funds.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY21 Enhanced Influenza Coverage CARES	93.268	333.93.26	74310219	07/01/20 06/30/21	22,575	22,575	45,150
TOTALS					22,575	22,575	45,150

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.
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	

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

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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.)

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DOH Program Contacts

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Exhibit A
Statement of Work
Contract Term: 2018-2021

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: July 1, 2020 through June 30, 2021

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

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 06/30/21 and add 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
FFY21 PPHF Ops		93.268	333.93.26	74310206	Start Date	End Date	10,750	10,750	21,500
TOTALS							10,750	10,750	21,500

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: • Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of		Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

***For Information Only:**

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

Program Specific Requirements/Narrative

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

DOH Contract Manager

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Exhibit A, Statements of Work
 Revised as of September 15, 2020

Exhibit A
Statement of Work
Contract Term: 2018-2021

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: July 1, 2020 through June 30, 2021

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

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 06/30/21, add funds, and modify the statement of work.

Chart of Accounts Program Name or Title		CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
FFY21 VFC Ops		93.268	333.93.26	74310202	Start Date	End Date	22,575	22,575	45,150
TOTALS							22,575	22,575	45,150

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <u>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</u> announcement.		Written proposal and a report that shows starting immunization rates for the target population	August 1, 2020	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *See Restrictions on Funds below.
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2020 <i>March 31, 2021</i>	
3	<i>Perform data collection necessary to enable a comparison of immunization rates from the start of the project.</i>		<i>Final written report, including a report showing ending immunization rates for the target population (template will be provided)</i>	<i>June 15, 2021</i>	

***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)

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

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DOH Program Contacts

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Exhibit A
Statement of Work
Contract Term: 2018-2021

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: July 1, 2020 through June 30, 2021

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 06/30/21 and add funding.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY21 VFC IQIP	93.268	333.93.26	74310204	07/01/20 06/30/21	37,234	37,234	74,468
TOTALS					37,234	37,234	74,468

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

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

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

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

***For Information Only:**

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

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

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

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

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

Staffing Requirements

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

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

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

Definitions/Acronyms

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

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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%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	BARS Revenue	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY20 USDA BFPC Prog Mgmt	207WAWA1W5003	Amd 12	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$6,062	\$6,062	\$6,062
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 9	10.557	333.10.55	10/01/19	09/30/20	10/01/18	09/30/20	\$2,021	\$2,021	\$16,166
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/20	\$6,062	\$6,062	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	Amd 4	10.557	333.10.55	01/01/18	09/30/19	10/01/17	09/30/19	\$2,021	\$8,083	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	N/A, Amd 4	10.557	333.10.55	01/01/18	09/30/19	10/01/17	09/30/18	\$6,062		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 15	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$204,750)	\$0	\$1,559,850
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$2,765)		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$207,515		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 15	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$819,000)	\$0	
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$11,060)		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$830,060	\$808,205	
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		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$1,400	\$751,645	
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 1	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$127,700		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$622,545		
FFY21 USDA WIC Client Svcs 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 Svcs 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 Svcs 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 Svcs 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 Svcs Contracts	207WAWA7W1003	Amd 13	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$149,860		
FFY20 USDA WIC Client Svcs 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		
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
SS Community Outreach PN	NGA Not Received	Amd 18	21.019	333.21.01	07/01/20	12/30/20	07/01/20	12/30/20	\$120,000	\$120,000	\$120,000

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FFY17 EPR PHEP BP1 Cities Readiness Init	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$61,402	\$113,717	\$113,717
FFY17 EPR PHEP BP1 Cities Readiness Init	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$52,315		
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$216,083	\$216,083	\$216,083
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 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$214,127	\$535,318	\$1,070,636
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 17, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$321,191		
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 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$52,828	\$132,070	\$264,290
FFY20 PHEP Cities Readiness BP2	NU90TP922043	Amd 17, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$79,242		
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 AFX	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 AFX	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	

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FFY21 Enhanced Influenza Coverage CARES	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	06/05/20	06/30/21	\$22,575	\$45,150	\$45,150
	NH23IP922619	Amd 17, 18	93.268	333.93.26	07/01/20	06/30/21	06/05/20	06/30/21	\$22,575		
FFY21 Improving Vaccinations AA1	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$21,420	\$42,840	\$76,190
	NH23IP922619	Amd 17, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$21,420		
	NH23IP922619	Amd 12	93.268	333.93.26	11/01/19	06/30/20	07/01/19	06/30/20	\$33,350	\$33,350	
	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$45,150	\$45,150	\$45,150
FFY21 PPHF Ops	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$10,750	\$21,500	\$64,500
	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$10,750		
	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$21,500	\$21,500	
	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 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$37,234	\$74,468	\$144,648
	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$37,234		
	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 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$22,575	\$45,150	\$104,779
	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$22,575		
	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$45,150	\$45,150	
	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
FFY21 Viral Hepatitis Surveillance-FPH	NGA Not Received	Amd 18	93.270	333.93.27	05/01/21	06/30/21	05/01/21	04/30/22	\$5,445	\$5,445	\$136,095
	NU51PS005102	Amd 18	93.270	333.93.27	07/01/20	04/30/21	05/01/20	04/30/21	\$16,329	\$32,658	
	NU51PS005102	Amd 16, 18	93.270	333.93.27	07/01/20	04/30/21	05/01/20	04/30/21	\$16,329		
	NU51PS005133	Amd 13	93.270	333.93.27	07/01/19	04/30/20	05/01/19	04/30/20	\$5,445	\$32,658	
	NU51PS005133	Amd 9	93.270	333.93.27	07/01/19	04/30/20	05/01/19	04/30/20	\$27,213		
	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	
	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	\$0	\$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	\$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	

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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		
FFY20 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 18	93.387	333.93.38	07/01/20	04/28/21	06/29/20	04/28/21	\$18,886	\$37,772	\$37,772
FFY20 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 17, 18	93.387	333.93.38	07/01/20	04/28/21	06/29/20	04/28/21	\$18,886		
FFY16 PPHF Adolescent AFIX	INH23IP922562-01-00	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	INH23IP922562-01-00	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		

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FFY21 HIV Prevention-FPH	NGA Not Received	Amd 18	93,940	333,93,94	01/01/21	06/30/21	01/01/21	12/31/21	\$55,331	\$55,331	\$570,493
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	
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
FFY21 STD Prevention (PCHD)-FPH	NGA Not Received	Amd 18	93,977	333,93,97	01/01/21	06/30/21	01/01/21	12/31/21	\$35,250	\$35,250	\$180,260
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	
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	
FFY21 MCHBG LHJ Contracts	NGA Not Received	Amd 18	93,994	333,93,99	10/01/20	09/30/21	10/01/20	09/30/21	\$444,879	\$444,879	\$1,668,297
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	
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 18	Amd 18	N/A	334,04,91	07/01/20	06/30/21	07/01/19	06/30/21	\$59,342	\$119,374	\$207,882
State Disease Control & Prev-FPH	Amd 16, 18	Amd 16, 18	N/A	334,04,91	07/01/20	06/30/21	07/01/19	06/30/21	\$60,032		
State Disease Control & Prev-FPH	Amd 12	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	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	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	

Snohomish Health District

EXHIBIT B-18
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: CLH18261
Date: September 15, 2020

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR

Indirect Rate as of January 2019: 53.63% Prevention Svcs; 38.60% Environmental Hlth; 30.37% Admin Direct & PHEPR

Indirect Rate as of January 2020: 45.70%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	BARS Revenue	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
Zoonotics-GFS		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$6,044	\$6,044	\$7,500
Zoonotics-GFS		Amd 9	N/A	334.04.91	06/01/19	06/30/19	07/01/17	06/30/19	\$1,456	\$1,456	
FY20/21 COVID-19 Disaster Response Acct		Amd 14	N/A	334.04.92	01/20/20	12/31/20	01/01/20	06/30/21	\$1,500,000	\$1,500,000	\$1,500,000
FPH Lead Case Mgmt		Amd 15	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$3,925	\$12,830	\$12,830
FPH Lead Case Mgmt		Amd 12, 15	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$8,905		
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$25,000
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$15,000	\$15,000	
SFY21 Marijuana Education		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$18,599	\$18,599	\$36,101
SFY20 Marijuana Education		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	(\$574)	\$17,502	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$18,076		
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$14,658	\$14,658	\$14,658
Rec Shellfish/Biotoxin		Amd 16	N/A	334.04.93	07/01/19	12/31/20	07/01/19	06/30/21	\$5,000	\$10,000	\$20,000
Rec Shellfish/Biotoxin		Amd 9, 16	N/A	334.04.93	07/01/19	12/31/20	07/01/19	06/30/21	\$5,000		
Rec Shellfish/Biotoxin		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$3,000	\$10,000	
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$7,000		
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$30,000	\$30,000	\$120,000
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$30,000	\$30,000	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$13,459	\$13,459	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$13,459)	\$46,541	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$60,000		
FPH-Youth Tobacco Vapor Prevention		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$81,575	\$81,575	\$164,308
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$82,733	\$82,733	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	BARS Revenue	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
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 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$15,716	\$31,432	\$62,864
ADAP Rebate (Local) 19-21		Amd 16, 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$15,716		
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		
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
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		

Snohomish Health District

EXHIBIT B-18
ALLOCATIONS

Contract Number: CLH18261
Date: September 15, 2020

Contract Term: 2018-2021

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

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	BARS Revenue	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
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

\$19,764,298

\$19,764,298

Total consideration:

\$18,611,611

GRAND TOTAL \$19,764,298

GRAND TOTAL

\$1,152,687

Total Fed \$15,588,668

Total State \$4,175,630

*Catalog of Federal Domestic Assistance

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

Exhibit C-18 Schedule of Federal Awards

AMENDMENT #18

Date: September 15, 2020

SNOHOMISH HEALTH DISTRICT-SWV0000598-00
CONTRACT CLH18261 - Snohomish Health District
CONTRACT PERIOD: 01/01/2018-12/31/2021

Chart of Accounts	Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period 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 MGMT		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 MGMT		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 MGMT-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 SAMI PROJECTS
SS COMMUNITY OUTREACH PN		333.21.01	NGA Not Received	NGA Not Received	07/01/20	12/30/20	\$120,000	21.019	Coronavirus Relief Fund	Department of Treasury	NGA Not Received	NGA Not Received
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	06/30/21	\$132,070	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	06/30/21	\$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
FFY19 PHEP CITIES READINESS BP1		333.93.06	06/29/19	\$1,075,939	07/01/19	06/30/20	\$132,220	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP BP1 LHJ FUNDING		333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$535,318	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT

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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
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	06/30/21	\$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
FFY21 VFC IQIP		333.93.26	07/01/20	\$9,082,252	07/01/20	06/30/21	\$74,468	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 PPHF OPS		333.93.26	07/01/20	\$9,082,252	07/01/20	06/30/21	\$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
FFY21 IMPROVING VACCINATIONS AA1		333.93.26	07/01/20	\$9,082,252	07/01/20	06/30/21	\$42,840	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	06/30/21	\$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

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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
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
FFY21	VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	NGA Not Received	NGA Not Received	05/01/21	06/30/21	\$5,445	93.270	Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY20	VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	07/02/20	\$757,429	07/01/20	04/30/21	\$32,658	93.270	Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	NU51PS005102	WASHINGTON STATE DEPARTMENT OF HEALTH-VIRAL HEPATITIS PREVENTION AND SURVEILLANCE
FFY19	VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	04/10/19	\$1,066,799	07/01/19	04/30/20	\$32,658	93.270	Adult Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	NU51PS005133	IMPROVING HEPATITIS B AND C SURVEILLANCE AND LINKAGE TO CARE IN WASHINGTON STATE
FFY18	VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	04/27/18	\$668,672	05/01/18	12/31/18	\$32,667	93.270	Adult Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	5NU52PS005133-02-00	IMPROVING HEPATITIS B AND C SURVEILLANCE AND LINKAGE TO CARE IN WASHINGTON STATE
FFY17	VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	04/19/18	\$312,439	01/01/18	04/30/18	\$32,667	93.270	Adult Viral Hepatitis Prevention and Control	Department of Health and Human Services Centers for Disease Control and Prevention	6NU51PS005102-02-03	WASHINGTON STATE DEPARTMENT OF HEALTH-VIRAL HEPATITIS PREVENTION AND SURVEILLANCE
FFY19	TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$37,772	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM

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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 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	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	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	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	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	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	04/28/21	\$37,772	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
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
FFY21	HIV PREVENTION-FPH	333.93.94	NGA Not Received	NGA Not Received	01/01/21	06/30/21	\$55,331	93.940	HIV Prevention Activities-Health Department Based	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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

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FFY19	HIV PREVENTION	333.93.94	12/11/18	\$10,613,618	01/01/19	06/30/19	\$100,000	93.940	HIV Prevention Activities-Health Department Based	HIV Prevention Activities-Health Department Based	NU62PS924528	WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH
FFY18	HIV PREVENTION	333.93.94	03/30/18	\$2,978,529	01/01/18	12/31/18	\$204,500	93.940	HIV Prevention Activities-Health Department Based	HIV Prevention Activities-Health Department Based	6NU62PS924528-01-03	WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH
FFY21	STD PREVENTION (PCHD)-FPH	333.93.97	NGA Not Received	NGA Not Received	01/01/21	06/30/21	\$35,250	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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
FFY21	MCHBG LHJ CONTRACT S	333.93.99	NGA Not Received	NGA Not Received	10/01/20	09/30/21	\$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	NGA Not Received	NGA Not Received
FFY20	MCHBG LHJ CONTRACT S	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 CONTRACT S	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 CONTRACT S	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							\$15,588,668					