

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

CONTRACT NUMBER: CLH18261

AMENDMENT NUMBER: 19

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: That the contract is hereby amended as follows:

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

- Adds Statements of Work for the following programs:

- Amends Statements of Work for the following programs:
 - COVID-19 Coordinated Response - Effective July 1, 2020
 - Division of Emergency Preparedness & Response COVID-19 - Effective January 20, 2020
 - ELC COVID-19 - Effective June 1, 2020
 - Foundational Public Health Services (FPHS) - Effective July 1, 2019
 - Injury & Violence Prevention (IVP) Overdose Data to Action - Effective September 1, 2020
 - OSS LMP Implementation - Effective July 1, 2019
 - Recreational Shellfish Activities - Effective July 1, 2019

- Deletes Statements of Work for the following programs:

2. Exhibit B-19 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-18 Allocations as follows:

- Increase of **\$3,913,258** for a revised maximum consideration of **\$23,677,556**.

- 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-19 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-18.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

SNOHOMISH HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2018-2021 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: COVID-19 Coordinated Response - 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 Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread of COVID-19.

Revision Purpose: The purpose of this revision is to change the DOH Program Name or Title from "Disease Control & Health Statistics BITV CI/CT COVID-19 - Effective July 1, 2020" to "COVID-19 Coordinated Response - Effective July 1, 2020"; extend the period of performance from December 30, 2020 to June 30, 2021; replace FEMA-75 COVID LHJ ALLOCATION funds with BITV-COVID ED LHJ ALLOCATION-CARES funds; add and revise language for Tasks 1 and 2 & add FFY21 COVID GFS LHJ REGIONAL Funding Allocation, and add Task 3 and funding for COVID-19 Vaccine Services.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	12/30/21	1,107,701	3,323,103	4,430,804
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	3,323,103	-3,323,103	0
FFY21 COVID19 VACCINE SERVICES-CARES	93.268	333.96.26	74310209	07/01/20	06/30/21	0	117,570	117,570
FFY21 COVID GFS LHJ REGIONAL	N/A	334.04.92	1897211G	12/31/20	06/30/21	0	3,750,000	3,750,000
TOTALS						4,430,804	3,867,570	8,298,374

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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p><i>Previous funding provided by DOH for COVID response (federal Crisis Cooperative Agreement funding, state Disaster Recovery Account funding) must be fully utilized before these funds can be accessed. The total state funding consideration is for the period of December 31, 2020 through June 30, 2021.</i></p>					
<p><i>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</i></p>					
<p><i>DCHS COVID-19 Response - Tasks 1 and 2</i></p>					
<p>1</p>	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.</p> <p><i>This statement of work includes FEMA funding as part of this allocation. Documentation will be requested to support these costs to provide to FEMA for a reimbursement request. Further instructions on the necessary documents and timeline for providing these will be shared.</i></p> <p><i>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</i></p> <p><i>Existing funds for COVID-19 public health response activities may not be displaced by these funds and reallocated for other organizational expenses. No funds from this agreement shall be used to supplant existing federal, state or local funds nor any funding allocations or commitments made before August 31, 2020.</i></p> <p>DOH does recognize the public health response goes beyond December 2020 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 as applicable.</p>		<p>Submit the budget plan and narrative using the template provided.</p> <p><i>Provide the requested documentation to support costs for FEMA reimbursement reporting.</i></p>	<p>Within 30 days of receiving this <i>any new</i> award <i>for DCHS COVID-19 Response tasks.</i></p> <p><i>Upon request</i></p>	<p>Reimbursement of actual costs incurred, not to exceed:</p> <p><i>\$4,430,804 BITV-COVID ED LHJ ALLOCATION-CARES Funding (MI 1897129V)</i></p> <p><i>\$3,750,000 FFY21 COVID GFS LHJ REGIONAL (MI 1897211G)</i></p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>1) LHI Active monitoring activities. In partnership with WA DOH, the LHI must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p><i>a. Allocate enough funding to ensure the following Funding must be first targeted towards</i> Contact Tracing and Case Investigation Support:</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. <i>Strive to</i> maintain the capacity to surge a minimum of eight (8) five (5) <i>contact tracers</i> for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations may will count towards this minimum. short-term and provide additional capacity beyond the eight (8) per 100,000 FTE. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with community-based and culturally-specific organizations to provide such services. DOH centralized investigations may will count towards this minimum. short-term and provide additional capacity beyond the eight (8) per 100,000 FTE. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Follow up with 95% 90% of contacts within 24 hours two (2) days of positive lab reporting. <i>This can be modified and adapted based on caseloads and current case investigation and contact tracing prioritization recommendations.</i> 		<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST as directed by following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>5. Enter all contact tracing data in CREST as directed by DOH. Strive to achieve DOH Case and Contact Tracing Metrics. (https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID19-CaseInvestigationContractTracingReport.pdf)</p> <p>6. Perform daily monitoring for symptoms during quarantine period of contacts</p> <p>ii. Case investigation</p> <p>1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.</p> <p>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.</p> <p>a) Strive to enter all case investigation and outbreak data into WDRS CREST as directed by DOH.</p> <p>b) Ensure all staff designated to utilize WDRS <i>have access and</i> are trained in the system.</p> <p>c) Include if new positive cases are tied to a known existing positive case or indicate community spread.</p> <p>d) Conduct case investigation and monitor outbreaks.</p> <p>e) Strive to achieve DOH Case and Contact Tracing Metrics. (https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID19-CaseInvestigationContractTracingReport.pdf)</p> <p>b. Testing</p> <p>i. Work with partners to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.</p>		<p>Enter all case investigation data in WDRS as directed by following guidance from DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Vulnerable populations. Support testing, infection control, isolation and quarantine and social services and wraparound supports for homeless individuals. Individuals residing in homeless camps, for justice involved individuals and other vulnerable populations. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>⌘ Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>⌘ Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings</p> <p>f. Community education. Work with partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>g. Regional Active Monitoring activities. In partnership with WA DOH, the LHJs must work with other LHJs in the region to collaboratively</p>				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><i>support epidemiologic and surge capacity needs. LHJs must conduct the following activities in accordance with guidance to be provided by WA DOH:</i></p> <ul style="list-style-type: none"> <i>i. —Ensure regular communication among LHJs in the region</i> <i>ii. —Compile and share a regional data regularly among LHJs and with WA DOH</i> <i>iii. —Establish MOUs for providing epidemiologic and surge capacity needs for the region</i> <i>iv. Implement MOUs as needed.</i> <p><i>Establish sustainable isolation and quarantine measures.</i></p> <ul style="list-style-type: none"> <i>i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</i> <i>ii. Conduct at least one (1) exercise per year with the identified isolation and quarantine site to include a minimum of: confirmation of wrap around services (food service/delivery, laundry service, water/septic, garbage, ambulance service, cleaning/sanitation), facility intake and discharge procedures, transport procedures, and staffing.</i> <i>iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need.</i> <i>iv. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access</i> 		<p><i>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, date of exercise to be conducted and confirmation of appropriate planning and coordination as required.</i></p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
COVID-19 Vaccine Services - Task 3					
3.A	<p><i>Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.</i></p> <p>Example 1: <i>Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.</i></p> <p>Example 2: <i>Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</i></p>		<p><i>Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.</i></p>	<p><i>January 31, 2021</i></p>	<p><i>Reimbursement of actual costs incurred, not to exceed:</i></p> <p><i>\$117,570 FFY21 COVID19 VACCINE SERVICES-CARES (MI 74310209)</i></p>
3.B	<p><i>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.</i></p>		<p><i>Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)</i></p>	<p><i>March 31, 2021</i></p>	
3.C	<p><i>Catalog activities and conduct an evaluation of the strategies used</i></p>		<p><i>Final written report, showing the strategies used and the final progress of the reach (template to be provided)</i></p>	<p><i>June 30, 2021</i></p>	

***For Information Only:**

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

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

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.

Program Specific Requirements/Narrative

Restrictions on Funds: Indirects are NOT allowable for CARES funding from September 2, 2020 forward – LHJ can charge administrative activities as direct costs but not incur indirects from September 2, 2020 through December 30, 2020 for activities funded with CARES funds (COVID LOCAL CARES - COVID LHJ OFM ALLOCATION-CARES, BITV-COVID ED LHJ ALLOCATION-CARES, FEMA-75 COVID LHJ ALLOCATION)

- *Since the federal guidance was not updated until September 2, 2020, DOH understands that indirects could be charged from March–August, 2020.*

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

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

DOH Program Contact

Mike Boysun, Contract Manager Kasey Walker

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DOH BITV-COVID ED LHJ Allocation-CARES Fiscal Contact (Tasks 1 and 2)

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DOH GFS Allocation Fiscal Contact (Tasks 1 and 2)

Christie Durkin

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DOH COVID19 Vaccine Services Program Contacts (Task 3)

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Office of Immunization and Child Profile

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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Division of Emergency Preparedness & Response- COVID-19 - Effective January 20, 2020

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: January 20, 2020 through June 30, 2021

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> One-Time Distribution
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Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to prevent, prepare for, and respond to the COVID-19 disease outbreak.

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

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FY20/21 COVID-19 Disaster Response	N/A	334.04.92	934A0101	01/20/20	06/30/21	1,500,000	0	1,500,000
TOTALS						1,500,000	0	1,500,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>State Funds Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.</p> <p>Activities must address one or more of the following six domains:</p> <ul style="list-style-type: none"> • Incident management for early crisis response • Jurisdictional recovery • Information management • Countermeasures and mitigation 		Activity report(s) on template to be provided DOH.	July 15, 2020 October 15, 2020 <i>January 15, 2021</i> <i>April 15, 2021</i> <i>June 30, 2021</i>	LHJ has already received these funds as a one-time distribution.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Surge management • Biosurveillance <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total state funding consideration is for the period of January 20, 2020 through June 30, 2021. <i>If the LHH has remaining funds, tasks and deliverables with due dates after December 31, 2020 will be included in a new statement of work under the new consolidated contract term beginning January 1, 2021. Reports will be due January 15, April 15 and June 30, 2021.</i></p>				

***For Information Only:**

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

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

Program Specific Requirements/Narrative

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

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

Special Requirements

Allowable Activities - See list of allowable activities below, Appendix 2 from COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding, Interim Guidance, March 15, 2020. DOH is adhering to this federal guidance concerning the use of state funds for the activities undertaken in this statement of work.

Costs that are NOT allowable

- Facility purchases – May be if prior approval received from the feds and state. Send those requests to Amy.Ferris@doh.wa.gov
- Research
- Clinical care except as provided for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source.
- Publicity and propaganda (lobbying).

DOH Program Contact

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Appendix 2. Allowable Activities

Domain	Activity Category	Allowable Activities
Incident Management for Early Crisis Response	Emergency Operations and Coordination	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Conduct jurisdictional COVID-19 risk assessment. <ul style="list-style-type: none"> ● Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. ● Implement public health actions designed to mitigate risks in accordance with CDC guidance. ○ Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial, and Tribal Public Health Agencies. ○ Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. ○ Activate the jurisdiction’s emergency operations center (EOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> ● Staff the EOC with the numbers and skills necessary to support the response, assure worker safety, and continually monitor absenteeism. ● Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed. ○ Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources. ○ Activate emergency hiring authorities and expedited contracting processes. ○ Assess the jurisdiction’s public health and healthcare system training needs. <ul style="list-style-type: none"> ● Provide materials and facilitate training designed to improve the jurisdiction’s public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. ● Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. ○ Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.

Domain	Activity Category	Allowable Activities
	Responder Safety and Health	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Assure the health and safety of the jurisdiction’s workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, and responder mental health support. Determine gaps and implement corrective actions. ○ Implement personal protective equipment (PPE)- sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. ○ Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions, and gather lessons learned. ○ Establish a team of communicators who can interpret CDC guidance and assist with implementation of worker safety and health strategies. ○ Create tools to assist and anticipate supply chain shortages, track PPE inventory. ○ Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long-term care facilities, and other health facilities; work with suppliers and coalitions to develop statewide plans for caching or redistributing/sharing. This strategy should be integrated with health care coalitions’ system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. ○ Purchase required PPE (if available).

Domain	Activity Category	Allowable Activities
	Identification of vulnerable populations	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. ○ Update response and recovery plans to include populations at risk. ○ Enlist other governmental and nongovernmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them with available social services. ○ Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). ○ Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to COVID-19 prevention. ○ Identify gaps and implement strategies that encourage risk-reduction behaviors.
Jurisdictional Recovery	Jurisdictional Recovery	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Recovery efforts to restore to pre-event functioning. ○ Conduct a hot wash/after-action review and develop an improvement plan.

Domain	Activity Category	Allowable Activities
Information Management	Information Sharing	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, emergency medical services (EMS) providers, and the public. ○ Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders. ○ Develop new systems or utilize existing systems to rapidly report public health data. ○ Develop community messages that are accurate, timely, and reach at-risk populations
	Emergency Public Information and Warning and Risk Communication	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. <ul style="list-style-type: none"> • Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus. ○ Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). ○ Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. <ul style="list-style-type: none"> • Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to COVID-19 prevention. • Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed. ○ Contract with local vendors for translation (as necessary), printing, signage, and audiovisual/public service announcement development and dissemination. ○ Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. ○ Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> ○ Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. ○ Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).
Countermeasures and Mitigation	Nonpharmaceutical Interventions	Examples of allowable activities: <ul style="list-style-type: none"> ○ Develop plans and triggers for the implementation of community interventions, including: <ul style="list-style-type: none"> • Activating emergency operations plans for schools, higher education, and mass gatherings; • Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and • Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. ○ Anticipate disruption caused by community spread and interventions to prevent further spread. <ul style="list-style-type: none"> • Planning for school dismissal including continuity of education and other school-based services (e.g., meals); • Ensuring systems are active to provide guidance on closure of businesses, government offices, and social services agencies; • Ensuring systems are in place to monitor social disruption (e.g., school closures); and • Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.
	Quarantine and Isolation Support	Examples of allowable activities: <ul style="list-style-type: none"> ○ Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source. ○ Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials.

Domain	Activity Category	Allowable Activities
	Distribution and Use of Medical Material	<ul style="list-style-type: none"> ○ Identify and secure safe housing for persons subject to restricted movement and other public health orders. ○ Develop and implement behavioral health strategies to support affected populations. <p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: <ul style="list-style-type: none"> ● Enhancement of immunization information systems ● Maintaining ability for vaccine-specific cold chain management ● Coordinating mass vaccination clinics for emergency response ● Assessing and tracking vaccination coverage ● Rapidly identifying high-risk persons requiring vaccine ● Planning to prioritize limited medical countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS) ○ Ensure jurisdictional capacity for distribution of MCM and supplies.
Surge Management	Surge Staffing	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Activate mechanisms for surging public health responder staff. ○ Activate volunteer organizations including but not limited to Medical Reserve Corps.
	Public Health Coordination with Healthcare Systems	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. ○ Coordinate with Hospital Preparedness Program (HPP) entities, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. ○ Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. ○ Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control. ○ Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> ○ Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care.
	Infection Control	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Follow updated CDC guidance on infection control and prevention and PPE. ○ Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as: <ul style="list-style-type: none"> ● Changes in hospital/healthcare facility visitation policies, ● Social distancing, and ● Infection control practices in hospitals and long-term care facilities, such as: <ul style="list-style-type: none"> ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients.
Biosurveillance	Public Health Surveillance and Real-time Reporting	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). ○ Assess risk of travelers and other persons with potential COVID-19 exposures. ○ Enhance surveillance systems to provide case-based and aggregate epidemiological data. ○ Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. ○ Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. ○ Enhance systems to track outcomes of pregnancies affected by COVID-19. ○ Develop models for anticipating disease progression within the community.
	Public Health Laboratory Testing, Equipment, Supplies, and Shipping	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Assess commercial and public health capacity for lab testing. ○ Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> ○ Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing. ○ Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. ○ Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: <ul style="list-style-type: none"> • Report weekly percent positive COVID-19 outpatient visits by age group. • Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10-confirmed ILI patients. <ul style="list-style-type: none"> ▪ This allowable activity is similar to “Sentinel COVID-19 Surveillance, March 2020, and ILINet Enhancements in 2019.” It may include, but is not limited to the following: <ul style="list-style-type: none"> – Conduct testing at public health laboratories – Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19 ○ Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19. ○ Enhance laboratory surge capacity plans. ○ Determine maximum lab testing capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. ○ Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. ○ Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. ○ Provide testing for impacted individuals.
	Data Management	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure data management systems are in place and meet the needs of the jurisdiction. ○ Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions. ○ Ensure efficient and timely data collection.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> ○ Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners. ○ Coordinate data systems for epidemiological and laboratory surveillance.

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: June 1, 2020 through December 31, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to build and strengthen epidemiology, laboratory and health information systems capacity in local health jurisdictions.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 12/31/21, add federal funding terms, and update contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY19 COVID CARES	93.323	333.93.32	1891029A	06/01/20	12/31/21	746,488	0	746,488
TOTALS						746,488	0	746,488

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Establish a spending plan and staffing proposal to support the work of COVID-19 case investigation and contact tracing. The spending plan and staffing proposal should include proposed positions and define roles.		Submit spending plan and staffing proposal summary to the DOH Contract Manager.	August 15, 2020	\$746,488 – MI 1891029A – COVID CARES (\$746,488 for the period 06/01/20-12/31/21)
2	Hire, orient and/or train staff based on the negotiated staffing proposal. Develop a training plan in consultation with DOH that is consistent with the DOH COVID-19 guideline. Training plan will be flexible depending on staff experience and based on for onboarding into new systems.		Staff summary and training plan	September 30, 2020	
3	Conduct case investigations, contact tracing and monitoring in accordance with DOH COVID-19 Infection Reporting and Surveillance Guidelines (DOH 420-107), Appendix 1: Case and Contact Investigation, pages 16-21:		Data collected and reported into DOH systems	Daily	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	https://www.doh.wa.gov/Portals/1/Documents/5100/420-107-Guideline-COVID-19.pdf				

***For Information Only:**

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

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

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

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

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

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

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc): CDC Funding Regulations and Policies

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

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

Program Specific Requirements/Narrative

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

Special Billing Requirements

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

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

DOH Program Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2019

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

SOW Type: Revision **Revision # (for this SOW)** 2

Period of Performance: July 1, 2019 through June 30, 2021

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of July 1, 2019 through June 30, 2021.

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

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

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

Annual Allocation: \$163,092

Six Month Disbursement: \$81,546

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

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FPHS FUNDING FOR LHJS	N/A	336.04.25	99202101	07/01/19	06/30/20	437,504	0	437,504
FPHS FUNDING FOR LHJS	N/A	336.04.25	99202101	07/01/20	06/30/21	437,504	0	437,504
FPHS - Hepatitis C	N/A	336.04.25	99202101	07/01/19	06/30/20	163,092	0	163,092
FPHS - Hepatitis C	N/A	336.04.25	99202101	07/01/20	06/30/21	163,092	0	163,092
TOTALS						1,201,192	0	1,201,192

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	These funds are for delivering ANY or all of the FPHS communicable disease, environmental public health or assessment service and can also be used for any of the other FPHS capabilities that support these FPHS as defined in the most current version of FPHS Definitions.	Annual Report (template provided by DOH) for SFY20 (07/01/19 – 06/30/20)	By 09/15/20 Note: January 2021 payment is dependent on submission of this annual report.	Funds are available beginning July 1, 2019. Half of the annual allocation will be disbursed each July upon receipt of the Annual Report and the second half will be disbursed each January.

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

Tasks/Activities/Description	Impact Measures
<p>Control of Communicable Disease and Other Notifiable Conditions</p> <ol style="list-style-type: none"> 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other <u>notifiable conditions</u>. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. 5. Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions. 6. When Additional Important Services (AIS) are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well coordinated with foundational services. 	<p>Percent of toddlers and school age children that have completed the standard series of recommended vaccinations.</p> <p>Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report.</p> <p>Percent of new positive Hepatitis C case reports with completed investigations.</p> <p>Percent of Gonorrhea cases investigated.</p> <p>Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment for both Gonorrhea and Chlamydia at the same time)</p> <p>Percent of newly diagnosed syphilis cases that receive partner services interview.</p>

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

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

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

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

FPHS Definitions

www.doh.wa.gov/fphsresources

Special Instructions

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

336.04.24 – County Public Health Assistance

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

336.04.25 – Foundational Public Health Services

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

SAO's [BARS Manual](#)

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

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

DOH Program Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: September 1, 2020 through August 31, 2021

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

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

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

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY20 OVERDOSE DATA TO ACTION PREV	93.136	333.93.13	77520292	09/01/20	08/31/21	150,000	11,688	161,688
TOTALS						150,000	11,688	161,688

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Maintain current partnerships with Providence Regional Medical Center Everett, and Swedish Edmonds for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.		Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the Overdose Data to Action (OD2A) logic model.	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 10, 2020. December-February due March 10, 2021.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$150,000 \$161,688 through August 31, 2021.

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

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

***For Information Only:**

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

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

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

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

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

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

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

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

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

Monitoring Visits (frequency, type)

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

Special Billing Requirements

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

Special Instructions

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

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

DOH Program Contact

Rachel Meade
Opioid Overdose Prevention Specialist
Rachel.Meade@doh.wa.gov
360-236-2846

DOH Program Contact

Jennifer Alvisurez
Opioid Overdose Prevention Project Manager
Jennifer.Alvisurez@doh.wa.gov
360-236-2845

DOH Fiscal Contact

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

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: OSS LMP Implementation - Effective July 1, 2019

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: July 1, 2019 through June 30, 2021

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP).

Revision Purpose: The purpose of this revision is to extend the period of performance and funding period for the Small Onsite Management (ALEA) funding account from December 31, 2020 to June 30, 2021 and add an additional ALEA funding account.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	07/01/19	06/30/20	30,000	0	30,000
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	07/01/20	06/30/21	30,000	0	30,000
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	01/01/21	06/30/21	0	30,000	30,000
TOTALS						60,000	30,000	90,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Onsite Sewage System (OSS) Management Program Implementation Including but not limited to: <ul style="list-style-type: none"> Finding “Unknown” and failing systems using field investigations and enhanced local rules that include inspections for new homes and remodels Maintaining OSS records in Drainfield As-Built Viewed Electronically (DAVE) database System failure complaint investigation and failure enforcement activities Enforcing enhanced OSS regulations using technical assistance to resident owners, design preparation, and follow-up to assure completion of system repairs. 		Using DOH’s semi-annual reporting form: <ul style="list-style-type: none"> Number of additional “Known” systems added to DAVE Number of system failure complaint investigations. Number of system failure enforcement actions. Number of Corrected Failures. Number of technical assistance (repair design assistance) delivered to resident owners of failing systems. Repair application processing time. 	Report Due Date: January 15, 2020 June 15, 2020 December 31, 2020 <i>June 15, 2021</i> Task is ongoing throughout the project period.	\$60,000 <i>\$90,000</i>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Processing repair applications in less than 2 business days. Linking OSS Maintenance records to the DAVE system thereby displaying maintenance status online and as a part of the as-built info obtained online. 		<ul style="list-style-type: none"> OSS maintenance records included in as-built information obtained online. Report on expected increase in OSS maintenance as a result of online as-built display of information. 		

***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

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

These funds can NOT be used for local match to federal grants.

Special References (RCWs, WACs, etc)

WAC 246-272A and RCW ~~70-118A~~ 70A.110

State funds from the Aquatic Lands Enhancement Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Definitions

Failure: A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

Maintenance and Monitoring: The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

Special Billing Requirements

Billing Information

1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

Special Instructions

Semiannual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to ~~heidi.kuykendall@doh.wa.gov and randal.freeby@doh.wa.gov~~ ~~jeremy.simmons@doh.wa.gov and taylor.warren@doh.wa.gov~~. Progress Report Due Dates: January 15, 2020, June 15, 2020, ~~and~~ December 31, 2020, ~~and~~ June 15, 2021.

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

DOH Program Contact: ~~Heidi Kuykendall-Jeremy Simmons~~, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360-236-~~33963346~~;
~~heidi.kuykendall@doh.wa.gov jeremy.simmons@doh.wa.gov~~

DOH Fiscal Contact: ~~Kristy Warner-Taylor Warren~~, ~~Environmental Public Health Office of Financial Services~~, PO Box 47820, Olympia WA 98504-7820, 360-236-~~3742,3348~~,
~~kristy.warner@doh.wa.gov taylor.warren@doh.wa.gov~~

**Exhibit A
Statement of Work
Contract Term: 2018-2021**

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

SOW Type: Revision **Revision # (for this SOW)** 2

Period of Performance: July 1, 2019 through June 30, 2021

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

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from December 31, 2020 through June 30, 2021, add funds, and update DOH fiscal contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Rec. Shellfish/Biotoxin	N/A	334.04.93	26402600	07/01/19	06/30/21	10,000	4,000	14,000
TOTALS						10,000	4,000	14,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. This may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: December 31, 2020 (See Special Instructions below.)	\$9,800 \$13,800

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

***For Information Only:**

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

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

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

Department of Health's Biotoin Monitoring Plan

Special References (RCWs, WACs, etc)

Chapter 246-280 WAC

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

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

Special Instructions

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

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

DOH Program Contacts:

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

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

DOH Fiscal Contact: *Pamela Ranes, Office of Financial Management; PO Box 47850, Olympia, WA 98504-7850; 360.236.4528; pamela.ranes@doh.wa.gov*
Taylor Warren, Office of Financial Management; PO Box 47850, Olympia, WA 98504-7850; 360.236.3348; taylor.warren@doh.wa.gov

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY20 USDA BFPC Prog Mgmt	207WAWA1W5003	Amd 12	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$6,062	\$6,062	\$6,062
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 9	10.557	333.10.55	10/01/19	09/30/20	10/01/18	09/30/20	\$2,021	\$2,021	\$16,166
FFY19 CSS USDA BF Peer Counseling	197WAWA1W5003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/20	\$6,062	\$6,062	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	Amd 4	10.557	333.10.55	01/01/18	09/30/19	10/01/17	09/30/19	\$2,021	\$8,083	
FFY18 CSS USDA BF Peer Counseling	187WAWA1W5003	N/A, Amd 4	10.557	333.10.55	01/01/18	09/30/19	10/01/17	09/30/18	\$6,062		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 15	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$204,750)	\$0	\$1,559,850
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$2,765)		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$207,515		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 15	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$819,000)	\$0	
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$11,060)		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$830,060		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	(\$23,295)	\$808,205	
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 5	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$1,440		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$830,060		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$1,400	\$751,645	
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 1	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$127,700		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$622,545		
FFY21 USDA WIC Client Svs Contracts	NGA Not Received	Amd 16	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$204,750)	\$0	\$1,328,425
FFY21 USDA WIC Client Svs Contracts	NGA Not Received	Amd 15	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$204,750		
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 16	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$357,565	\$1,328,425	
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 15	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$819,000		
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 13	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$149,860		
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 12	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$2,000		
FFY19 CSS USDA FMNP Prog Mgmt	197WAWA7Y8604	Amd 8	10.572	333.10.57	01/01/19	09/30/19	10/01/18	09/30/19	\$920	\$920	\$1,861
FFY18 CSS USDA FMNP Prog Mgmt	187WAWA7Y8604	Amd 2	10.572	333.10.57	01/01/18	09/30/18	10/01/17	09/30/18	\$941	\$941	
FFY16 Cascades USDA WIC Prog Mgmt-MIS SG	16157WAWA6W522	Amd 6, 8	10.578	333.10.57	10/01/18	09/30/19	03/11/16	09/30/19	\$1,265	\$1,265	\$1,265
FFY19 MIS Tech Grant	197WAWA1G5212	Amd 8	10.578	333.10.57	10/01/19	09/30/20	10/01/18	09/30/20	\$230	\$230	\$230
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 19	21.019	333.21.01	07/01/20	12/30/21	07/01/20	12/30/21	\$3,323,103	\$4,430,804	\$4,430,804
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17, 19	21.019	333.21.01	07/01/20	12/30/21	07/01/20	12/30/21	\$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

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
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 19	93.136	333.93.13	09/01/20	08/31/21	09/01/20	08/31/21	\$11,688	\$161,688	\$311,688
FFY20 Overdose Data to Action Prev	NGA Not Received	Amd 17, 19	93.136	333.93.13	09/01/20	08/31/21	09/01/20	08/31/21	\$150,000		
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$150,000	\$150,000	
FFY18 Prescription Drug OD-Supp	NU17CE002734	Amd 4	93.136	333.93.13	09/01/18	08/31/19	09/01/18	08/31/19	\$141,530	\$141,530	\$324,696
FFY17 Prescription Drug OD-Supp	U17CE002734	Amd 3	93.136	333.93.13	01/01/18	08/31/18	09/01/17	08/31/18	\$136,588	\$183,166	
FFY17 Prescription Drug OD-Supp	U17CE002734	N/A	93.136	333.93.13	01/01/18	08/31/18	09/01/17	08/31/18	\$46,578		
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$20,148	\$20,148	\$20,148
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$74,468	\$74,468	\$104,477
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$30,009	\$30,009	

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FFY21 COVID19 Vaccine Services-CARES	NGA Not Received	Amd 19	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$117,570	\$117,570	\$117,570
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
FFY21 Enhanced Influenza Coverage CARES	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
FFY21 Improving Vaccinations AA1	NH23IP922619	Amd 17, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$21,420		
FFY20 Improving Vaccinations AA1	NH23IP922619	Amd 12	93.268	333.93.26	11/01/19	06/30/20	07/01/19	06/30/20	\$33,350	\$33,350	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$45,150	\$45,150	\$45,150
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
FFY21 PPHF Ops	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$10,750		
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$21,500	\$21,500	
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$21,500	\$21,500	
FFY21 VFC IQIP	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$37,234	\$74,468	\$144,648
FFY21 VFC IQIP	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$37,234		
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$70,180	\$70,180	
FFY21 VFC Ops	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$22,575	\$45,150	\$104,779
FFY21 VFC Ops	NH23IP922619	Amd 16, 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$22,575		
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$45,150	\$45,150	
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,479	\$14,479	
FFY20 VPD Outbreak Response BB1	NH23IP922619	Amd 13	93.268	333.93.26	09/01/19	06/30/20	07/01/19	06/30/20	\$14,000	\$14,000	\$14,000
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
FFY20 Viral Hepatitis Surveillance-FPH	NU51PS005102	Amd 18	93.270	333.93.27	07/01/20	04/30/21	05/01/20	04/30/21	\$16,329	\$32,658	
FFY20 Viral Hepatitis Surveillance-FPH	NU51PS005102	Amd 16, 18	93.270	333.93.27	07/01/20	04/30/21	05/01/20	04/30/21	\$16,329		
FFY19 Viral Hepatitis Surveillance-FPH	NU51PS005133	Amd 13	93.270	333.93.27	07/01/19	04/30/20	05/01/19	04/30/20	\$5,445	\$32,658	
FFY19 Viral Hepatitis Surveillance-FPH	NU51PS005133	Amd 9	93.270	333.93.27	07/01/19	04/30/20	05/01/19	04/30/20	\$27,213		
FFY18 Viral Hepatitis Surveillance-FPH	5NU51PS005133-02-00	Amd 5	93.270	333.93.27	05/01/18	12/31/18	05/01/18	04/30/19	\$32,667	\$32,667	
FFY17 Viral Hepatitis Surveillance-FPH	6NU51PS005102-02-03	Amd 2	93.270	333.93.27	01/01/18	04/30/18	05/01/17	04/30/18	\$32,667	\$32,667	

**EXHIBIT B-19
ALLOCATIONS
Contract Term: 2018-2021**

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FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$37,772	\$37,772	\$73,979
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	(\$9,443)	\$0	
FFY19 Tobacco Prevention	NU58DP006004	Amd 8	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	\$9,443		
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$36,207	\$36,207	
FFY19 COVID CARES	NU50CK000515	Amd 16, 19	93.323	333.93.32	06/01/20	12/31/21	06/01/20	12/31/21	\$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	1NH23IP922562-01-00	Amd 2	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	(\$14,500)	\$0	\$0
FFY16 PPHF Adolescent AFIX	1NH23IP922562-01-00	N/A	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	\$14,500		
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$71,458
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$11,458	\$31,458	
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		
FFY15 ASPR HPP Ebola Part A	U3REP150480	Amd 12	93.817	333.93.81	07/01/19	05/17/20	05/18/15	05/17/20	\$18,595	\$23,595	\$23,595
FFY15 ASPR HPP Ebola Part A	U3REP150480	Amd 10	93.817	333.93.81	07/01/19	05/17/20	05/18/15	05/17/20	\$5,000		
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 5	93.817	333.93.81	07/01/18	06/30/19	07/01/18	06/30/19	\$24,201	\$29,201	\$64,460
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 4	93.817	333.93.81	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 2	93.817	333.93.81	01/01/18	06/30/18	05/18/15	05/17/20	\$30,259	\$35,259	
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	N/A	93.817	333.93.81	01/01/18	06/30/18	05/18/15	05/17/20	\$5,000		

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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		
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 19	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	(\$3,323,103)	\$0	\$0
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		
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	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	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	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$44,669	\$75,395	
State Disease Control & Prev-FPH		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$30,726		
State Disease Control & Prev-FPH		Amd 2, 5	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/19	\$13,113	\$13,113	

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State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$13,113	\$13,113	\$26,226
State HIV Prevention		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$13,113	\$13,113	
Zoonotics-GFS		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$6,044	\$6,044	\$7,500
Zoonotics-GFS		Amd 9	N/A	334.04.91	06/01/19	06/30/19	07/01/17	06/30/19	\$1,456	\$1,456	
FY20/21 COVID-19 Disaster Response Acct		Amd 14, 19	N/A	334.04.92	01/20/20	06/30/21	01/01/20	06/30/21	\$1,500,000	\$1,500,000	\$1,500,000
FFY21 COVID GFS LHJ Regional		Amd 19	N/A	334.04.92	12/31/20	06/30/21	12/31/20	06/30/21	\$3,750,000	\$3,750,000	\$3,750,000
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 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$4,000	\$14,000	\$24,000
Rec Shellfish/Biotoxin		Amd 16, 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$5,000		
Rec Shellfish/Biotoxin		Amd 9, 16, 19	N/A	334.04.93	07/01/19	06/30/21	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 19	N/A	334.04.93	01/01/21	06/30/21	07/01/19	06/30/21	\$30,000	\$30,000	\$150,000
Small Onsite Management (ALEA)		Amd 9, 19	N/A	334.04.93	07/01/20	06/30/21	07/01/19	06/30/21	\$30,000	\$30,000	
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	

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
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	\$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, 19	N/A	336.04.25	07/01/20	06/30/21	07/01/19	06/30/21	\$163,092	\$600,596	\$1,638,696
FPHS Funding for LHJs		Amd 10, 19	N/A	336.04.25	07/01/20	06/30/21	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		

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
YR 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									\$23,677,556	\$23,677,556	
Total consideration:											\$19,764,298
											\$3,913,258
GRAND TOTAL											\$23,677,556
											Total Fed
											Total State
											\$15,717,926
											\$7,959,630

*Catalog of Federal Domestic Assistance

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

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #19

Date: November 16, 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 SAM 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	12/30/21	\$4,430,804	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

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #19

Date: November 16, 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	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY19 PHEP CITIES READINESS BP1	333.93.06	06/29/19	\$1,075,939	07/01/19	06/30/20	\$132,220	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$535,318	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$535,318	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP CITIES READINESS	333.93.06	08/01/18	\$1,052,317	07/01/18	06/30/19	\$130,010	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
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	08/31/21	\$161,688	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

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #19

Date: November 16, 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	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
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
FFY21 COVID19 VACCINE SERVICES-CARES	333.93.26	NGA Not Received	NGA Not Received	07/01/20	06/30/21	\$117,570	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY20 VPD OUTBREAK RESPONSE BB1	333.93.26	07/01/19	\$9,234,835	09/01/19	06/30/20	\$14,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$70,180	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
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

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #19

Date: November 16, 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
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
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	12/31/21	\$746,488	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY, LABORATORY &
FFY18 PH CRISIS RESP-INFORMATION MGMT	333.93.35	08/29/18	\$3,797,131	09/01/18	03/29/20	\$70,859	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY18 PH CRISIS RESP-INCIDENT MGMT	333.93.35	08/29/18	\$3,797,131	09/01/18	03/29/20	\$91,911	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY18 PH CRISIS RESP-COUNTERMEASURES	333.93.35	09/30/14	\$3,679,752	09/01/18	03/29/20	\$127,513	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY18 PH CRISIS RESP-BIOSURVEILLANCE	333.93.35	08/29/18	\$3,797,131	09/01/18	03/29/20	\$32,592	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921990	PUBLIC HEALTH CRISIS RESPONSE
FFY20 TOBACCO-VAPE PREV COMP 1	333.93.38	06/21/20	\$1,523,776	07/01/20	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

Exhibit C-19 Schedule of Federal Awards

AMENDMENT #19

Date: November 16, 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
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
FFY19 HIV PREVENTION	333.93.94	12/11/18	\$10,613,618	01/01/19	06/30/19	\$100,000	93.940	HIV Prevention Activities-Health Department Based	HIV Prevention Activities-Health Department Based	NU62PS924528	WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH DEPTS
FFY18 HIV PREVENTION	333.93.94	03/30/18	\$2,978,529	01/01/18	12/31/18	\$204,500	93.940	HIV Prevention Activities-Health Department Based	HIV Prevention Activities-Health Department Based	6NU62PS924528-01-03	WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH DEPTS
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

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AMENDMENT #19

Date: November 16, 2020

SNOHOMISH HEALTH DISTRICT-SVV0000598-00
 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
FFY18 STD PREVENTION (AAPS)	333.93.97	12/17/17	\$9,738,975	01/01/18	12/31/18	\$75,899	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	6NH25PS004364-05-01	IMPROVING STD PROGRAMS THROUGH ASSESSMENT, ASSURANCE, POLICY DEVELOPMENT & PREVENTION STRATEGIES
FFY21 MCHBG LHJ CONTRACTS	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 CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$444,879	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$444,879	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$333,660	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$15,717,926					