

**SNOHOMISH HEALTH DISTRICT  
2022-2024 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH31027**

**AMENDMENT NUMBER: 3**

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

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - ☐ Adds Statements of Work for the following programs:
  - ☒ Amends Statements of Work for the following programs:
    - COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
    - Injury & Violence Prevention Overdose Data to Action - Effective January 1, 2022
    - Office of Immunization FSU Vaccine Hesitancy - Effective January 1, 2022
    - Office of Immunization Perinatal Hepatitis B - Effective January 1, 2022
    - OI-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2022
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:
  - ☒ Increase of **\$177,103** for a revised maximum consideration of **\$16,427,594**.
  - ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

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

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

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

SNOHOMISH HEALTH DISTRICT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Indirect Rate January 1, 2022-December 31, 2022: 10.50%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$52,828	\$52,828	\$52,828
FFY21 PHEP BP3 LHHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$214,127	\$214,127	\$214,127
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449	\$95,449
<b>FFY21 Overdose Data to Action Surv</b>	<b>NU17CE925007</b>	<b>Amd 3</b>	<b>93.136</b>	<b>333.93.13</b>	<b>01/01/22</b>	<b>08/31/22</b>	<b>09/01/21</b>	<b>08/31/22</b>	<b>\$113,175</b>	<b>\$113,175</b>	<b>\$113,175</b>
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603	\$2,860,603	\$2,860,603
<b>FFY22 PPHF Ops</b>	<b>NH23IP922619</b>	<b>Amd 3</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/22</b>	<b>06/30/22</b>	<b>07/01/21</b>	<b>06/30/22</b>	<b>\$20,793</b>	<b>\$20,793</b>	<b>\$59,012</b>
<b>FFY22 PPHF Ops</b>	<b>NH23IP922619</b>	<b>Amd 3</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/22</b>	<b>06/30/22</b>	<b>07/01/21</b>	<b>06/30/22</b>	<b>\$38,219</b>	<b>\$38,219</b>	
<b>FFY22 VFC Ops</b>	<b>NH23IP922619</b>	<b>Amd 3</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/22</b>	<b>06/30/22</b>	<b>07/01/21</b>	<b>06/30/22</b>	<b>\$4,916</b>	<b>\$4,916</b>	<b>\$4,916</b>
FFY20 ELC EDE LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$5,736,112	\$5,736,112	\$5,736,112
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$10,379	\$10,379	\$10,379
Refugee Health COVID Hlth Disparities	NGA Not Received	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	\$100,000	\$100,000	\$100,000
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331	\$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250	\$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453	\$161,453
FFY22 MCHBG LHHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659	\$333,659	\$333,659
State Disease Control & Prev-FPH		Amd 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$32,765	\$92,797	\$92,797
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$60,032		
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$14,658	\$14,658	\$14,658
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,000	\$10,000	\$10,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$60,000	\$60,000	\$75,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$15,000	\$15,000	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625	\$7,625

Indirect Rate January 1, 2022-December 31, 2022: 10.50%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858	\$27,706
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$7,858		
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000	\$3,150,000	\$6,300,000
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	\$5,200
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		
Sanitary Survey Fees (FO-NW) SS-State		Amd 2	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200	\$5,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600		
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000	\$2,000
TOTAL									\$16,427,594	\$16,427,594	
Total consideration:	\$16,250,491									GRAND TOTAL	\$16,427,594
	\$177,103										
GRAND TOTAL	\$16,427,594									Total Fed	\$9,832,294
										Total State	\$6,595,300

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** COVID-19 Mass Vaccination-FEMA -  
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 July 1, 2022

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

**Revision Purpose:** The purpose of this revision is to extend the period of performance and funding period for mass vaccination clinics from April 1, 2022 through July 1, 2022.

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
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	07/01/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>0</b>	<b>0</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p><b>*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</b></p> <p>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.</p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>Definition:</b> Mass vaccination clinics defined as those outside of the usual healthcare delivery. method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.).</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC.</p>			
1A	<p>Local health jurisdiction (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>LHJ is the coordinating agency for the mass vaccination plan within the county.</p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p> <p>Provide any information as requested by the regional IMT.</p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> <li>• type of site,</li> <li>• site locations,</li> <li>• throughput,</li> <li>• considerations made to ensure equity to historically marginalized populations,</li> <li>• and to the extent possible a regional map of sites/locations.</li> </ul>	Within 30 days of contract amendment execution.	
1B	<p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</p> <p>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT</p>	<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and DOH finance know what expenditures were necessary to carry out the mission.			
1C	Vaccination data – will be maintained according to current state and federal requirements.  Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 24hrs of use.  Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
1D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).	Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

**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](mailto: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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

**Program Manual, Handbook, Policy References**

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

**Billing Requirements:**

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.

Contract Master Index (MI) Code: 934V0200 General Mass Vaccination

BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

**Special Instructions:**

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

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

Eligible costs from the timeframe of January 1, 2022 through ~~April 1, 2022~~ July 1, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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:** Providing funding amount for this project. The funding amount listed below is based on the carryover balance from the initial allocation provided in the 2018-2021 consolidated contract SOW.

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
FFY21 OVERDOSE DATA TO ACTION PREV	77520271	93.136	333.93.13	01/01/22	08/31/22	0	113,175	113,175
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>113,175</b>	<b>113,175</b>

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 efforts in their emergency departments and broader healthcare systems.	Progress report: Describe procedures, policies, and program design. Describe successes, challenges, and ongoing changes to program. Report preliminary data and findings including overdose survivors reached and follow-up outcomes. Demonstrate how work aligns	Quarterly progress reports to DOH for all tasks.  Due Dates: September-November due December 10, 2021.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$150,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		with the Overdose Data to Action (OD2A) logic model.	December-February due March 10, 2022.	September 1, 2021 - August 31, 2022.
2.	Strategy 5: Extend annual contracts for the maintenance, development and hosting of the Snohomish Overdose Prevention website and the county's opioid data portal/dashboard.	Progress report: Share updates and developments with the county's dashboard. Demonstrate how data informs Snohomish County overdose prevention activities and how work aligns with the OD2A logic model.	March-May due June 10, 2022.	(See Special Billing Requirements below.)
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.	June-August final report for this funding period due September 30, 2022.	
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 support people connect to social services and continue to participate in the PPW ORW.	Progress report: Describe procedures, policies, and program design including community partners. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.		

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

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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:** Providing funding amount for this project. The funding amount listed below is based on the carryover balance from the initial allocation provided in the 2018-2021 consolidated contract SOW.

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
FFY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22	06/30/22	0	38,219	38,219
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>38,219</b>	<b>38,219</b>

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](mailto: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](http://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:** Revision      **Revision # (for this SOW)** 1

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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:** Providing funding amount for this project. The funding amount listed below is based on the carryover balance from the initial allocation provided in the 2018 2021 consolidated contract SOW beginning July 1, 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 Increase (+)	Total Allocation
FFY22 PPHF Ops	74310216	93.268	333.93.26	01/01/22	06/30/22	0	20,793	20,793
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>20,793</b>	<b>20,793</b>

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"> <li>• Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status.</li> <li>• Reporting of HBsAg-positive women and their infants.</li> <li>• Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.</li> </ul>	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
	2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.  3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.			

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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.

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

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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:** Providing funding amount for this project. The funding amount listed below is based on the carryover balance from the initial allocation provided in the 2018-2021 consolidated contract SOW beginning July 1, 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 Increase (+)	Total Allocation
FFY22 VFC Ops	74310212	93.268	333.93.26	01/01/22	06/30/22	0	4,916	4,916
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>4,916</b>	<b>4,916</b>

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](mailto:finance@doh.wa.gov).

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

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**Program Specific Requirements**

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