

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

CONTRACT NUMBER: CLH31027**AMENDMENT NUMBER: 9**

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:
Healthcare-Associated Infections & Antimicrobial Resistance - Effective September 1, 2022
 - ☒ Amends Statements of Work for the following programs:
COVID-19 Refugee and Immigrant Community Health Worker Support - Effective January 1, 2022
DCHS-ELC COVID-19 Response - Effective January 1, 2022
Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022
Office of Immunization Regional Representatives - Effective July 1, 2022
TB Program - Effective January 1, 2022
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:
 - ☒ Increase of **\$243,660** for a revised maximum consideration of **\$23,714,615**.
 - ☐ 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
Signature:	Signature:
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		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
CSFRF CTS LHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	\$684,964	\$684,964	\$684,964
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$78,676	\$131,504	\$131,504
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		
FFY22 PHEP CRI BP4	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$146,153	\$146,153	\$146,153
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$535,318	\$535,318	\$749,445
FFY21 PHEP BP3 LHJ 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	
FFY22 TB Elimination-FPH	NUS2PS910221	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
FFY22 TB Uniting for Ukraine Supp	NGA Not Received	Amd 9	93.116	333.93.11	05/21/22	12/31/22	05/21/22	12/31/22	\$43,542	\$43,542	\$43,542
FFY22 Overdose Data to Action Prev	NGA Not Received	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$150,000	\$150,000	\$263,175
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175	\$113,175	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$22,748	\$2,092,701	\$2,092,701
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953		
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$2,865,603	\$2,865,603
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		
Improving Vaccinations AA1	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$42,840	\$42,840	\$42,840
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$21,500	\$21,500	\$80,512
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$20,793	\$20,793	
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$38,219	\$38,219	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$74,468	\$74,468	\$74,468
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$45,150	\$45,150	\$50,066
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$4,916	\$4,916	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$44,632)	\$5,691,480	\$5,691,480
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$5,736,112		
FFY21 NH & LTC Strike Teams HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059
FFY21 SNF Strike Teams HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$50,059	\$50,059	\$50,059

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		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY22 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 5	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,500	\$1,500	\$3,000
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	
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	NH75OT000042	Amd 9	93.391	333.93.39	01/01/22	05/31/24	07/01/21	05/31/24	\$100,000	\$200,000	\$200,000
FFY23 HIV Prev Grant -FPH	NGA Not Received	Amd 7	93.940	333.93.94	01/01/23	06/30/23	01/01/23	12/31/23	\$55,331	\$55,331	\$165,993
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 7	93.940	333.93.94	07/01/22	12/31/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY22 HIV Prev Grant -FPH	NU62PS924528	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331	
FFY23 STD Prev PCHD-FPH	NGA Not Received	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$35,250	\$35,250	\$105,750
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY22 STD Prev PCHD-FPH	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250	
FFY23 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 7	93.977	333.93.97	01/01/23	06/30/23	01/01/23	12/31/23	\$173,112	\$173,112	\$507,676
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 7	93.977	333.93.97	07/01/22	12/31/22	01/01/22	12/31/22	\$173,111	\$173,111	
FFY22 STD Prev Supplemental [PCHD]	NH25PS005146	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453	
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$444,879	\$444,879	\$444,879
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$0	\$0	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659	\$333,659	
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$352,122	\$352,122	\$352,122
State Disease Control & Prev-FPH		Amd 7	N/A	334.04.91	07/01/22	12/31/22	07/01/21	06/30/23	\$151,496	\$151,496	\$244,293
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	
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		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period 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-Propviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$5,216,000	\$5,216,000	\$8,366,000
FPHS-LHJ-Propviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$3,150,000)	\$0	
FPHS-LHJ-Propviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000		
FPHS-LHJ-Propviso (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									\$23,714,615	\$23,714,615	
Total consideration:				\$23,470,955							\$23,714,615
				\$243,660							
GRAND TOTAL				\$23,714,615							
*Catalog of Federal Domestic Assistance											\$14,549,697
**Federal revenue codes begin with "333". State revenue codes begin with "334".											\$9,164,918

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

Period of Performance: January 1, 2022 through May 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (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: Extend the period of performance and funding period from May 31, 2023 to May 31, 2024, increase funding allocation, and add Year 3 task activities.

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 05/31/24	100,000	100,000	200,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					100,000	100,000	200,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	- 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.	- 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 in the Funding Table above.
2	- Hire culturally and linguistically appropriate Community Health Worker (CHW). - CHW orientation on current COVID-19 protocols and education.	- 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
	- 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.	CHW meets with at least 5 local FSU leaders.		
3	- 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.	- 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	- 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.	- 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	- 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.	- FSU refugees/immigrants receive COVID-19 Vaccine education. - CHW connects FSU community with logistical support (including reminders, transportation options, language assistance, appt bookings).	Year 2: Quarter 2 October 1 – December 31, 2022	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.		
6	- 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 1 (activity 4) evaluation. - Create a transition plan for project.	- 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	- 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 3 (activity 6) evaluation.	- 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 4 April 1 – June 30, 2023	
8	- 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. - CHW, PHN, and Supervisor evaluate project effectiveness and efficiencies. - CHW, PHN, and Supervisor determine ongoing activities based on evaluation.	- FSU refugees/immigrants receive COVID-19 Vaccine education. - CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding.	Year 3: Quarter 1 July 1, 2023 – September 31, 2023	
9	- 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.	- FSU refugees/immigrants receive COVID-19 Vaccine education. - CHW meets with at least 5 local FSU leaders to enhance	Year 3: Quarter 2 October 1, 2023 – December 31, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation. - CHW provides tailored vaccine education and support to FSU refugees/immigrants.	<i>collaboration and cultural understanding.</i>		
10	- 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. - Implement health education activities based on Year 3: Quarter 1 (Task 8) evaluation. - CHW provides tailored vaccine education and support to FSU refugees/immigrants. - Create a transition plan for project.	- FSU refugees/immigrants receive COVID-19 Vaccine education. - CHW meets with at least 5 local FSU leaders to enhance collaboration and cultural understanding. - Begin discussion with community partners about grant completion.	<i>Year 3: Quarter 3 January 1, 2024 – March 31, 2024</i>	
11	- 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 3: Quarter 1 (Task 8) evaluation. - Implement transition plan for the project based on Task 10. - Evaluate outcomes and goals of project.	- FSU refugees/immigrants receive COVID-19 Vaccine education. - CHW meets with at least 5 local FSU leaders to prepare for project transition	<i>Year 3: Quarter 4 April 1, 2024 – May 31, 2024</i>	

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 Unique Entity Identifier (UEI) generated by SAM.gov. 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: Revision **Revision # (for this SOW)** 3

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

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (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.

Revision Purpose: Extend Period of Performance and ELC EDE LHJ Funding End Date from 12/31/22 to 07/31/23; Add CSFRF CTS funding end date under Payment Information.

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
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22 07/31/23	5,691,480	0	5,691,480
CSFRF CTS LHJ ALLOCATION	934C0200	21.027	333.21.02	01/01/22 12/31/22	684,964	0	684,964
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					6,376,444	0	6,376,444

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: - Incident management for the response - Testing - Case Investigation/Contact Tracing - Sustainable isolation and quarantine - Care coordination - Surge management			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Data reporting 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	1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH. a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a. i. Contact tracing 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined	Data collected and reported into DOH systems daily. Enter all contact tracing data in CREST following guidance from-DOH.	Enter performance metrics daily into DOH identified systems Quarterly performance reporting updates	\$5,691,480 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023 <i>\$684,964 CSFRF CTS LHJ ALLOCATION Funding (MI 934C0200) Funding end date 12/31/2022</i>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. 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 i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to	on testing locations and volume as requested. Ensure all COVID positive test results are entered into WDRS within 2 days of receipt Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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. h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine). i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if	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.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	needed. This can be through contract/formal agreement. Alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.	Report census numbers to include historic total by month and monthly total for current quarter to date		

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 Unique Entity Identifier (UEI) generated by SAM.gov. 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

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

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

Special Billing Requirements

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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: Executive Office of Resiliency and Health Security- PHEP - Effective July 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

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

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

Revision Purpose: The purpose of this revision is to update the name of our Office, add, revise, and delete activities and deliverables.

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 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22 06/30/23	535,318	0	535,318
FFY22 PHEP CRI BP4	31102490	93.069	333.93.06	07/01/22 06/30/23	146,153	0	146,153
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					681,471	0	681,471

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				
1 All LHJs	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Mid- and end-of-year reports on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2022 June 30, 2023	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 All LHJs	Across Domains and Capabilities Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by August 1, 2022, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.	August 1, 2022 Within 30 days of the change. December 31, 2022 June 30, 2023	
3 All LHJs	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2022 June 30, 2023	
4 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
5 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
6 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness DOH/ EPH <i>Executive Office of Resiliency and Health Security (ORHS)</i> anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas: • Adaptive Leadership • Change Management • Trauma-Informed Change Management	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Trauma-Informed Systems - Trauma-Informed Practice - Outward Mindset - Growth Mindset - Racial Equity and/or Social Justice - Community Resilience - Climate Change and Health Equity - Related topics – prior approval from EPHR ORHS required for training topics other than those listed above. Note: Prior approval from DOH/EPHR ORHS is required for any out-of-state travel.			
7 All LHJs Note for RERCs	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to: - Local and/or regional Emergency Manager(s). - Local and/or regional hospitals. - Local and/or regional elected officials. - Local and/or regional Community Health Workers (CHWs). - Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (For RERCs, this may include some or all the groups identified in Activity 8)	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
8 RERCs for their LHJ	Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.	Mid- and end-of-year reports on templates provided by DOH. Plans available upon request.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ. Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). 8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident. 8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident. 8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.			
9 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response. Notes: “Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. - The target is to mobilize a response within 45 minutes. - DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 1)	June 30, 2023	
10 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response.	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: DOH will provide additional guidance about submitting performance measure data.			
11 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date. Notes: - Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). - DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 3)	June 30, 2023	
12 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region. DOH, DOH contracted partner, or DOH approved trainer in person or via webinar. Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement. Notes: Prior approval from DOH is required for any out-of-state travel. DOH will work with regions and LHJs to customize and schedule training(s). - 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	Mid- and end-of-year reports on templates provided by DOH, <i>including title, date(s), sponsor of the training or conference, and brief summary of what you learned.</i>	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participation in the optional trainings listed in #6 and the communication drill (#22) does not meet the requirement for this activity.			
13 RERCs for their PHEP region All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in quarterly DOH Training & Exercise Call (unless cancelled). - Training and exercise opportunities. - Delivery of training and exercises. - Training and exercise opportunities. <i>Note: For Seattle King County and Tacoma Pierce County, the LHH is the PHEP region.</i>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
14 LERCs All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 14.1 Review LHH public health preparedness and response capabilities and identify gaps, priorities, and training needs. <i>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</i> <i>14.2 Complete Integrated Preparedness Planning Workshop (IPPW) Worksheets.</i> 14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	<i>14.2 Input to RERCs</i> <i>14.2 IPPW Worksheets</i> Mid-year report on template provided by DOH 14.3 Participation in IPPW. <i>End-of-year report on template provided by DOH.</i>	<i>14.2 As requested by RERCs.</i> <i>14.2 December 31, 2022</i> December 31, 2022 14.3 As requested by DOH. <i>June 30, 2023</i>	
15 RERCs with their PHEP region	<i>Domain 2 Incident Management</i> <i>Capability 3 Emergency Operations Coordination—Training & Exercise</i> <i>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health</i>	<i>Mid-year report on template provided by DOH.</i> <i>15.2 Completed Integrated Preparedness Planning Workshop Guide.</i>	<i>December 31, 2022</i> <i>15.3 As requested by DOH.</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
except Seattle-King and Tacoma-Pierce	preparedness and response capabilities and identify gaps, priorities, and training needs. 15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH. 15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023. Domain 2 Incident Management Capability 3 Emergency Operations Coordination—Training & Exercise 16.1 Review LHH preparedness and response capabilities and identify gaps, priorities, and training needs. 16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH. 16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	15.3 Participation in IPPW. Mid-year report on template provided by DOH. 16.2 Completed Integrated Preparedness Planning Workshop Guide. 16.3 Participation in IPPW.	December 31, 2022 16.3 As requested by DOH.	
17 15 RERCs for their LHH	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: • The process for requesting and receiving resource support • The process for gaining, maintaining, and sharing situational awareness of, as applicable: ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Emergency Operations Center (EOC) or Incident Command System (ICS) activation Note: The communication drill (Activity 22 20) does not meet the requirement for participation in an exercise or real world event.			
18 16 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 18-1 16.1 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. 18-2 16.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
19 17 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Complete or participate in After Action Reports (AARs) after each incident or exercise. Notes: - An AAR may be completed part-way through an extended response, for example, COVID-19. - 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.	Mid- and end-of-year reports on template provided by DOH. After-Action Report(s)/Improvement Plan(s)	December 31, 2022 June 30, 2023	
20 18 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>except</i> Seattle-King	Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner Notes: • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. • This may be completed part-way through the COVID-19 response. • This AAR may be used to meet the requirement above as well (Activity 19 17).			
24 19 Seattle-King	Domain 2 Incident Management Capability 3 Emergency Operations Coordination 24.1 19.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions. 24.2 19.2 Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs	Mid- and end-of-year reports on template provided by DOH. After-Action Report/Improvement Plan	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Notes: - Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. - Include 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 #49 18).			
22 20 All LHJs	Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication 22-2 20.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp). 22-2 20.2 Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023. 22-3 20.3 Conduct a hot wash evaluating LHJ participation in the drill (22-2 20.2). 22-4 20.4 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. Notes: Participation in a real world event may meet the requirement for 22-2 20.2, 22-3 20.3, and 22-4 20.4.	Mid- and end-of-year reports on templates provided by DOH. If you use a real-world event to meet 22-2 20.2, 22-3 20.3, and 22-4 20.4, submit hotwash or AAR with report. If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.	December 31, 2022 June 30, 2023	

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 and one sample of communication in mid-year or end-of year report.			
23 21 All LHJs	Domain 3 Information Management Capability 4 Emergency Public Information and Warning Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise. Notes: - The target is within the first six hours. - DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 7)	June 30, 2023	
24 22 All LHJs	Domain 3 Information Management Capability 6 Information Sharing 24.1 22.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 24.2 22.2 Participate in DOH-led notification drills. 24.3 22.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system. Notes: - Registered users must log in quarterly at a minimum. - DOH will provide technical assistance to LHJs on using WASECURES. - LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
25 23 RERCs for their PHEP region	Domain 3 Information Management Capability 6 Information Sharing 25.1 23.1 Participate in quarterly DOH-led WASECURES Users Group.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
26 24 All LHJs	25-2 23.2 Provide technical assistance to LHJs in PHEP region as needed. (<i>Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.</i>) Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EEl)s 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.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
27 25 All LHJs RERCs additional activity Note for CRI LHJs	Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region. RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed. MCM plans include: - Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #28 26). Notes - DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. - LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize	Mid- and end-of-year reports on template provided by DOH. Updated MCM plan.	December 31, 2022 June 30, 2023 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. - LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28 26). - CRI LHJs – See also CRI activity #4.			
28 26 All LHJs	Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). <i>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</i> <i>Begin to update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.</i> <i>Notes:</i> <i>This update doesn't need to be completed until the next contract period (6/30/24).</i> <i>This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.</i>	LHJ performance measure data (PM 5)	June 30, 2023	
27 All LHJs		<i>Mid- and end-of-year reports on templates provided by DOH, including progress on updating plan (meetings, draft, etc.).</i>	<i>December 31, 2022</i> <i>June 30, 2023</i>	
29 28 RERCs for their LHJs	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).	Mid- and end-of-year reports on template provided by DOH. Plans available upon request.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Notes: - Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. - LHJ may also conduct a drill or tabletop exercise to exercise plans.			
30 29 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation Domain <i>Capability</i> 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	Mid- and end-of-year reports on templates provided by DOH. Plan available upon request.	December 31, 2022 June 30, 2023	
31 30 All LHJs	Domain 5 Surge Management Capability 10 Medical Surge Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance: - Northwest Healthcare Response Network (Network) - Regional Emergency and Disaster (REDi) Healthcare Coalition - Healthcare Alliance (Alliance) During each reporting period (see notes below), participate in one or more of the following activities: - Meetings - Communication - Regional meeting, in person or virtually. - Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) - Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities. - Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. - Planning - Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans.	Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Drills and Exercises - Drill or exercise, including redundant communications, WA Trac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. - Response - Information sharing process during incidents. - Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. Notes: - Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023 - LHJs in HCC or Alliance regions: - Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. - Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. - REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima.			
32 31 All LHJs	Domain 5 Surge Management Capability 10 Medical Surge Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency. Notes: “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. - DOH will provide additional guidance about submitting performance measure data.	LHJ performance measure data (PM 8)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
33 32 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH. Agreements available upon request.	December 31, 2022 June 30, 2023	
34 33 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation	Mid- and end-of-year reports on templates provided by DOH. Lists available upon request.	December 31, 2022 June 30, 2023	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps. Note: PHEP Region 4: Clark, Cowlitz, Skamania and Wahkiakum LHJs.	Mid- and end-of-year reports on templates provided by DOH. Sign in sheets and agendas for trainings conducted by Clark County available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 3	3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.	Mid- and end-of-year reports on templates provided by DOH. Website screenshots available upon request.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.			
LHJ Request Spokane 1	Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 2	As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Spokane 3	Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.	Mid- and end-of-year reports on templates provided by DOH. Agreements and subcontracts available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 1	<i>1.1 Maintain and update policies and procedures to recruit, train, mobilize and deploy volunteers registered by the local health jurisdiction to support health and medical response operations.</i> <i>1.2 Identify the priority capabilities volunteers will support, and how volunteers are trained.</i> <i>1.3 Support COVID-19 volunteer response.</i>	<i>Mid- and end-of-year reports on templates provided by DOH.</i>	<i>December 31, 2022 June 30, 2023</i>	
LHJ Request Tacoma-Pierce 2	Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 3	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Tacoma-Pierce 4	Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ Request Thurston 1	Domain 5 Surge Management Capability 15 Volunteer Management 1.1 Maintain a Medical Reserve Corps (MRC) unit. 1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the local jurisdiction to support health and medical response operations. 1.3 Identify target mission sets for development within the MRC unit.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
CDC Cities Readiness Initiative (CRI) FFY22 PHEP CRI BP4 - Clark, Snohomish, Seattle-King, and Tacoma-Pierce				
CRI 1	Participate in webinars with CDC and DOH regarding the ORR (operational readiness review) requirements.	Mid- and end-of-year reports on templates provided by DOH, include summary of webinar participation	December 30, 2022, June 30, 2023	
CRI 2	Gain access to CDC's PORTS (PHEP ORR Reporting and Tracking System). Participate in PORTS trainings offered by CDC.	Mid- and end-of-year reports on templates provided by DOH.	December 30, 2022, June 30, 2023	
CRI 3	3.1 Submit the Integrated Action Plan into PORTS. This includes attending seminars and trainings, and reading guidance issued by CDC. 3.2 Participate in quarterly conference calls with DOH.	Integrated action plan submitted in PORTS.	June 30, 2023	
CRI 4	Update and maintain MCM plan. Note: See also activities #27 and 28 above. CRI LHs may use PHEP and/or CRI funds to update and maintain their MCM plans.	Updated MCM plan.	June 30, 2023	

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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 Unique Entity Identifier (UEI) generated by SAM.gov.

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:

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

Submit deliverables to the ~~Emergency Preparedness, Resiliency & Response~~ *Executive Office of Resiliency and Health Security* ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12cccc462549&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: Healthcare-Associated Infections & Antimicrobial Resistance (HAI&AR) - Effective September 1, 2022

Local Health Jurisdiction Name: Snohomish Health District

Contract Number: CLH31027

SOW Type: Original Revision # (for this SOW)

Period of Performance: September 1, 2022 through July 31, 2024

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to the Snohomish Health District (SHD) Communicable Disease (CD) Section for staff and activities pertaining to COVID-19 prevention and outbreak response through technical assistance to nursing homes in the SHD jurisdiction.

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
FFY21 SNF STRIKE TEAMS HAI ELC	1831421T	93.323	333.93.32	09/01/22 07/31/24	0	50,059	50,059
FFY21 NH & LTC STRIKE TEAMS HAI ELC	1831521U	93.323	333.93.32	09/01/22 07/31/24	0	50,059	50,059
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	100,118	100,118

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide proactive and COVID-19 outbreak reactive infection control assessment and response (ICAR) services through the designation of an infection preventionist (IP). In collaboration with the Washington State Department of Health's Healthcare-Associated Infections & Antimicrobial Resistance (HAI&AR) Section <i>designate</i> a qualified infection preventionist (IP) (e.g., certified or pursuing Certified in Infection Control [CIC] within 2 years or Associate in Infection Prevention Control [A-IPC] within 1 year of hire)	Written communication to the DOH HAI&AR LHJ Coordinator on the designation of a qualified IP or equivalent Quarterly check-in email with the DOH HAI&AR LHJ Coordinator with updates on site visit prioritization.	9/1/22 – Designate IP Quarterly	Payment for all tasks will be reimbursement for actual expenses up to the maximum available within the funding periods for each source described in the Funding Table above.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	- Using Centers for Disease Control and Prevention (CDC) guidance, collaborate with the DOH HAI&AR Program to prioritize and conduct healthcare facility site visits, which may include: - Long-term care facilities - Skilled nursing facilities			Restrictions on Funds (See “Program Specific Requirements”)
2.	Provide COVID-19 technical support through the continued employment of: - one (1) 0.5 FTE data support staff - one (1) 0.10 FTE community outreach worker - one (1) 0.10 FTE vaccine coordinator	Written communication to the DOH HAI&AR LHJ Coordinator on the presence of: - one (1) data support staff employed - one (1) community outreach worker employed - one (1) vaccine coordinator employed	9/1/22 – 7/31/24	
3.	Provide necessary supplies, infrastructure, and equipment for SHD CD COVID-19 response staff and related activities: data support staff, community outreach worker, vaccine coordinator, IP, disease intervention specialist (DIS), health educator, CD program supervisor, and CD program assistant: - Computer and data linkages - Office equipment - Workspace - DOH-provided Go Bag (gowns, masks, eye protection, N-95s, hand sanitizer, trash bags, travel bag to store supplies) - Transportation cost for conducting ICAR site visits - Translation and interpretation services	Provide documentation of the presence of an infrastructure in the first quarterly report submission (template provided by DOH)	By start date of the hired positions – 7/31/24	
4.	Participate in regular conference calls with the DOH ICAR lead to discuss ICAR successes and challenges.	Attend conference calls	Monthly	
5.	IP shall participate in community infection prevention meetings and other IP professional development activities [e.g., Association for Professionals in Infection Control and Epidemiology (APIC) Chapter meeting].	Report meeting participation at quarterly email check-in	Quarterly	
6.	Ensure that the hired IP and other SHD CD designated COVID-19 response staff can attend periodic trainings and/or meetings with the DOH HAI&AR Program - Trainings and/or meetings will occur at least four (4) times during the grant period - Shadow a DOH IP during a healthcare facility site visit during onboarding period	Report attendance of trainings/meetings at quarterly email check-in	As trainings and/or meetings are provided by the DOH HAI&AR Program.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7.	The SHD CD designated COVID-19 response staff will help develop COVID-19 vaccine (partner with vaccine preventable diseases [VPD] staff as needed) and outbreak IP tools/resources for healthcare facilities and updated SHD website with update tools and resources. On an as needed basis, the SHD CD designated COVID-19 response staff will develop tools based on their healthcare facility site visit findings.	Report tools/resources that have been created and shared in quarterly email check-in. Update SHD with updated/new tools/resources	Quarterly and as needed during funding period	
8.	Regularly report all proactive and COVID-19 reactive ICAR site visits within two (2) weeks of the visit in DOH ICAR REDcap and email findings within five (5) business days of site visit to facility	ICARs reported to REDcap Project ICAR findings reported to facility	Within 2 business weeks of site visit Within 5 business days of site visit	
9.	For COVID-19 outbreak investigations and detections, the SHD CD IP will facilitate regular (i.e., weekly) communications (i.e., site visit, via phone, email) with facility to determine status of identified gaps.	Share gap mitigation findings in quarterly email check-in	Quarterly	
10.	Provide COVID-19 testing resources to increase testing accessibility to LTCFs experiencing outbreaks - COVID-19 testing supplies - Staffing support for testing during facility outbreaks	Report on testing resources provided in quarterly email check-in	Quarterly	
11.	Maintain data collection and surveillance capabilities to fulfill current and updated reporting requirements.	Provide documentation of presence of data collection and surveillance infrastructure in quarterly email check-in	Quarterly	
12.	Other LHJs and healthcare staff will benefit from learning about the various COVID-19 prevention and response activities. To ensure resources and knowledge are shared, a designated SHD CD staff will present in the webinar outreach led by the DOH HAI&AR Program at the end of the funding period. Participation is defined as webinar attendance, presentation, and availability to answer general questions about COVID-19 activities.	Participation in at least one (1) webinar hosted by DOH	7/31/24	

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 Unique Entity Identifier (UEI) generated by SAM.gov.

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: [Infection Control Assessment and Response \(ICAR\)](#) | [Washington State Department of Health](#)

Staffing Requirements: (Supported by: MI183132IR; MI183142IT) At least one qualified IP or equivalent (CIC or A-PIC certified) must be employed in the program.

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

- CDC Funding Regulations and Policies: <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>
- Nursing Home Strike Teams funds are not interchangeable. All COVID-19 activities pertaining to skilled nursing facilities must be billed to FFY21 SNF STRIKE TEAMS HAI ELC and all COVID-19 activities pertaining to non-skilled nursing facilities must be billed to FFY21 NH & LTC STRIKE TEAMS HAI ELC

Monitoring Visits (i.e., frequency, type, etc.): (Supported by: MI183132IR; MI183142IT) 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 sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

Assurances/Certifications: (Supported by: MI183132IR; MI183142IT) IP or equivalent must be or actively pursuing Certified in Infection Control (CIC) within 2 years or Associate in Infection Prevention Control [A-IPC] within 1 year of hire

Billing Requirements: A19-1A invoices are required to be submitted at least quarterly.

Special Instructions: (Supported by: MI183132IR; MI183142IT) Quarterly reporting will be due as follows:

- December 31, 2022
- March 31, 2023
- June 30, 2023
- September 30, 2023
- December 31, 2023
- March 31, 2024
- June 30, 2024

Other: (Supported by: MI183132IR; MI183142IT) Other conditions may be included to the extent that they are in support of or related to work to control the spread of SARS-CoV-2.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization Regional Representatives - Effective July 1, 2022 **Local Health Jurisdiction Name:** Snohomish Health District

Contract Number: CLH31027

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

Period of Performance: July 1, 2022 through June 30, 2023

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 July 1, 2022 - June 30, 2023.

Revision Purpose: Modify Task 2.

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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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
FFY23 VFC IQIP	74310224	93.268	333.93.26	07/01/22 06/30/23	74,468	0	74,468
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					74,468	0	74,468

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) New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement - DOH 348-576	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
2	<i>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 approved by DOH and performed in accordance with CDC and CVP guidelines.</i> <i>Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.</i>	<i>Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.</i> <i>Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.</i>	<i>Within ten (10) days of provider disenrollment</i> <i>Within ten (10) days of vaccine transfer or removal</i>	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. Sites may be selected by DOH or by 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 project Schedule 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 verification by email, fax, or mail that follow-up	a) Submit completed Compliance Site Visit Project Schedule to DOH b) 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. c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.	a) By July 31, 2022 b) 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. c) Within five (5) business days of the site visit.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.	d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	d) Within five (5) business days of receiving the document(s) follow-up action was completed.	
5	<u>IQIP (Immunization Quality Improvement for Providers)</u> a) Complete Project Management Scheduling Tool 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.

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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 Unique Entity Identifier (UEI) generated by SAM.gov.

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.
- Regional representatives must have access to a digital data logger with current certificate of calibration and qualified packouts or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan)

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: TB Program - 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 December 31, 2022

Funding Source ☒ Federal Subrecipient ☐ State ☐ Other	Federal Compliance (check if applicable) ☒ FFATA (Transparency Act) ☐ Research & Development	Type of Payment ☒ Reimbursement ☐ Fixed Price
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Statement of Work Purpose: This statement of work is providing funding for 2022 from the State TB Program for tuberculosis (TB) prevention and control activities

Revision Purpose: The purpose of this revision is to increase allocation of funds, add an additional activity, and update deliverables, due dates, and payment information.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 TB ELIMINATION-FPH	18402203	93.116	333.93.11	01/01/22	12/31/22	95,449	0	95,449
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	05/21/22	12/31/22	0	43,542	43,542
						0	0	0
						0	0	0
						0	0	0
TOTALS						95,449	43,542	138,991

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Case Management and Treatment: (1) Increase percentage of TB cases meeting the National TB Indicators Project (NTIP) targets for objectives on case management and treatment. a. Performance-based focus area improve Completion of Therapy (COT) (2) Comply with American Thoracic Society, Centers for Disease Control and Prevention (CDC) and the Infectious Diseases Society of America Clinical Practice Guidelines.	Summary of task outcome including any implemented strategies to improve in COT and related results/findings in the Consolidated Contract "TB Deliverables Report" <i>for 2022</i> .	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023. January 31, 2023.	<i>Payment for tasks 1-7 will be reimbursement for actual expenses up to the maximum available within the FFY22 TB ELIMINATION-FPH funding period described in the Funding Table above.</i> <i>See below Restrictions on Funds.</i>
2	Provide DOH with complete TB case, contact and infection data. After initial notifiable conditions TB case report (within 3 business days) through the Washington Disease Reporting System (WDRS), more detailed data for confirmed or suspected cases are to be entered into WDRS within 2 weeks of receipt by the LHJ.	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023. January 31, 2023.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	- Contact (Active Disease and Targeted Testing) and subsequent infection data (if applicable) to be provided electronically (e.g. WDRS or .xls or .csv) to DOH by the first week of February for the two previous calendar years. Contact Investigations: - Increase percentage of TB cases and contacts meeting NTIP targets for objectives on contact investigations. - Comply with National TB Controllers Association and CDC guidelines	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.	Reimbursement for actual costs. See below Restrictions on Funds. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs.
4	Directly Observed Therapy (DOT): Provide DOT for all cases of infectious TB disease, this includes VDOT for qualifying patients.	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.	Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs.
5	Examination and Appropriate Treatment of Immigrants and Refugees: - Increase percentage of immigrants and refugees meeting NTIP targets. - Completed TB Follow-up worksheets are sent to DOH via secure tool which protects patient information.	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.	Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs.
6	Cohort Review At least one (1) appropriate staff member will participate in cohort reviews in 2022.	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.	Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs.
7	TB Case Consultation: Appropriate LHJ TB staff attend as requested. For any 340B medication received the LHJ agrees to: - Maintain auditable records for a minimum of 3 years including a separate medication inventory tracking system with records tied to patients receiving the medication. - Store 340B separately from non-340B medications. - Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility. - Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations. - Will not bill Medicaid for any 340B TB medications provided by DOH TB Program. - Notify DOH TB Program of any medication loss or	Summary of task outcome on the Consolidated Contract "Deliverables Report" <i>for 2022</i>	Report due December 31, 2022 for 2022 activities; to be received by DOH by January 31, 2023.	Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs. Reimbursement for actual costs.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	expiration of medications including any breach of 340B regulations. Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ.			
8	<i>Provide TB screening, evaluation, Interferon-Gamma Release Assay (IGRA), chest x-rays, and other clinical services as indicated, including treatment* for latent or active TB disease for newcomers from Ukraine. (*These federal dollars can be used to provide TB medications to TB patients)</i>	<i>Consolidated Contract "TB Deliverables Report" include aggregate information for all Ukrainians directly clinically served with these funds for 2022. This includes the number: evaluated, diagnosed with TB infection, started treatment, and completed treatment.</i>	<i>January 31, 2023</i>	<i>Payment for task 8 will be reimbursement for actual expenses up to the maximum available within the FFY22 TB UNITING FOR UKRAINE SUPP funding period described in the Funding Table above.</i>

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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:

TB Manual: Link to be provided on DOH Website (www.doh.wa.gov/tb) when revision is completed.

LHJ TB SharePoint pages: [TB LHJ Home \(sharepoint.com\)](#)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

Restrictions on Funds:

- Emphasis must be given to directing the majority of funds to core TB control activities.
- Federal Funds may not be used *except where noted*:
 - To supplant State or LHJ funds;
 - For inpatient care or construction or renovation of facilities;
 - To purchase treatment medications.

Special References:

TB Laws and Regulations: (<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx>)

Health Officer Handbook: [Washington State Tuberculosis Law Manual for Health Officers](#)

Exhibit A, Statement of Work

Monitoring Visits:

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 sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

Billing Requirements:

Monthly billing is preferred, and all 2022 invoices received at DOH by January 16th, 2023. LHJ may bill monthly. Invoices must be received no more than 60 days after billing period.