

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Commercial Tobacco Prevention Program -
Effective January 1, 202

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

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

Note: Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies.

** PLEASE NOTE: The funding allocations in this statement of work are the estimated unspent funding for FFY21 TOBACCO-VAPE PREV COMP 1 and the actual unspent funding for SFY22 YOUTH TOBACCO VAPOR PRODUCTS and SFY22 MARIJUANA EDUCATION from the 2018-2021 contract and are NOT additional funding for this work. The total 12-month allocation of \$108,689 was awarded in the July 1, 2021 - December 31, 2021 statement of work in the 2018-2021 contract. Estimated funding in this statement of work will be adjusted in a future amendment if necessary upon final closeout of the 2018-2021 contract.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY22 YOUTH TOBACCO VAPOR PRODUCTS	77410892	N/A	334.04.93	01/01/22	06/30/22	0	55,114	55,114
FFY21 TOBACCO-VAPE PREV COMP 1	77410211	93.387	333.93.38	01/01/22	04/28/22	0	10,379	10,379
SFY22 MARIJUANA EDUCATION	77420822	N/A	334.04.93	01/01/22	06/30/22	0	14,658	14,658
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	80,151	80,151

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Planning and Coordination 1. Using a template provided by CTPP, build upon existing 2020-2021 implementation plan for 2021-2022 in collaboration with representatives from all counties within the respective Accountable Communities of Health (ACH) region.	Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVF, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration.

	<p>2. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors.</p> <p>As resources permit:</p> <p>3. Participate in statewide commercial tobacco prevention coalition meetings as established.</p>			<p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
2	<p>Reduce Commercial Tobacco-Related Disparities Among Priority Populations</p> <p>1. In collaboration with priority population contractors, engage and educate internal and external decision makers, stakeholders and community leaders about:</p> <ul style="list-style-type: none"> a. The value of local control in preventing initiation and continued use of commercial tobacco products that lead to tobacco-related health issues and health disparities. b. The value of a comprehensive tobacco prevention program to prevent the initiation of commercial tobacco product use among youth and young adults c. Evidence-based and promising policy options to address the appeal of commercial tobacco products to youth and young adults, including the impact of commercial tobacco product flavors (including menthol) on youth initiation and use. 	Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	01/01/22 – 06/30/22	<p>Funding utilized: State (YTVP, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
3	<p>Prevent Commercial Tobacco Use Among Youth and Young Adults</p> <p>1. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>2. Plan and conduct a minimum of one meeting with the prevention-intervention lead at your region's Educational Service District (ESD) to establish a connection, build relationships, and share resources. It is encouraged that you coordinate with your YMPEP regional coordinators, where possible, to ensure these meetings are conducted together, and work collaboratively with other regional leads where ESD regions overlap.</p>	Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	01/01/22 – 06/30/22	<p>Funding utilized: State (YTVP, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

4	Leverage Resources for Promoting and Supporting Commercial Tobacco Dependence Treatment <ol style="list-style-type: none"> Promote Washington State Quitline training, materials, and referral processes to providers (doh.wa.gov/quitlinetraining). Promote the Washington State Quitline and self-help options for TUDT, including 2Morrow Health app (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco. In collaboration with CTPP, incorporate 2021-2022 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency communications, and report efforts in a template provided by the CTPP as part of the monthly reporting requirement. Disseminate TUDT resources provided by CTPP and/or developed locally to community-based organizations, centers, and networks supporting disparately affected communities that address emerging tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed, & equity-based. 	Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	01/01/22 – 06/30/22	<p>Funding utilized: State (YTVP, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
5	Eliminate Exposure to Secondhand Smoke and Electronic Cigarette Emissions <ol style="list-style-type: none"> Conduct education and outreach within respective ACH region addressing local smoking and vaping in public places ordinances. <p>Upon request:</p> <ol style="list-style-type: none"> Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies. Respond to technical assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses. Provide technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies. 	Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	01/01/22 – 06/30/22	<p>Funding utilized: State (YTVP, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

6	Media and Health Communications Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.	Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	01/01/22 – 06/30/22	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
7	Youth Marijuana Prevention and Education Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.	Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	01/01/22 – 06/30/22	Funding utilized: State (Marijuana Prevention and Education) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

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

Staffing Requirements: Fulfill program administration roles and responsibilities:

- The CTPP Regional Contractor shall ensure the DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
- Participate in required conference calls (including quarterly conference calls between MPEP and CTPP contractors), trainings, webinars, and in-person or virtual meetings for Commercial Tobacco Prevention Program (CTPP) contractors according to the schedule provided by DOH.

- c) Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
- d) Submit accurate and complete progress reports, budgets, and A19 invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
- e) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each CTPP Regional Contractor.
- f) Meet all requirements outlined in the CTPP Work Plan and Reporting Guidebook provided by CTPP.
- g) Have completed background checks and on file for any staff or volunteer (funded and/or representing a CTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

Restrictions on Funds:

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Subrecipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Subrecipients may not use funds for tobacco compliance check inspections.
- Subrecipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability: <https://www.cdc.gov/grants/additional-requirements/ar-34.html>

Definitions: CONTRACTOR – LHJ performing work under this statement of work.

Billing Requirements:

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2021.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2021 to June 30, 2022.

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

Special Instructions:

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

Program Administration:

1. The contractor shall perform the requirements and activities defined in this statement of work (SOW) and the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2021. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19 invoice. CTPP staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by CTPP.
2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with CTPP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this SOW.
3. DOH reserves the right to determine the amount of any reduction to this statement of work, based on contractor's performance. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual work plan and budget must be approved by CTPP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:

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

Required Plans and Reports:

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

<u>Report</u>	<u>Date Due</u>
1. Submit an annual plan and budget	Annually, no later than July 30, 2021, using a template provided by CTPP. DOH approval will occur no later than August 15, 2021. Update as needed on SharePoint.
2. Expenditure Report and Request for Reimbursement (A19)	A19s and updated budget workbook due the 30 th of the month following the month in which costs are incurred. Non-health departments (non-consolidated contracts): A-19 documents (PDFs) must be saved, signed and emailed with the following title format: <i>A-19-Contract #-organization name- month-year.</i>
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY22: July 10, 2022. An invoice must be submitted market FINAL INVOICE PROJECTION Final Expenditure Reports and invoices are due no later than August 15, 2022 and must be marked FINAL INVOICE.
4. Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by CTPP. All documents related to task activities will be attached.
5. Assessment and Evaluation	Using a template provided by CTPP, complete project evaluation activity developed and coordinated by CTPP as requested.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Refugee and Immigrant Community Health Worker Support - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through May 31, 2023

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide overview of the duties performed by Snohomish County in coordination with the CDC COVID-19 Health Disparities Grant which was awarded to DOH and included approval to hire a culturally and linguistically appropriate Community Health Workers (CHW) who will serve the refugee and immigrant population to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
REFUGEE HEALTH COVID HTLH DISPARITIES	18508220	93.391	333.93.39	01/01/22	05/31/23	0	100,000	100,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	100,000	100,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<ul style="list-style-type: none"> Create project plan and evaluation tools. Create Community Health Worker (CHW) job description. Supervisor meets with intra-agency leaders to strategize collaborative programming to prevent duplication. 	<ul style="list-style-type: none"> Submit project proposal. Snohomish Health District (SHD) Health Committee approval. Board of Health approval. Complete interagency agreements. Post Community Health Worker position. 	Year 1: Quarter 3 January 1 – March 31, 2022	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described
2	<ul style="list-style-type: none"> Hire culturally and linguistically appropriate Community Health Worker (CHW). 	<ul style="list-style-type: none"> Candidate accepts CHW position. Orientation is completed within three weeks of hire. 		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> CHW orientation on current COVID-19 protocols and education. CHW orientation on Refugee Health Screening program. CHW reviews current Former Soviet Union (FSU) COVID-19 local and state vaccine equity and engagement resources. CHW meets with FSU community leaders. CHW collaborates with DOH and DSHS Office of Refugee and Immigrant Assistance (ORIA). CHW creates health education plan for FSU community. Project identifies culture and language interpreter for FSU families for which the CHW may not have fluency. 	<ul style="list-style-type: none"> CHW meets with at least 5 local FSU leaders. 		in the Funding Table above.
3	<ul style="list-style-type: none"> Community Health Worker (CHW) implements a health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. 	<ul style="list-style-type: none"> FSU refugees/immigrants begin to receive COVID-19 Vaccine education. CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 	Year 1: Quarter 4 April 1 – June 30, 2022	
4	<ul style="list-style-type: none"> Community Health Worker (CHW) implements a health education plan for FSU community. CHW collaborates with Public Health Nurse (PHN) to identify Former Soviet Union (FSU) refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. CHW, PHN, and Supervisor evaluate project effectiveness and efficiencies. CHW, PHN, and Supervisor determine ongoing activities based on evaluation. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 	Year 2: Quarter 1 July 1 – September 31, 2022	
5	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings). CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 	Year 2: Quarter 2 October 1 – December 31, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. Implement health education activities based on Year 2, Quarter 2 (activity 5) evaluation. Create a transition plan for project. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. 	Year 2: Quarter 3 January 1 – March 31, 2023	
7	<ul style="list-style-type: none"> Community Health Worker (CHW) implements health education plan for Former Soviet Union (FSU) community. CHW collaborates with Public Health Nurse (PHN) to identify FSU refugees/immigrants that need additional vaccine education and support. CHW provides tailored vaccine education and support to FSU refugees/immigrants. Implement health education activities based on Year 2: Quarter 2 (activity 5) evaluation. Implement transition plan for the project. Evaluate outcomes and goals of project. 	<ul style="list-style-type: none"> FSU refugees/immigrants receive COVID-19 Vaccine education. CHW meets with at least 5 local FSU leaders to prepare for project transition. 	Year 2: Quarter 4 April 1 – May 31, 2023	

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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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: DCHS - ELC COVID-19 Response -
Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through December 31, 2022

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19. The funding allocation is the estimated carryforward amount.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/22	0	5,736,112	5,736,112
						0		0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	5,736,112	5,736,112

Task #	Activity	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: <ul style="list-style-type: none">• Incident management for the response• Testing• Case Investigation/Contact Tracing• Sustainable isolation and quarantine• Care coordination• Surge management• Data reporting				

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and 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				
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.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:
2	<p>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.</p> <p>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.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 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. 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$5,736,112 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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.</p> <p>6. Perform daily monitoring for symptoms during quarantine period of contacts</p> <p>ii. Case investigation</p> <p>1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum.</p> <p>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.</p> <p>a) Strive to enter all case investigation and outbreak data into <i>CREST</i> as directed by DOH.</p> <p>b) Ensure all staff designated to utilize WDRS have access and are trained in the system.</p> <p>c) Include if new positive cases are tied to a known existing positive case or indicate community spread.</p> <p>d) Conduct case investigation and monitor outbreaks.</p> <p>e) Coordinate with Tribal partners in conducting case investigations for tribal members.</p> <p>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.</p> <p>b. Testing</p> <p>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.</p>	<p>Enter all case investigation data in WDRS following guidance from-DOH.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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 jurisdictions 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 <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. 	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. iv. 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. 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>h. Establish sustainable isolation and quarantine measures.</p> <p>i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p> <p>ii. Maintain ongoing census data for isolation and quarantine for your population.</p> <p>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.</p> <p>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</p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

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

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

Monitoring Visits (frequency, type)

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

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.

Special Billing Requirements

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

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

Other: Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021 were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Emergency Preparedness, Resilience & Response - PHEP - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Revision Purpose: NA

*IMPORTANT: It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows “None” in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the current contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FFY21 PHEP BP3 LHJ Funding	31102380	93.069	333.93.06	01/01/22	06/30/22	0	0	0
FFY21 CDC CITIES READINESS BP3	31102390	93.069	333.93.06	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
FFY20 PHEP BP2 LHJ Funding				
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	End-of-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	June 30, 2022	Reimbursement for actual costs not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Across Domains and Capabilities</p> <p>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.</p> <p>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.</p>	<p>Submit any changes to contact information (submitted in 2021) within 30 days of the change.</p> <p>End-of-year report on template provided by DOH. Note any changes or no change.</p>	<p>Within 30 days of the change.</p> <p>June 30, 2022</p>	
3	<p>Across Domains and Capabilities</p> <p>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.</p>	DOH will maintain documentation of site visit participation.	Upon request from DOH.	
4	<p>Across Domains and Capabilities</p> <p>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.</p>	Budget, using template provided by DOH.	Upon request from DOH.	
5	<p>Across Domains and Capabilities</p> <p>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p>	<p>End-of-year report on template provided by DOH.</p> <p>Input provided to DOH upon request from DOH.</p>	June 30, 2022	
6	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.</p>	<p>End-of-year report on template provided by DOH.</p> <p>Documentation of training available upon request.</p>	June 30, 2022	
7	<p>Across Domains and Capabilities</p> <p>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:</p> <ul style="list-style-type: none"> Adaptive Leadership Change Management Trauma-Informed Change Management Outward Mindset Growth Mindset Racial Equity and/or Social Justice 	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.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Community Resilience Related topics – prior approval from EPR required. Note: Prior approval from DOH/EPR is required for any out-of-state travel.			
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: <ul style="list-style-type: none"> Local and/or regional 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 9 – All Hazards Plan – Vulnerable Populations.) 	End-of-year report on template provided by DOH. Briefly describe connections, lessons learned, and any changes made.	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.	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.	June 30, 2022	
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: <ul style="list-style-type: none"> 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. For Seattle-King County and Tacoma-Pierce County, the LHJ is the region 	End-of-year report on template provided by DOH.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Collaborate with DOH Training & Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities). Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region</p>	End-of-year report on template provided by DOH.	June 30, 2022	
12	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2022.</p>	Participation in IPPW unless cancelled.	As requested by DOH.	
13	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> The process for requesting and receiving resource support The process for gaining, maintaining and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> The functionality of critical public health operations The functionality of critical healthcare facilities and the services they provide The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) Number of disease cases Number of fatalities attributed to an incident Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Note: The communication drill (17.2) does not meet the requirement for participation in an exercise or real-world event</p>	<p>End-of-year report on template provided by DOH.</p> <p>After-Action Review(s) and Corrective Action Plan(s) available upon request.</p>	June 30, 2022	
14	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>14.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures. 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.</p>	<p>End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</p> <p>14.1 Notification to DOH Duty Officer within 60 minutes of activation. 14.2 Sitreps submitted to DOH Duty Officer</p>	June 30, 2022	
15	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p>	End-of-year report on template provided by DOH. Briefly	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Complete or participate in After Action Reports (AARs) after each incident or exercise.</p> <p>Note: An AAR may be completed part-way through an extended response, for example, COVID-19.</p>	describe key lessons learned and changes made and/or planned – or note that no AARs were completed. Submit AAR(s).		
16	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Convene a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • 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 • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • 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 #12). 	End-of-year report on template provided by DOH. Briefly describe key lessons learned and changes made and/or planned. Submit AAR(s).	June 30, 2022	
17	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>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).</p> <p>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.</p> <p>17.3 Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>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.</p>	<p>End-of-year report on template provided by DOH.</p> <p>17.3 and 17.4 Hotwash or After Action Review (AAR) OR summary of communication activities and one sample.</p>	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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 <u>and</u> one sample of communication. Note: Participation in a real-world event may meet the requirement for 17.2, 17.3 and 17.4.			
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. 18.4 Participate in quarterly DOH-led WASECURES Users Group, provide technical assistance to LHJs in region as needed. Notes: <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	End-of-year report on template provided by DOH.	June 30, 2022	
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 end-of-year report that EEIs were provided or none were requested.	Upon request. 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: <ul style="list-style-type: none"> Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. LHJ may also conduct a drill or tabletop exercise to exercise plans. 	End-of-year report on template provided by DOH. Logistical Support Plans available upon request.	June 30, 2022	
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.	End-of-year report on template provided by DOH. Responder Safety and Health Plan available upon request.	June 30, 2022	
22	Domain 5 Surge Management Capability 10 Medical Surge	End-of-year report on template provided by DOH.	June 30, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Engagement with regional Health Care Coalition (HCC) Participate in: <ul style="list-style-type: none"> - Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ. - Development of Disaster Clinical Advisory Committee (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, Coalition Surge Test, 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. 			
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: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	End-of-year report on template provided by DOH. List of facilities and copies of current agreements available upon request.	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: <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation 	End-of-year report on template provided by DOH. Vendor lists available upon request.	June 30, 2022	
FFY21 CDC CITIES READINESS BP3				
CRI 1	Review the interim Operational Readiness Review (ORR) guidance and participate in CDC webinars regarding the ORR.	End-of-year report on template provided by DOH.	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	End-of-year report on template provided by DOH. 2.2 Updated action plan.	June 30, 2022 2.2 March 31, 2022.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2.2 Submit updated MCM action plan to DOH.			
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.	End of year report on template provided by DOH that demonstrates involvement of AFN partners during an exercise, incident or public health event.	June 30, 2022	

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Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

Program Specific Requirements

**Special Requirements:
31102380 and 31102390**

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

Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

**Restrictions on Funds:
31102380 and 31102390**

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Injury & Violence Prevention Overdose Data to Action -Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through August 31, 2022

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: 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: Deliverable due dates prior to January 1, 2022 in this statement of work are for reference only and were included in the 2018-2021 contract.

Revision Purpose: N/A

****IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work (SOWs). The funding for this 2022-2024 contract SOW is to be determined (TBD) and currently shows "None" in the funding table – intended as a placeholder only. The total allocation of \$150,000 was awarded in the 2018-2021 SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the current contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FFY21 OVERDOSE DATA TO ACTION PREV	77520271	93.136	333.93.13	01/01/22	08/31/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	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	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary	Quarterly progress reports to DOH for all tasks. Due Dates:	Monthly invoices for actual cost reimbursement will be submitted to DOH.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	efforts in their emergency departments and broader healthcare systems.	data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns with the Overdose Data to Action (OD2A) logic model.	September-November due December 10, 2021. December-February due March 10, 2022. March-May due June 10, 2022. June-August final report for this funding period due September 30, 2022.	Total of all invoices will not exceed \$150,000 September 1, 2021 - August 31, 2022. (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, 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	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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	support people connect to social services and continue to participate in the PPW ORW.			
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.		

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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

Restrictions on Funds:

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

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

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.

Other: These funds are a continuation of contract CLH18261. No new funds were added to original total. A March 2022 amendment will be created to consolidate unspent funds from the previous OD2A contract with this contract.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization FSU Vaccine Hesitancy -
Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates in Russian and Ukrainian-speaking communities.

Revision Purpose: N/A

**** IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows “None” in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Building on the proposal to reduce vaccine hesitancy and improve COVID-19 immunization coverage rates for Russian and Ukrainian-speaking communities developed in the June-December 2021 contract, provide performance-based measures and data collection as agreed upon in the final approved proposal, demonstrating progress toward goals to reduce vaccine hesitancy and improve immunization rates in the population identified.	Final written report, including activities completed and how they have addressed target population knowledge, attitudes, and practices around vaccinations (template will be provided)	June 15, 2022	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Perinatal Hepatitis B -
Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

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

Revision Purpose: N/A

**** IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows “None” in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

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

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

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: OI-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

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

Revision Purpose: N/A

**** IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows “None” in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FFY22 VFC Ops	74310212	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	March 31	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Conduct ongoing activities to increase immunization coverage rates as identified in the proposals submitted by community partners (from the July – December 2021 contract)	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	June 30	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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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

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Regional Representatives -
Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period January 1, 2022 through June 30, 2022.

Revision Purpose: N/A

**** IMPORTANT:** It is inherent on the LHJ to have awareness of their respective 1/1/2022 carry-forward balance(s) based on expenditures through 12/31/2021 for continuing statements of work. The funding for this 2022-2024 contract statement of work (SOW) is to be determined (TBD) and currently shows “None” in the funding table – intended as a placeholder only. The total allocation was obligated in the 2018-2021 contract SOW and will be adjusted and added in the next 2022-2024 amendment cycle based on the actual amount of unspent funds after closeout of the contract ending 12/31/2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
FY22 VFC IQIP	74310214	93.268	333.93.26	01/01/22	06/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement – DOH 348-576		
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be performed in accordance with CDC and CVP guidelines.	Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.	a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response. b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR	a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access. b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	Complete the Compliance Site Visit Management Plan to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit. Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide. Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or	a) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.	a) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.	b) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR. c) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	b) Within five (5) business days of the site visit. c) Within five (5) business days of receiving the document(s) follow-up action was completed.	
5	<u>IQIP (Immunization Quality Improvement for Providers)</u> a) Complete Project Management Scheduling Tool b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region. Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site. c) Continue following up with provider sites at two (2), six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.	a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	a) Within five (5) business days of the IQIP Annual Training b) Within five (5) business days of visit c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

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

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) -
Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2022

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

Revision Purpose: To add estimated carry forward amounts from previous contract period (if applicable), update coding and contact information.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
STATE DISEASE CONTROL AND PREV - FPH	12411100	N/A	334.04.91	01/01/22	06/30/22	60,032	32,765	92,797
FFY22 STD PREV PCHD - FPH	12411225	93.977	333.93.97	01/01/22	06/30/22	35,250	0	35,250
FFY22 HIV PREV GRANT - FPH	12411220	93.940	333.93.94	01/01/22	06/30/22	55,331	0	55,331
RW FFY21 GRANT YEAR LOCAL (REBATE)	1261851C	N/A	334.04.98	01/01/22	03/31/22	7,858	11,990	19,848
RW FFY22 GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	04/01/22	06/30/22	7,858	0	7,858
FFY22 STD PREV SUPPLEMENTAL [PCHD]	12408320	93.977	333.93.97	01/01/22	06/30/22	161,453	0	161,453
						0	0	0
TOTALS						327,782	44,755	372,537

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV/STD Prevention				
	HIV/STD Prevention, Treatment, and Surveillance Deliver partner services to people diagnosed with HIV/STD per CDC and state guidelines. Ensure timely, correct reporting, testing and treatment of STDs or exposure to STDs for diagnosed patients and identified contacts.	Complete and report actual deliverables in the appropriate data reporting system. Monthly invoice with appropriate back-up documentation. Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report.	Agency must adhere to DOH Infectious Disease (ID) Reporting Requirements	\$92,797 \$60,032 - MI 12411100 – State Disease Control & Prev - FPH \$92,797 \$60,032 for 1/1/22-6/30/22 \$55,331 – MI 12411220 TBD- HIV Prevention (Cat A) Grant - FPH \$55,331 for 1/1/22-6/30/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Refer at-risk people identified through HIV/STD testing and/or partner services for medical and supportive services to prevent HIV acquisition.			\$35,250 – MI 12411225 TBD- STD PREV PCHD - Prevention (PCHD) - FPH \$35,250 for 1/1/22-6/30/22 \$161,453 –MI 12408320 TBD- STD Prevention Supplemental \$161,453 for 1/1/22-6/30/22
	HIV Positive (+) Prevention Activities Provide services to clients who are diagnosed with and/or living with HIV Deliver partner services to people diagnosed with HIV. Ensure timely, correct reporting of people diagnosed with HIV. Refer and link people diagnosed with HIV to medical and supportive services to promote viral suppression.	Information reported into Public Health Issue Management System-Sexually Transmitted Disease (PHIMS-STD) and/or the Washington Data Reporting System (Maven/WDRS). Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in LHH's Quarterly Report.	Agency must adhere to DOH ID Reporting Requirements	\$19,848 \$7,858 – MI 1261851C – RW Rebate \$19,848 \$7,858 for 1/1/22-3/31/22 \$7,858– MI 1261852C – RW Rebate \$7,858 for 4/1/22-6/30/22

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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 LHH must have a Data Universal Numbering System (DUNS®) number.

Information about the LHH and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Fiscal Guidance

- i) **Funding** –The LHH shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2022. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHH agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHH shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All invoice vouchers must be submitted by the 25th of the following month.**

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

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2022.

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2022

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: The purpose of the Revision is to provide additional Sanitary Survey funding

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
SANITARY SURVEY FEES (FO-NW) SS-STATE	24222522	N/A	346.26.65	01/01/22	12/31/22	3,600	1,600	5,200
YR 24 SRF - LOCAL ASST (15%) (FO-NW) SS	24229224	N/A	346.26.64	01/01/22	12/31/22	3,600	1,600	5,200
YR 24 SRF - LOCAL ASST (15%) (FO-NW) TA	24229224	N/A	346.26.66	01/01/22	12/31/22	2,000	0	2,000
						0	0	0
						0	0	0
						0	0	0
TOTALS						9,200	3,200	12,400

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. Completed Small Water System checklist. Updated Water Facilities Inventory (WFI). Photos of water system with text identifying features Any other supporting documents. <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p>	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	to small community and non-community Group A water systems.			Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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: Field Guide (DOH Publication 331-486).

Special References:

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$7,200~~ **10,400** for **Task 1**, and **\$2,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date for which you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions

Task 1

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than **0** surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than **13** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3

Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine -
Effective January 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: January 1, 2022 through June 30, 2024

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: Modify statement of work for COVID vaccine depot work (Task 3D)

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	2,860,603	0	2,860,603
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						2,860,603	0	2,860,603

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.	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 for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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-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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022 and February 28, 2022 , June 30, 2022 perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.	<ul style="list-style-type: none"> a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years. 	<ul style="list-style-type: none"> a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years) 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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Program Specific Requirements

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.