SNOHOMISH HEALTH DISTRICT
2018 – 2021 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH18261 **AMENDMENT NUMBER: 23**

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:

- Emergency Preparedness & Response PHEP - Effective July 1, 2021
- Foundational Public Health Services (FPHS) - Effective July 1, 2021
- Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2021
- OI-COVID-19 Vaccine Hesitancy in Former Soviet Union Communities - Effective July 1, 2021
- OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2021

☒ Amends Statements of Work for the following programs:

- COVID-19 Coordinated Response - Effective July 1, 2020
- Maternal & Child Health Block Grant - Effective January 1, 2018
- OSS LMP Implementation - Effective July 1, 2019

☐ Deletes Statements of Work for the following programs:

2. Exhibit B-23 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-22 Allocations as follows:

☒ Increase of **$1,395,239** for a revised maximum consideration of **$37,648,804**.

☐ 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-23 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-22.

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

Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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)** 4

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

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

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

NOTE: Pending execution of a new consolidated contract term or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, DOH plans to continue the task activities and funding as noted in the task(s) below in a new or revised statement of work effective January 1, 2022.

Revision Purpose: The purpose of this revision is to update the MI code for FFY20 ELC EDE LHJ ALLOCATION in the Payment Information column, revise language and add new deliverable in Task 2.1.h, and revise program specific language for DCHS COVID-19 Response-Tasks 1 and 2; and extend the funding period for MASS VACCINATION FEMA 100% from July 20, 2021 to December 31, 2021 for Mass Vaccination Clinics–Task 4.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change None	Total Consideration
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	12/31/21	4,430,804	0	4,430,804
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	0	0	0
FFY21 COVID19 VACCINE SERVICES-CARES	93.268	333.93.26	74310209	07/01/20	12/31/21	117,570	0	117,570
FFY21 COVID GFS LHJ REGIONAL	N/A	334.04.92	1897211G	12/31/20	06/30/21	0	0	0
FFY20 ELC EDE LHJ ALLOCATION	93.323	333.93.32	1897120E	01/15/21	12/31/21	8,929,635	0	8,929,635
FFY19 ELC COVID ED LHJ ALLOCATION	93.323	333.93.32	1897129G	01/01/21	12/31/21	3,993,137	0	3,993,137
*MASS VACCINATION FEMA 100%	97.036	333.97.03	934V0200	01/21/21	12/31/21	0	0	0
COVID 19 VACCINES	93.268	333.93.26	74310229	07/01/20	12/31/21	2,860,603	0	2,860,603
TOTALS						**20,331,749**	**0**	**20,331,749**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. Examples of key activities include: • Incident management for the response • Testing					

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Case Investigation/Contact Tracing • Sustainable isolation and quarantine • Care coordination • Surge management • Data reporting 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.				
	DCHS COVID-19 Response - Tasks 1 and 2 – Unspent ELC funding can be carried forward into new contract term effective January 1, 2022.				
1	Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified. 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. **DOH does recognize the public health response goes beyond December 2021 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 2021 as applicable.**		Submit the budget plan and narrative using the template provided. Provide the requested documentation to support costs for FEMA reimbursement reporting.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks. Upon request	Reimbursement of actual costs incurred, not to exceed $17,353,576 total. $4,430,804 BITV-COVID ED LHJ ALLOCATION-CARES Funding (MI 1897129V) $8,929,635 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120~~DE~~) Funding end date 7/31/2023 $3,993,137 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022
2	1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH. *a.* Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a. i. Contact tracing		Data collected and reported into DOH systems daily.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations will count towards this minimum. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. ~~5.~~ Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. 6. Perform daily monitoring for symptoms during quarantine period of contacts ii. Case investigation 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. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance.		Enter all contact tracing data in CREST following guidance from-DOH. Enter all case investigation data in WDRS-following guidance from-DOH.		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	a. Strive to enter all case investigation and outbreak data into CREST as directed by DOH. b. Ensure all staff designated to utilize WDRS have access and are trained in the system. c. Include if new positive cases are tied to a known existing positive case or indicate community spread. d. Conduct case investigation and monitor outbreaks. e. Coordinate with Tribal partners in conducting case investigations for tribal members. ~~3.~~ Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. b. Testing i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.		Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.		

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

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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. 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.*~~ *Maintain ongoing census data for isolation and quarantine for your population.* 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. 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		quarantine, ~~*date of exercise to be conducted*~~ and confirmation of appropriate planning and coordination as required. *Report census numbers to include historic total by month and monthly total for current quarter to date.*		
COVID-19 Vaccine Services - Task 3 – will be extended through June 30, 2022 in new contract term effective January 1, 2022. Any unspent funds may be carried forward.					
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. **Example 1:** Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach. **Example 2:** Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-		Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement of actual costs incurred, not to exceed: $117,570 FFY21 COVID19 VACCINE SERVICES-CARES (MI 74310209) $2,860,603 COVID19 VACCINES (MI 74310229)

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services				
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.		Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	
3.C	Catalog activities and conduct an evaluation of the strategies used		Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	
Single Incident Management Team (IMT) Mass Vaccination Clinics – Task 4					
	***NOTE: Task 4 activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.** **DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Incident Management Team/Organization (IMT) to administer the vaccine as efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Locally Implemented.** **Definition:** Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.). Leaders Intent about this work from DOH is included as an attachment. Guidance on vaccination protocols must be followed as provided by DOH and CDC.				*Reimbursement of eligible costs. MASS VACCINATION FEMA 100% Funding (MI 934V0200) (See Program Specific Requirements for Mass Vaccination Task 4 below.)

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.A	Local health jurisdictions (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county with an IMT as approved by DOH. Request for an IMT should be submitted through the normal process through WebEOC if directed by DOH. Local health jurisdiction is the coordinating agency for the mass vaccination plan within the county. The IMT will be under the delegation authority of DOH and there to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in an order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district. Provide any information as requested by the IMT.		Submit to DOH a mass vaccination plan including: • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations.	Within 30 days of contract amendment execution	
4.B	Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in DOH processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance. Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by DOH if it exceeds $5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist DOH finance know what expenditures were necessary to carry out the mission.		Submit estimated budget for the mass vaccination plan. Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.	Within 30 days of contract amendment execution. Monthly	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.		Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
4.D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).		Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for what time period, vaccines administered by site for the timeframe, estimated costs for that timeframe, any challenges/successes of note, including assistance requested.	Monthly	

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

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

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

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

Program Specific Requirements/Narrative

DCHS COVID-19 Response - Tasks 1 and 2	BITV-COVID ED LHJ ALLOCATION-CARES
	FFY19 ELC COVID ED LHJ ALLOCATION
	FFY20 ELC EDE LHJ ALLOCATION
COVID-19 Vaccine Services - Task 3	FFY21 COVID 19 VACCINE SERVICES-CARES
	COVID 19 VACCINES
Single Incident Management Team (IMT) Mass Vaccination Clinics – Task 4	MASS VACCINATION FEMA 100%

DCHS COVID-19 Response - Tasks 1 and 2

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*~~ *31, 2021* 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.

COVID-19 Vaccine Services - Task 3 – allowable activities https://www.doh.wa.gov/Portals/1/Documents/9240/AllowableUseFedOpsFunds.pdf

Mass Vaccination (Task 4)

Program Manual, Handbook, Policy References:
Emergency Response Plan (or equivalent)
Medical Countermeasure/Mass Vaccination Plan

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.):
Non-mass vaccination efforts are not allowable through this funding stream.
Duplication of billing (sending request for reimbursement) to entities outside of this agreement is prohibited.
Indirect rates are not applicable to these funds.

Special References (RCWs, WACs, etc.):
County Health Emergency Documentation if applicable

Monitoring Visits (frequency, type)

Definitions:
Mass vaccination clinic are those outside of the usual healthcare delivery methods such as pop-up clinics, mobile clinics, non-clinical facility clinics (i.e., fairgrounds, arenas, etc.).

Special Billing Requirements:
Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
Contract (MI) Code: 934V0200 General Mass Vaccination
BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:
The LHJ is considered a CONTRACTOR of DOH **not** a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.

Eligible costs from the timeframe of January 21, 2021 through ~~*July 20, 2021*~~ *December 31, 2021* include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed $5,000 per piece. Equipment over $5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

DOH Program Contact
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DOH BITV-COVID ED LHJ Allocation-CARES and DOH ELC Allocation Fiscal Contact (Tasks 1 and 2)
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DOH COVID19 Vaccine Services Program Contacts (Task 3)

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DOH General Mass Vaccination Program and Fiscal Contact (Task 4)

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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Emergency Preparedness & Response-PHEP - Effective July 1, 2021

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

Period of Performance: July 1, 2021 through December 31, 2021

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness and response.

Revision Purpose: NA

NOTE: The current consolidated contract ends December 31, 2021. Once a new contract is in place, January 1, 2022, the program plans to submit a new statement of work through June 30, 2022. Deliverable due dates after December 31, 2021 are referenced for informational purposes only and will be updated in the January - June 2022 statement of work.

This statement of work (ending 12/31/21) includes 60% of the total allocation of these funds. The January - June 2022 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/21), any remaining funds will be added to a revised January - June 2022 statement of work.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY21 PHEP BP3 LHJ Funding	93.069	333.93.06	31102380	07/01/21	12/31/21	0	321,191	321,191
FFY21 CDC CITIES READINESS BP3	93.069	333.93.06	31102390	07/01/21	12/31/21	0	79,242	79,242
TOTALS						**0**	**400,433**	**400,433**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY21 PHEP BP3 LHJ Funding					
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2021 June 30, 2022	Reimbursement for actual costs not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Additional reporting may be required if federal requirements change.		
2	Across Domains and Capabilities 2.1 Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator, and accounting and/or financial staff. 2.2 Submit emergency contacts to be published in the confidential Yellow Book, including but not limited to Administrator, Health Officer, and Emergency Response Coordinator. For each contact include name, role, email, daytime phone number and after hours phone number.		Submit information by August 1, 2021 and any changes within 30 days of the change. Mid-year report on template provided by DOH. Note any changes or no change. End-of-year report on template provided by DOH. Note any changes or no change.	August 1, 2021 December 31, 2021 June 30, 2022	
3	Across Domains and Capabilities Participate in a site visit with DOH staff to discuss LHJ response capabilities, upon request from DOH. Site visit may be held virtually due to pandemic restrictions.		DOH will maintain documentation of site visit participation.	Upon request from DOH.	
4	Across Domains and Capabilities Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH. Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.		Budget, using template provided by DOH.	Upon request from DOH.	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2021 June 30, 2022	
6	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. Documentation of training available upon request.	December 31, 2021 June 30, 2022	
7	Across Domains and Capabilities DOH/EPR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ **may** use PHEP funding to participate in training and/or learning discussions in the following areas: • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Related topics – prior approval from EPR required. Note: Prior approval from DOH/EPR is required for any out-of-state travel.		Mid-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy. End-of-year report on template provided by DOH. Note training and briefly describe key learning and any resulting changes in practice and/or policy.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners in order to develop working relationships that promote capabilities, capacity and community resilience, including, but not limited to: • Local and/or Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional organizations that work with vulnerable populations. (For RERCs, this may include some or all of the primary groups identified in Activity 6 – All Hazards Plan – Vulnerable Populations.)		Mid-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made. End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.	December 31, 2021 June 30, 2022	
9	Domain 1 Community Resilience Capability 1 Community Preparedness - Vulnerable populations 9.1 Update and maintain the All Hazards Plan to address vulnerable populations. 9.2 Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response. 9.3 Document the primary groups within the LHJ boundaries identified in Centers for Disease Control and Prevention (CDC)'s Social Vulnerability Index to inform public health response planning. Note: Tasks 9.1, 9.2 and 9.3 don't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. Updated sections of the All Hazards Plan available upon request. Procedure checklist, job action sheet or other documentation available upon request. Documentation of primary vulnerable population groups available upon request.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
10	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar. Notes: • For some LHJs this training won't be available until the next Statement of Work period, January 1 – June 30, 2022. DOH will work with regions and LHJs to customize and schedule training(s). • This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. • Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2021 June 30, 2022	
11	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Collaborate with DOH Training & Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities).		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
12	12.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs. 12.2 Update Regional Integrated Preparedness Plans with input from LERCs in region. 12.3 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH. Note: Integrated Preparedness Planning Workshop is planned for January 2022. LHJs will be required to participate in next statement of work.		Mid-year report on template provided by DOH. 12.2 Regional Integrated Preparedness Plans available upon request. 12.3 Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.	December 31, 2021 12.3 December 31, 2021	
13	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: • The process for requesting and receiving resource support • The process for gaining, maintaining and sharing situational awareness of, as applicable: o The functionality of critical public health operations o The functionality of critical healthcare facilities and the services they provide o The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) o Number of disease cases o Number of fatalities attributed to an incident o Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report		Mid-year report on template to be provided by DOH. End-of-year report on template provided by DOH. After Action Review(s) and Corrective Action Plan(s) available upon request.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation Notes: • This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period. • The communication drill (17.2) does not meet the requirement for participation in an exercise or real world event.				
14	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 14.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures. 14.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.		Mid-year report on template provided by DOH. Indicate that this was done or that no response incident occurred. End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred. 14.1 Notification to DOH Duty Officer within 60 minutes of activation. 14.2 Sitreps submitted to DOH Duty Officer	December 31, 2021 June 30, 2022	
15	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Complete or participate in After Action Reports (AARs) after each incident or exercise. Note: An AAR may be completed part-way through an extended response, for example, COVID-19.		Mid-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s). End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			note that no AARs were completed. Submit AAR(s).		
16	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Convene a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals • Federally Qualified Health Center(s) if they are in your county • Accountable Community of Health Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response • This AAR may be used to meet the requirement above as well (Task #15).		Mid-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s). End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).	December 31, 2021 June 30, 2022	
17	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 17.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (e.g. Basecamp).		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	17.2 Participate in at least one risk communication drill offered by DOH between July 1, 2021 and June 30, 2022. Drill will occur via webinar, phone and email. DOH will offer one between July 1 – December 31, 2021 and one drill between January 1 – June 30, 2022. 17.3 Conduct a hot wash evaluating LHJ participation in the drill. 17.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. If, the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date OR include a summary of communication activities in mid-year and/or end-of year reports and one sample of communication. Note: Participation in a real world event may meet the requirement for 17.2, 17.3 and 17.4.		17.3 and 17.4 Hotwash or After Action Review (AAR) OR summary of communication activities and one sample.		
18	Domain 3 Information Management Capability 6 Information Sharing 18.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 18.2 Participate in DOH-led notification drills. 18.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Notes: • Registered users must log in quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. • 18.3 doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.				
19	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EEIs) during incident response upon request from DOH. Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.		Provide EEIs upon request. Note in the mid-year and end-of-year reports that EEIs were provided or none were requested.	Upon request. December 31, 2021 June 30, 2022	
20	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans. • This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. Logistical Support Plans available upon request.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
21	Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies. Note: This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. Responder Safety and Health Plan available upon request.	December 31, 2021 June 30, 2022	
22	Domain 5 Surge Management Capability 10 Medical Surge Engagement with regional Health Care Coalition (HCC) Participate in: - Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ. - Development of DCAC meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - At least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, CST, or other drills and exercises to support planning and response efforts inclusive of public health and/or ESF8. - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ. - Reviewing HCC plans for alignment with local ESF8 plans. - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.				
23	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS). Note: • This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period. • For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. List of facilities and copies of current agreements available upon request.	December 31, 2021 June 30, 2022	
24	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation Note: This task doesn't need to be completed until June 30, 2022. LHJs may begin work in this Statement of Work period or may opt to do all the work in the next Statement of Work period.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. Vendor lists available upon request.	December 31, 2021 June 30, 2022	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY21 CDC CITIES READINESS BP3					
CRI 1	1.1 Review the interim Operational Readiness Review (ORR) guidance and participate in CDC webinars regarding the ORR. 1.2 Develop a workplan for preparing COVID-19 response activity documentation and other evidence required for ORR submission in Budget Period (BP) 4. Note: BP 4 is July 1, 2022 – June 30, 2023.		Mid-year report on template provided by DOH. 1.2 Workplan End-of-year report on template provided by DOH.	December 31, 2021 1.2 December 31, 2021 June 30, 2022	
CRI 2	Update Medical Countermeasures (MCM) action plan to move toward or maintain "established" status by June 30, 2022 using areas of improvement identified in the jurisdictions most recent ORR Site Visit Report. 2.1 Participate in quarterly conference calls with DOH 2.2 Submit updated MCM action plan to DOH. Note: A second updated MCM action plan will be due March 31, 2022.		Mid-year report on template provided by DOH. End-of-year report on template provided by DOH. 2.2 Updated action plans.	December 31, 2021 June 30, 2022 2.2 September 30, 2021 and March 31, 2022.	
CRI 3	Conduct an annual PHEP exercise incorporating access and functional needs (AFN) partners. This requirement can be fulfilled by incorporating at least one AFN partner in a drill, tabletop exercise, functional exercise, full-scale exercise, or during an incident or public health event in which the AFN partner participates.		Mid-year report on template provided by DOH describing any progress to date or noting that this will take place after 12/31/21. End of year report on template provided by DOH that demonstrates involvement of AFN partners during an exercise, incident or public health event.	December 31, 2021 June 30, 2022	

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

Program Specific Requirements/Narrative
Any subcontract/s must be approved by DOH prior to executing the contract/s.

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

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

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

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

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
Please reference the Code of Federal Regulations:
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

DOH Program Contact
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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2021

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: July 1, 2021 through December 31, 2021

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>		☐ Reimbursement
☒ State	☐ FFATA (Transparency Act)	☒ Periodic Distribution
☐ Other	☐ Research & Development	

Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS funds. For the 2021 – 2023 biennium, the Steering Committee is using an iterative approach to decision making. Determining investments first for SFY22 (July 1, 2021 – June 30, 2022), then for SFY23 (July 1, 2022 – June 30, 2023). That means that additional tasks and/or funds may be added to an LHJ's FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be used to supplement other short-term pandemic response funding as needed during this period of performance (07/01/21-12/31/21). Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note: The total biennial funding alllocation is for the period of July 1, 2021 through June 30, 2023. 2021-2023 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, 2021; January 1, 2022; July 1, 2022; January 1, 2023.

The disbursement of funds scheduled for January 1, 2022, July 1, 2022 and January 1, 2023 and deliverable due dates after December 31, 2021 are included in this statement of work for informational purposes only and will be carried forward into a new statement of work in the new consolidated contract term beginning January 1, 2022.

FPHS funds must be spent in the state fiscal year (SFY) in which they are disbursed: SFY22 07/01/21-06/30/22 and SFY23 07/01/22-06/30/23. Unspent funds must be returned to DOH by July 15th of each year.

2021-2023 Biennial Allocation: $1,201,192

SFY22 Allocation: $600,596

SFY23 Allocation: $600,596

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FPHS-LHJ-PROVISO (YR1)-REINFORCING CAPACITY	N/A	336.04.25	99202111	07/01/21	12/31/21	0	437,504	437,504
FPHS-LHJ-PROVISO (YR1)-HEPATITIS C	N/A	336.04.25	99202111	07/01/21	12/31/21	0	163,092	163,092
TOTALS						**0**	**600,596**	**600,596**

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
0	**FOUNDATIONAL PUBLIC HEALTH FUNDING – ALL**	Increased delivery of FPHS services in each jurisdiction and statewide as measured via FPHS annual reporting from all agencies receiving FPHS funds, metrics and other data compiled and analyzed by DOH and Subject Matter Expert (SME) Workgroups. All of which is included as part of the annual FPHS Investment Report. FPHS annual reporting (template provided by DOH) for SFY22 (07/01/21 – 06/30/22) FPHS annual reporting (template provided by DOH) for SFY23 (07/01/22 – 06/30/23)	 By 08/15/22 By 08/15/23	Funds are available beginning July 1, 2021. Half of the annual allocation will be disbursed each July upon receipt of the Annual Report for the previous year and the second half will be disbursed each January. **Note: Funds must be spent in the state fiscal year (SFY) in which they are disbursed. Unspent funds must be returned to DOH by July 15th of each year.**
1	**FPHS – REINFORCING CAPACITY** Funds to deliver FPHS in each jurisdiction. 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.			SFY22 Allocation: $437,504 SFY23 Allocation: $437,504 21-23 Biennial Allocation: $875,008
2	**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. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data	The priorities for SFY21 (July 2020 – June 2021) are: • 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.		SFY22 Allocation: $163,092 SFY23 Allocation: $163,092 21-23 Biennial Allocation: $326,184 Recommended BARS Expenditure Code: **562.24**

Tasks/Activities/Description	Impact Measures
Control of Communicable Disease and Other Notifiable Conditions **1.** Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. **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.	Percent of toddlers and school age children that have completed the standard series of recommended vaccinations. Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report. Percent of new positive Hepatitis C case reports with completed investigations. Percent of Gonorrhea cases investigated. Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment for both Gonorrhea and Chlamydia at the same time) Percent of newly diagnosed syphilis cases that receive partner services interview.
Environmental Public Health **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, recreational water, 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
Assessment (Surveillance and Epidemiology) **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.** Ability to access, analyze, use and interpret data.	TBD

Tasks/Activities/Description	Impact Measures
3. Ability to 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.	
Emergency Preparedness (All Hazards). **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. **Communication.** **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. **Policy Development and Support** **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. **Community Partnership Development** **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.	TBD
Business Competencies – Leadership Capabilities; Accountability and Quality Assurance Capabilities; Quality Improvement Information; Technology Capabilities; Human Resources Capabilities; Fiscal Management, Contract and Procurement Capabilities; Facilities and Operations; Legal Capabilities.	TBD

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)
Link to RCW 43.70.512 – RCW 43.70.512: Public health system—Foundational public health services—Intent. (wa.gov)
Link to RCW 43.70.515 – RCW 43.70.515: Foundational public health services—Funding. (wa.gov)

FPHS Definitions
https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfxzohk

All FPHS Resources
www.doh.wa.gov/fphs or FPHS | Powered by Box

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.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources
www.doh.wa.gov/lhjfunding

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

DOH Program Contact
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Washington State Department of Health
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Mobile Phone 360-951-7566
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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2021

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: September 1, 2021 through December 31, 2021

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

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

Note: The total funding consideration in this statement of work is for the period of September 1, 2021 through August 31, 2022. Deliverable due dates after December 31, 2021 are for reference only. Unspent funds and deliverables due after December 31, 2021 will be carried forward to a new statement of work in the new consolidated contract term beginning January 1, 2022.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY21 OVERDOSE DATA TO ACTION PREV	93.136	333.93.13	77520271	09/01/21	12/31/21	0	150,000	150,000
TOTALS						**0**	**150,000**	**150,000**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Maintain current partnerships with Providence Regional Medical Center Everett, and Swedish Edmonds for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.		Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the Overdose	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 10, 2021. December-February due March 10, 2022.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed $150,000 through August 31, 2022. A new consolidated

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Data to Action (OD2A) logic model.	March-May due June 10, 2022. June-August final report for this funding period due September 30, 2022.	contract will begin January 1, 2022 with funds left from this contract. (See Special Billing Requirements below.)
2.	Strategy 5: Extend annual contracts for the maintenance, development and hosting of the Snohomish Overdose Prevention website and the county's opioid data portal/dashboard.		Progress report: Share updates and developments with the county's dashboard. Demonstrate how data informs Snohomish County overdose prevention activities and how work aligns with the OD2A logic model.		
3.	Strategy 6: Maintain involvement and leadership roles in ESF #8 – Public Health & Medical Services and ESF #15 – External Affairs within the Snohomish County Opioid Response Multi-Agency Coordination (MAC) Group. The District will continue to be a key partner in capacity building and sharing lessons learned, templates, scalable response strategies, and other information with cities, counties and the state, as well as public health and public safety counterparts throughout the country. Partnering 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. The District is in the early stages of getting the committee up and running, with the first meeting planned for this spring.		Progress report: Report on process and progress of establishing OFR committee. Once established, record # of OFRs completed, findings,		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			recommendations and next steps. Demonstrate how work aligns with OD2A logic model.		
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 to 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/additional-requirements/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), 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.

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Exhibit A
Statement of Work
Contract Term: 2018-2021

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

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

SOW Type: Revision **Revision # (for this SOW)** 5

Period of Performance: January 1, 2018 through December 31, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding from September 30, 2021 to December 31, 2021 for continuation of MCHBG-related activities.

In addition, this revision adds funds and activities to FFY21 to assist in the creation of a point-in-time assessment (2021 Essentials for Childhood Landscape Asset Inventory) showing strategies (policies, processes, procedures and/or practices) in place in the local community, that are believed to build family resiliency and prevent child abuse and neglect. LHJ may choose to solicit these strategies through focus groups, key informant interviews, their CHA/CHIP, coalition engagement, community surveys, or their own landscape analysis.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120281	01/01/18	09/30/18	333,660	0	333,660
FFY19 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120291	10/01/18	09/30/19	444,879	0	444,879
FFY20 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120292	10/01/19	09/30/20	444,879	0	444,879
FFY21 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120293	10/01/20	09/30/21	444,879	30,000	474,879
FFY22 MCHBG LHJ CONTRACTS	93.994	333.93.99	78101221	10/01/21	12/31/21	0	111,220	111,220
TOTALS						**1,668,297**	**141,220**	**1,809,517**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every quarter, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ		Designated LHJ staff will participate in contract management calls.	September 30, 2018 September 30, 2019 September 30, 2020	Reimbursement for actual costs, not to exceed total funding

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1b	Report actual expenditures for October 1, 2017 through March 31, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 26, 2018	consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1c	Develop 2018-2019 MCHBG Budget Workbook for October 1, 2018 through September 30, 2019 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2018	
1d	Report actual expenditures for October 1, 2018 through March 31, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 24, 2019	
1e	Develop 2019-2020 MCHBG Budget Workbook for October 1, 2019 through September 30, 2020 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2019	
1f	Report actual expenditures for October 1, 2017 through September 30, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2018	
1g	Participate in DOH sponsored MCHBG fall regional meeting.		Designated LHJ staff will attend regional meeting.	September 30, 2020	
1h	Report actual expenditures for October 1, 2018 through September 30, 2019		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 6, 2019	
1i	Develop 2020-2021 MCHBG Budget Workbook for October 1, 2020 through September 30, 2021 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 6, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1j	Report actual expenditures for the six month period from October 1, 2019 through March 31, 2020		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 22, 2020	
1k	Report actual expenditures for October 1, 2019 through September 30, 2020		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	December 4, 2020	
1l	Report actual expenditures for the six month period from October 1, 2020 through March 31, 2021.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 21, 2021	
1m	Develop 2021-2022 MCHBG Budget Workbook for October 1, 2021 through September 30, 2022 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 10, 2021	
1n	*Report actual expenditures for October 1, 2020 through September 30, 2021*		*Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager*	*December 3, 2021*	
1o	*Participate in DOH sponsored MCHBG fall regional meeting, either virtually or in-person*		*Designated LHJ staff will attend regional meeting.*	*December 31, 2021*	
MCHBG Assessment and Evaluation					
2a	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH	September 30, 2018 September 30, 2019 September 30, 2020 September 30, 2021	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific
2b	Report program level strategy measure data (CSHCN, UDS, ACEs).		Documentation using report template provided by DOH	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2c	Conduct a Maternal and Child Health (MCH) Needs Assessment.		Submit Needs Assessment documentation to DOH contract manager using templates provided by DOH	May 24, 2019	Requirements and Special Billing Requirements.
2d	Explore health equity approaches to maternal and child health and develop implementation plan		Include health equity plan in 2020-2021 MCHBG Action Plan using DOH- provided template.	Draft August 16, 2020 Final September 6, 2020	
MCHBG Implementation					
3a	Develop 2018-2019 MCHBG Action Plan for October 1, 2018 through September 30, 2019 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2018 Final September 5, 2018	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Report activities and outcomes of 2017-2018 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15th of the following month	
3c	Develop 2019-2020 MCHBG Action Plan for October 1, 2019 through September 30, 2020 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2019 Final September 5, 2019	
3d	Report activities and outcomes of 2018-2019 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15th of the following month	
3e	Develop 2020-2021 MCHBG Action Plan for October 1, 2020 through September 30, 2021 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 16, 2020 Final September 6, 2020	
3f	Report activities and outcomes of 2019-2020 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15th of the following month	
3g	Report activities and outcomes of 2020-21 MCHBG Action Plan using DOH-Provided template.		Submit Action Plan reports to DOH contract manager	October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021 *October 15, 2021*	
3h	Develop 2021-2022 MCHBG Action Plan for October 1, 2021 through September 30, 2022 using DOH-Provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 20, 2021 Final September 10, 2021	
3i	*Develop 2022 MCHBG Action Plan for January 1, 2022 through September 30, 2022 using DOH-provided template.*		*Submit MCHBG Action Plan to DOH contract manager*	*Draft November 19, 2021* *Final-December 20, 2021*	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Children and Youth with Special Health Care Needs (CYSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. Ensure client data is collected on all children served by CYSHCN contractors, regional maxillofacial coordinators, and the DOH Newborn Screening Program.		Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2018 April 15, 2018 July 15, 2018 October 15, 2018 January 15, 2019 April 15, 2019 July 15, 2019 October 15, 2019 January 15, 2020 April 15, 2020 July 15, 2020 October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021 *October 15, 2021*	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
4b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
Essentials for Childhood Local Assessment					
5a	*Identify and share strategies in the local community that are policy-oriented, process-oriented, procedural, or programmatic which contribute to the prevention of child abuse and neglect and family resiliency building.*		*Brief narrative report summarizing approach to collection of the strategies* *Spreadsheet capturing key components of each strategy* *Spreadsheet cross-walking local strategies to other critical initiatives in our state (templates to be provided).*	*Draft due September 23, 2021* *Final due September 30, 2021*	*Reimbursement for actual costs, not to exceed total funding consideration.* *See Program Specific Requirements and Special Billing Requirements.*
5b	*Participate in meetings with DOH staff as needed as well as a final two-hour meeting in September.*		*Final meeting date to be determined*	*September 30, 2021*	

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

Program Specific Requirements/Narrative

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

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

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

Program Manual, Handbook, Policy References
Children and Youth with Special Health Care Needs Manual -
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds

Health Services Authorization (HSA) Form
http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.)
1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

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

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

Monitoring Visits (frequency, type)
Telephone calls with contract manager as needed.

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

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

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

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

Restrictions listed above continue to apply.

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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2021

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

Period of Performance: July 1, 2021 through December 31, 2021

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

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY22 VFC Ops	93.268	333.93.26	74310212	07/01/21	12/31/21	0	45,150	45,150
TOTALS						**0**	**45,150**	**45,150**

This statement of work will be extended through June 30, 2022 in the new consolidated contract term effective January 1, 2022. Any unspent funds may be carried forward.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for childhood vaccinations ages birth to 18 years of age by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the *Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates* announcement.		Written proposal and a report that shows starting immunization rates for the target population	August 1, 2021	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *See Restrictions on Funds below.
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2021	

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

Program Specific Requirements/Narrative

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

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

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

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
Allowable Uses of Federal Operations Funds document (dated 12/20/2017) is posted on the DOH Consolidated Contract website at this link. These federal funds may not be used for expenses related to travel or attendance at any non-DOH sponsored conference, training, or event without prior written approval from the DOH Office of Immunization.

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

Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: OI-COVID-19 Vaccine Hesitancy in Former Soviet Union Communities - Effective July 1, 2021

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH18261

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

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

Period of Performance: July 1, 2021 through December 31, 2021

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates in Russian and Ukrainian-speaking communities.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY22 PPHF Ops	93.268	333.93.26	74310261	07/01/21	12/31/21	0	42,840	42,840
TOTALS						**0**	**42,840**	**42,840**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
This statement of work will be extended through June 30, 2022 in the new consolidated contract term effective January 1, 2022. Any unspent funds may be carried forward.					
1	Participate in the project workgroup and develop a proposal to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates for Russian and Ukrainian-speaking communities. Conduct vaccine promotion activities such as: coordinating county vaccine clinics, collaborating with community partners, setting up a community health board. Proposals should take into account equity and accessibility when reaching out to community.		Written proposal for outreach activities aimed at community. Proposal should include work plan and (if needed) any necessary data collection.	August 16, 2021	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *See Restrictions on Funds below.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to reduce vaccine hesitancy and increase immunization coverage rates with the target population identified. Participate in meetings to discuss progress of project, including workgroup meetings.		Provide verbal update on progress of project at each meeting (no written report required)		

***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

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

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

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

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
Allowable Uses of Federal Operations Funds document (dated 12/20/2017) is posted on the DOH Consolidated Contract website at this link. These federal funds may not be used for expenses related to travel or attendance at any non-DOH sponsored conference, training, or event without prior written approval from the DOH Office of Immunization.

DOH Program Contacts:

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

Vadim Kogan, Project Coordinator
Centers for Public Affairs
Department of Health
PO Box 47843, Olympia WA 98504-7843
vadim.kogan@doh.wa.gov, 360-789-5875

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)** 2

Period of Performance: July 1, 2019 through December 31, 2021

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☒ Reimbursement
☒ State	☐ Research & Development	☐ Fixed Price
☐ Other		

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 from June 30, 2021 to December 31, 2021 and add additional funding

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
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	30,000	0	30,000
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	07/01/21	12/31/21	0	15,000	15,000
TOTALS						**90,000**	**15,000**	**105,000**

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: • 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-Builts 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: • 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 June 15, 2021 *December 31, 2021* Task is ongoing throughout the project period.	~~*$90,000*~~ *$105,000*

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• 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.		• 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 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 jeremy.simmons@doh.wa.gov and taylor.warren@doh.wa.gov.
Progress Report Due Dates: January 15, 2020, June 15, 2020, ~~December 31, 2020, and~~ June 15, 2021 *and December 31, 2021*.

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

DOH Program Contact: ~~*Jeremy Simmons*~~ *Roger Parker* Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360-236-~~*3346*~~ *3379*; ~~*jeremy.simmons@doh.wa.gov*~~ *roger.parker@doh.wa.gov*

DOH Fiscal Contact: Taylor Warren, Office of Financial Services, PO Box 47820, Olympia WA 98504-7820, 360-236-3348, taylor.warren@doh.wa.gov

Snohomish Health District

EXHIBIT B-23
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: CLH18261
Date: July 15, 2021

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR
Indirect Rate as of January 2019: 53.63% Prevention Svcs; 38.60% Environmental Hlth; 30.37% Admin Direct & PHEPR
Indirect Rate as of January 2020: 45.70%
Indirect Rate as of January 2020: 47.10%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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 Mgnt CSS	217WAWA7W1003	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 Mgnt CSS	217WAWA7W1003	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 Mgnt CSS	217WAWA7W1003	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 Mgnt 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 Mgnt 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 Mgnt 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 Mgnt	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 Mgnt	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 Mgnt	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 Mgnt	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 Mgnt	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 Mgnt	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	217WAWA7W1003	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	217WAWA7W1003	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 Mgnt	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 Mgnt	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 Mgnt-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, 22	21.019	333.21.01	07/01/20	12/31/21	07/01/20	12/31/21	$3,323,103	$4,430,804	$4,430,804
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17, 19, 22	21.019	333.21.01	07/01/20	12/31/21	07/01/20	12/31/21	$1,107,701		
SS Community Outreach PN	NGA Not Received	Amd 18, 21	21.019	333.21.01	07/01/20	06/30/21	07/01/20	06/30/21	$120,000	$120,000	$120,000

Snohomish Health District

EXHIBIT B-23
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: **CLH18261**
Date: **July 15, 2021**

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR
Indirect Rate as of January 2019: 53.63% Prevention Svcs; 38.60% Environmental Hlth; 30.37% Admin Direct & PHEPR
Indirect Rate as of January 2020: 45.70%
Indirect Rate as of January 2020: 47.10%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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		
FFY21 PHEP BP2 LHJ Funding	**NU90TP922043**	**Amd 23**	**93.069**	**333.93.06**	07/01/21	12/31/21	07/01/21	06/30/22	**$321,191**	**$321,191**	**$1,391,827**
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	
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	
FFY21 CDC Cities Readiness BP3	**NU90TP922043**	**Amd 23**	**93.069**	**333.93.06**	07/01/21	12/31/21	07/01/21	06/30/22	**$79,242**	**$79,242**	**$79,242**
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	
FFY21 TB Elimination-FPH	NGA Not Received	Amd 21	93.116	333.93.11	01/01/21	12/31/21	01/01/21	12/31/21	$95,267	$95,267	$391,764
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	
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		
FFY21 Overdose Data to Action Prev	**NGA Not Received**	**Amd 23**	**93.136**	**333.93.13**	09/01/21	12/31/21	09/01/21	08/31/22	**$150,000**	**$150,000**	**$461,688**
FFY20 Overdose Data to Action Prev	NU17CE925007	Amd 19	93.136	333.93.13	09/01/20	08/31/21	09/01/20	08/31/21	$11,688	$161,688	
FFY20 Overdose Data to Action Prev	NU17CE925007	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

Snohomish Health District

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FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	$74,468	$74,468	$104,477
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	$30,009	$30,009	
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	($2,860,603)	$117,570	$117,570
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	$2,860,603		
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 19, 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	$117,570		
COVID19 Vaccines	NGA Not Received	Amd 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	$2,860,603	$2,860,603	$2,860,603
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
FFY22 PPHF Ops	**NGA Not Received**	**Amd 23**	**93.268**	**333.93.26**	07/01/21	12/31/21	07/01/21	06/30/22	**$42,840**	**$42,840**	**$128,840**
FFY22 PPHF Ops	NGA Not Received	Amd 22	93.268	333.93.26	07/01/21	12/31/21	07/01/21	06/30/22	$21,500	$21,500	
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	
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	
FFY22 VFC IQIP	NGA Not Received	Amd 22	93.268	333.93.26	07/01/21	12/31/21	07/01/21	12/31/21	$74,468	$74,468	$219,116
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	
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	
FFY22 VFC Ops	**NGA Not Received**	**Amd 23**	**93.268**	**333.93.26**	07/01/21	12/31/21	07/01/21	06/30/22	**$45,150**	**$45,150**	**$149,929**
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	
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

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FFY21 Viral Hepatitis Surveillance-FPH	NGA Not Received	Amd 22	93.270	333.93.27	07/01/21	12/31/21	05/01/21	04/30/22	$16,329	$16,329	$152,424
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	
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	
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
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 20	93.323	333.93.32	01/01/21	12/31/21	01/01/21	12/31/21	$3,993,137	$3,993,137	$3,993,137
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 20	93.323	333.93.32	01/15/21	12/31/21	01/15/21	12/31/21	$8,929,635	$8,929,635	$8,929,635
FFY20 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 22	93.323	333.93.32	06/01/21	12/31/21	06/01/21	12/31/21	$3,000	$3,000	$3,000
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		
FFY21 Tobacco-Vape Prev Comp 1	NGA Not Received	Amd 22	93.387	333.93.38	04/29/21	12/31/21	04/29/21	12/31/21	$37,772	$75,544	$75,544
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		
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		

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FFY16 PPHF Adolescent AFIX	1NH23IP922562-01-00	Amd 2	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	($14,500)	$0	$0
FFY16 PPHF Adolescent AFIX	1NH23IP922562-01-00	N/A	93.733	333.93.73	01/01/18	08/31/18	09/30/16	09/29/18	$14,500		
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	$40,000	$40,000	$71,458
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	$11,458	$31,458	
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	$20,000		
FFY15 ASPR HPP Ebola Part A	U3REP150480	Amd 12	93.817	333.93.81	07/01/19	05/17/20	05/18/15	05/17/20	$18,595	$23,595	$23,595
FFY15 ASPR HPP Ebola Part A	U3REP150480	Amd 10	93.817	333.93.81	07/01/19	05/17/20	05/18/15	05/17/20	$5,000		
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 5	93.817	333.93.81	07/01/18	06/30/19	07/01/18	06/30/19	$24,201	$29,201	$64,460
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 4	93.817	333.93.81	07/01/18	06/30/19	07/01/18	06/30/19	$5,000		
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	Amd 2	93.817	333.93.81	01/01/18	06/30/18	05/18/15	05/17/20	$30,259	$35,259	
FFY15 EPR HPP Ebola Part A Prep & Resp	U3REP150480	N/A	93.817	333.93.81	01/01/18	06/30/18	05/18/15	05/17/20	$5,000		
FFY18 EPR BP1 Supp Healthcare System Prep	NU90TP921889-01	Amd 4	93.889	333.93.88	07/01/18	06/30/19	07/01/18	06/30/19	$50,000	$50,000	$282,045
FFY17 EPR HPP BP1 Healthcare Sys Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	$122,757	$232,045	
FFY17 EPR HPP BP1 Healthcare Sys Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	$109,288		
FFY21 HIV Prevention-FPH	NGA Not Received	Amd 22	93.940	333.93.94	07/01/21	12/31/21	01/01/21	12/31/21	$55,331	$55,331	$625,824
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	
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 22	93.977	333.93.97	07/01/21	12/31/21	01/01/21	12/31/21	$34,560	$34,560	$214,820
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	
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	

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FFY22 MCHBG LHJ Contracts	**NGA Not Received**	**Amd 23**	**93.994**	**333.93.99**	10/01/21	12/31/21	10/01/21	09/30/22	**$111,220**	**$111,220**	**$1,809,517**
FFY21 MCHBG LHJ Contracts	**B0440169**	**Amd 23**	**93.994**	**333.93.99**	10/01/20	09/30/21	10/01/20	09/30/21	**$30,000**	**$474,879**	
FFY21 MCHBG LHJ Contracts	B0440169	Amd 18	93.994	333.93.99	10/01/20	09/30/21	10/01/20	09/30/21	$444,879		
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 22	N/A	334.04.91	07/01/21	12/31/21	07/01/21	12/31/21	$60,032	$60,032	$267,914
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	
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	
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 20	N/A	334.04.92	12/31/20	06/30/21	12/31/20	06/30/21	($3,750,000)	$0	$0
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		
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	

Snohomish Health District

EXHIBIT B-23
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: **CLH18261**
Date: **July 15, 2021**

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR
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Indirect Rate as of January 2020: 45.70%
Indirect Rate as of January 2020: 47.10%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	$4,000	$4,000	$28,000
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	
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 23**	**N/A**	**334.04.93**	07/01/21	12/31/21	07/01/21	06/30/23	**$15,000**	**$15,000**	**$165,000**
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	
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	
Youth Tobacco Vapor Products		Amd 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	$56,259	$56,259	$302,974
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	
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 22	N/A	334.04.98	07/01/21	12/31/21	07/01/21	12/31/21	$15,716	$15,716	$78,580
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	
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	

Snohomish Health District

EXHIBIT B-23
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: **CLH18261**
Date: **July 15, 2021**

Indirect Rate as of January 2018: 36.29% Prevention Svcs; 37.31% Environmental Hlth; 34.25% Admin Direct & PHEPR
Indirect Rate as of January 2019: 53.63% Prevention Svcs; 38.60% Environmental Hlth; 30.37% Admin Direct & PHEPR
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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	
SFY20 Bezos Vroom		Amd 20	N/A	334.04.98	02/01/21	12/31/21	01/01/20	12/31/21	$50,000	$50,000	$50,000
FPHS-LHJ-Proviso (YR1)		**Amd 23**	**N/A**	**336.04.25**	07/01/21	12/31/21	07/01/21	06/30/23	**$600,596**	**$600,596**	**$2,239,292**
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	
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		
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		
YR 23 SRF - Local Asst (15%) (FO-NW) SS		Amd 20	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	$14,400	$14,400	$14,400
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		

Snohomish Health District

EXHIBIT B-23
ALLOCATIONS
Contract Term: 2018-2021

Contract Number: **CLH18261**
Date: **July 15, 2021**

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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		
YR 23 SRF - Local Asst (15%) (FO-NW) TA		Amd 20	N/A	346.26.66	01/01/21	12/31/21	09/01/20	12/31/21	$4,000	$4,000	$4,000
TOTAL									**$37,648,804**	**$37,648,804**	

Total consideration:	**$36,253,565**	**GRAND TOTAL**	**$37,648,804**
	$1,395,239		
GRAND TOTAL	**$37,648,804**	**Total Fed**	**$32,619,171**
		Total State	**$5,029,633**

*Catalog of Federal Domestic Assistance
**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit C-23 Schedule of Federal Awards

AMENDMENT #23

Date: July 15, 2021

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 MGNT	333.10.57	10/01/18	$130,973	01/01/19	09/30/19	$920	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	197WAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY18 CSS USDA FMNP PROG MGNT	333.10.57	10/01/17	$86,117	01/01/18	09/30/18	$941	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture Food and Nutrition Service	187WAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY19 MIS TECH GRANT	333.10.57	01/28/19	$2,209,026	10/01/19	09/30/20	$230	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	197WAWA1G5212	WIC CONTINGECY
FFY16 CASCADES USDA WIC PROG MGNT-MIS	333.10.57	03/11/16	$2,224,476	10/01/18	09/30/19	$1,265	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	16157WAWA6W522	WOMEN, INFANTS AND CHILDREN WIC SAM PROJECTS
SS COMMUNITY OUTREACH PN	333.21.01	NGA Not Received	NGA Not Received	07/01/20	06/30/21	$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	12/31/21	$4,430,804	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
FFY21 PHEP BP2 LHJ FUNDING	333.93.06	05/27/21	$11,574,298	07/01/21	12/31/21	$321,191	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY21 CDC CITIES READINESS BP3	333.93.06	05/27/21	$1,326,605	07/01/21	12/31/21	$79,242	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT

Exhibit C-23 Schedule of Federal Awards

AMENDMENT #23

Date: July 15, 2021

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 PHEP CITIES READINESS BP2	333.93.06	06/12/20	$11,365,797	07/01/20	06/30/21	$132,070	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY20 PHEP BP2 LHJ FUNDING	333.93.06	06/12/20	$11,365,797	07/01/20	06/30/21	$535,318	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP CITIES READINESS BP1	333.93.06	06/29/19	$1,075,939	07/01/19	06/30/20	$132,220	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	$11,307,904	07/01/19	06/30/20	$535,318	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
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
FFY21 TB ELIMINATION-FPH	333.93.11	NGA Not Received	NGA Not Received	01/01/21	12/31/21	$95,267	93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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 ELIMIINATION 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 ELIMIINATION 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 ELIMIINATION AND LABORATORY COOPERATIVE
FFY21 OVERDOSE DATA TO ACTION PREV	333.93.13	NGA Not Received	NGA Not Received	09/01/21	12/31/21	$150,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY20 OVERDOSE DATA TO ACTION PREV	333.93.13	11/06/20	$4,390,240	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	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEATLH OVERDOSE DATA TO ACTION

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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
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 HEATLH 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
FFY22 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/21	12/31/21	$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY22 VFC IQIP	333.93.26	NGA Not Received	NGA Not Received	07/01/21	12/31/21	$74,468	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY22 PPHF OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/21	12/31/21	$42,840	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY22 PPHF OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/21	12/31/21	$21,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY21 VFC OPS	333.93.26	07/01/20	$9,082,252	07/01/20	06/30/21	$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 VFC IQIP	333.93.26	07/01/20	$9,082,252	07/01/20	06/30/21	$74,468	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 PPHF OPS	333.93.26	07/01/20	$9,082,252	07/01/20	06/30/21	$21,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 IMPROVING VACCINATIONS AA1	333.93.26	07/01/20	$9,082,252	07/01/20	06/30/21	$42,840	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 ENHANCED INFLUENZA COVERAGE CARES	333.93.26	08/13/20	$12,548,955	07/01/20	06/30/21	$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 COVID19 VACCINE SERVICES-CARES	333.93.26	01/15/21	$68,807,053	07/01/20	12/31/21	$117,570	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VPD OUTBREAK RESPONSE BB1	333.93.26	07/01/19	$9,234,835	09/01/19	06/30/20	$14,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM

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FFY20 VFC OPS	333.93.26	07/01/19	$9,234,835	07/01/19	06/30/20	$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	$9,234,835	07/01/19	06/30/20	$70,180	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	$9,234,835	07/01/19	06/30/20	$21,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 IMPROVING VACCINATIONS AA1	333.93.26	07/01/19	$9,234,835	11/01/19	06/30/20	$33,350	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	$1,201,605	01/01/18	06/30/19	$88,947	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	$3,634,512	07/01/18	06/30/19	$21,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	$1,722,443	07/01/18	06/30/19	$45,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	$1,672,289	01/01/18	06/30/18	$30,009	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	$575,969	01/01/18	06/30/18	$20,148	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
COVID19 VACCINES	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/21	$2,860,603	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY21 VIRAL HEPATITIS SURVEILLANCE-FPH	333.93.27	NGA Not Received	NGA Not Received	05/01/21	12/31/21	$21,774	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	IMPROVIING 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	IMPROVIING HEPATITIS B AND C SURVEILLANCE AND LINKAGE TO CARE IN WASHINGTON STATE

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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
FFY20 VECTOR-BORNE T2&3 EPI ELC FPH	333.93.32	NGA Not Received	NGA Not Received	06/01/21	12/31/21	$3,000	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	NGA Not Received	NGA Not Received
FFY20 ELC EDE LHJ ALLOCATION	333.93.32	01/14/21	$438,300,928	01/15/21	12/31/21	$8,929,635	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 AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING AND STRENGTHENING EPIDEMIOLOGY, LABORATORY, AND
FFY19 ELC COVID ED LHJ ALLOCATION	333.93.32	01/01/21	$177,231,546	01/01/21	12/31/21	$3,993,137	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 &
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
FFY21 TOBACCO-VAPE PREV COMP 1	333.93.38	NGA Not Received	NGA Not Received	04/29/21	12/31/21	$37,772	93.387	National and State Tobacco Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY20 TOBACCO-VAPE PREV COMP 1	333.93.38	06/21/20	$1,523,776	07/01/20	04/28/21	$37,772	93.387	National and State Tobacco Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006808	TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	$1,675,032	10/01/18	09/30/19	$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018

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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	12/31/21	$110,662	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
FFY18 HIV PREVENTION	333.93.94	03/30/18	$2,978,529	01/01/18	12/31/18	$204,500	93.940	HIV Prevention Activities-Health Department Based	HIV Prevention Activities-Health Department Based	6NU62PS924528-01-03	WASHINGTON STATE DEPARTMENT OF HEALTH INTEGRATED HIV SURVEILLANCE AND PREVENTION PROGRAMS FOR HEALTH
FFY21 STD PREVENTION (PCHD)-FPH	333.93.97	NGA Not Received	NGA Not Received	01/01/21	12/31/21	$69,810	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	12/1619	$2,304,262	01/01/20	12/31/20	$69,120	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	NH25PS005146	WASHINGTON STATE DEPT OF HEALTH OFFICE OF INFECTIOUS DISEASE APPLICATION FOR STD PCHD
FFY19 STD PREVENTION (PCHD)-FPH	333.93.97	12/17/18	$1,860,059	01/01/19	12/31/19	$75,890	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	NH25PS005146	WASHINGTON STATE DEPARTMENT OF HEALTH OFFICE OF INFECTIOUS DISEASE APPLICATION FOR STD PCHD
FFY18 STD PREVENTION (AAPPS)	333.93.97	12/17/17	$9,738,975	01/01/18	12/31/18	$75,899	93.977	Preventive Health Services_Sexually Transmitted Diseases Control Grants	Department of Health and Human Services Centers for Disease Control and Prevention	6NH25PS004364-05-01	IMPROVING STD PROGRAMS THROUGH ASSESSMENT, ASSURANCE, POLICY DEVELOPMENT & PREVENTION STRATEGIES

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FFY22 MCHBG LHJ CONTRACTS	333.93.99	NGA Not Received	NGA Not Received	10/01/21	12/31/21	$111,220	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
FFY21 MCHBG LHJ CONTRACTS	333.93.99	02/08/21	$2,662,201	10/01/20	09/30/21	$474,879	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B0440169	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
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	**$32,619,171**					