

WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

202201016 – 7

Originating Department:	85 Health
Division/Program: <i>(i.e. Dept. Division and Program)</i>	8510 All Divisions
Contract or Grant Administrator:	Kathleen Roy
Contractor's / Agency Name:	Washington State Department of Health

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202201016	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
(see Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)			

Is this a grant agreement?	If yes, grantor agency contract number(s):	CLH31033	CFDA#:	Various
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):			
Is this contract grant funded?	If yes, RFP and Bid number(s):			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract Cost Center:		Various	
Is this contract the result of a RFP or Bid process?	If yes, RFP and Bid number(s):		Contract Cost Center:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Various	
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If no, include Attachment D Contractor Declaration form.		

If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).	

Contract Amount:(sum of original contract amount and any prior amendments):	<p>Council approval required for; all property leases, contracts or bid awards exceeding \$40,000, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when:</p> <ol style="list-style-type: none"> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, professional services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies or equipment included approved in the budget. 4. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
\$ 9,430,654	
This Amendment Amount:	
\$ (1,052,686)	
Total Amended Amount:	
\$ 8,377,968	

Summary of Scope: The Consolidated Contract defines the joint and cooperative relationship between Whatcom County and the Washington State Department of Health for the delivery and funding of various public health services in Whatcom County.

Term of Contract:	3 years	Expiration Date:	12/31/2024
Contract Routing:	1. Prepared by:	JT	Date: 09/01/2022
	2. Attorney signoff:	RB	Date: 09/01/2022
	3. AS Finance reviewed:	M Caldwell	Date: 9/1/22
	4. IT reviewed (if IT related):		Date:
	5. Contractor signed:		Date:
	6. Submitted to Exec.:		Date:
	7. Council approved (if necessary):	AB2022-496	Date:
	8. Executive signed:		Date:
	9. Original to Council:		Date:

**WHATCOM COUNTY HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31033

AMENDMENT NUMBER: 7

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and WHATCOM COUNTY HEALTH DEPARTMENT, 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:
 Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2022
 Office of Immunization Perinatal Hepatitis B - Effective July 1, 2022
 - Amends Statements of Work for the following programs:
 COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
 Foundational Public Health Services (FPHS) - Effective January 1, 2022
 Maternal & Child Health Block Grant - Effective January 1, 2022
 OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022
 Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022
 - Deletes Statements of Work for the following programs:

2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:
 - Increase of _____ for a revised maximum consideration of _____.
 - Decrease of **\$1,052,686** for a revised maximum consideration of **\$8,377,968**.
 - 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.

WHATCOM COUNTY HEALTH DEPARTMENT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

WHATCOM COUNTY

Satpal Singh Sidhu, County Executive

STATE OF WASHINGTON)
)
COUNTY OF WHATCOM)

On this _____ day of _____, 2022, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for the State of Washington,
residing at Bellingham.

My Commission expires:_____

APPROVED AS TO FORM

Approved by email RB/JT

Royce Buckingham, Senior Civil Deputy Prosecutor

09/01/2022

Date

Indirect Rate January 1, 2022 through December 31, 2022: 25.22%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	\$15,000
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	\$156,138	\$156,138	\$218,593
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	\$62,455	\$62,455	
FFY22 TB Elimination-FPH	NU52PS910221	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$20,827	\$20,827	\$20,827
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$301,034	\$301,034	\$301,034
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$853,429	\$853,429	\$853,429
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$1,000	\$1,000	\$2,000
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,000	\$1,000	
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$13,470	\$13,470	\$26,873
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$13,403	\$13,403	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$45,830	\$45,830	\$45,830
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$147,919)	\$1	\$1
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$147,920		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	(\$410,548)	\$1,448,582	\$1,448,582
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$1,859,130		
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	\$1,400	\$1,400	\$2,800
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	\$1,400	\$1,400	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5	93.387	333.93.38	04/29/22	12/31/22	04/29/22	04/28/23	\$37,772	\$37,772	\$37,772
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	\$142,176	\$142,176	\$142,176
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	(\$106,632)	\$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	\$106,632		
FFY21 MCHBG Special Project	B04MC40169	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$106,632	\$106,632	\$106,632
GFS-Group B (FO-NW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$12,939	\$12,939	\$12,939
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$69,070	\$69,070	\$103,605
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$34,535	\$34,535	

Indirect Rate January 1, 2022 through December 31, 2022: 25.22%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY23 Dedicated Cannabis Account		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$409,588	\$409,588	\$409,588
SFY22 Marijuana Education		Amd 4	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/22	\$294,228	\$294,228	\$294,228
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$18,000	\$18,000	\$18,000
SFY23 Tobacco Prevention Proviso		Amd 7	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$10,000	\$240,000	\$240,000
SFY23 Tobacco Prevention Proviso		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$230,000		
SFY23 Youth Tobacco Vapor Products		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/21	06/30/23	\$56,259	\$56,259	\$56,259
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,651,000	\$2,651,000	\$4,013,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,362,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,362,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,362,000	\$1,362,000	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 5	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$3,400	\$3,400
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	\$3,000		
Sanitary Survey Fees (FO-NW) SS-State		Amd 5	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$400	\$400	\$3,400
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	\$3,000	\$3,000	
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									\$8,377,968	\$8,377,968	
Total consideration:				\$9,430,654						GRAND TOTAL	\$8,377,968
				(\$1,052,686)							
GRAND TOTAL				\$8,377,968						Total Fed	\$3,114,917
										Total State	\$5,263,051

*Catalog of Federal Domestic Assistance

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

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

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

SOW Type: Revision **Revision # (for this SOW)** 4

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through June 30, 2023

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance from September 30, 2022 to June 30, 2023, add funding details for MASS VACCINATION CATZ 100%, add language to task 1, add a new task 2 for documentation, and add language to Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	09/30/22	0	0	0
*MASS VACCINATION CATZ 100%	934G0200	97.036	333.97.03	07/02/22	06/30/23	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</p> <p>Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non- clinical facility (fairgrounds, arenas, etc.).</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. <i>Contracted partners need to be prepared to receive direction and updates at least monthly from COVID-19 Vaccine Information for Healthcare Providers Washington State Department of Health on operational and regulatory guidance from CDC and DOH.</i></p>			
1A	<p>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county.</p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general</p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations. 	<p>Within 30 days of contract amendment execution.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p> <p>Provide any information as requested by the regional IMT.</p>			
1B	<p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</p> <p>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</p>	<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	
1C	<p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.</p>	<p>Submission of vaccine use into WA IIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	Daily	
1D	<p>Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).</p>	<p>Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.</p>	Monthly	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<i>Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under \$5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.</i>	<ul style="list-style-type: none"> • Payroll Policies • Pull payroll documents from your system of record • Time sheets • Receipts/Invoices for any expenses that are not payroll related • Executed Contract Documents with Sub-Contractors • Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs 	<i>Monthly</i>	<p><i>*Reimbursement of eligible costs.</i></p> <p><i>MASS VACCINATION CATZ 100% Funding (MI 934G0200)</i></p> <p><i>(See Program Specific Requirements below)</i></p>

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

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a 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

Emergency Response Plan (or equivalent)
 Medical Countermeasure/Mass Vaccination Plan
Language Access Planning Tool

Billing Requirements:

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

Special Instructions:

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

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH *using CATZ funds for documentation from July 2, 2022 through June 30, 2023.*

Eligible costs from the timeframe of January 1, 2022 through September 30, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

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

DOH Program Name or Title: Executive Office of Resiliency and Health Security-
PHEP - Effective July 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

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: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22 06/30/23	0	156,138	156,138
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	156,138	156,138

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				Reimbursement for actual costs not to exceed total funding consideration amount.
1	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022	
All LHJs	Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Additional reporting may be required if federal requirements change.	June 30, 2023	

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/EPRR 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: <ul style="list-style-type: none">• Adaptive Leadership• Change Management• Trauma-Informed Change Management• Trauma-Informed Systems	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
	<ul style="list-style-type: none"> • 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 EPRR required for training topics other than those listed above. <p>Note: Prior approval from DOH/EPRR is required for any out-of-state travel.</p>			
<p>7</p> <p>All LHJs</p> <p>Note for RERCs</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional 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) 	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>8</p> <p>RERCs for their LHJ</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>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.</p> <p>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.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plans available upon request.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). <p>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.</p> <p>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.</p> <p>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.</p>			
9 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> “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	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>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.</p> <p>Note: DOH will provide additional guidance about submitting performance measure data.</p>	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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: <ul style="list-style-type: none"> • 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. Notes: <ul style="list-style-type: none"> • 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.	December 31, 2022 June 30, 2023	
13 RERCs for their PHEP region	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in quarterly DOH Training & Exercise Call (unless cancelled). Call topics may include, but not limited to: <ul style="list-style-type: none"> • Training and exercise opportunities. • Delivery of training and exercises. • Training and exercise opportunities. 	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
	Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.			
14 LERCs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</p> <p>14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>14.2 Input to RERCs</p> <p>Mid-year report on template provided by DOH</p> <p>14.3 Participation in IPPW.</p>	<p>14.2 As requested by RERCs</p> <p>December 31, 2022</p> <p>14.3 As requested by DOH.</p>	
15 RERCs with their PHEP region except Seattle-King and Tacoma-Pierce	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p> <p>15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>Mid-year report on template provided by DOH.</p> <p>15.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>15.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>15.3 As requested by DOH.</p>	
16 Seattle-King and Tacoma-Pierce	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</p>	<p>Mid-year report on template provided by DOH.</p> <p>16.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>16.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>16.3 As requested by DOH.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.			
17 RERCs for their LHJ	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Note: The communication drill (Activity 22) does not meet the requirement for participation in an exercise or real world event.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
18 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>18.1 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.</p> <p>18.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	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
19 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: <ul style="list-style-type: none"> • 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 All LHJs <i>except</i> Seattle-King	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). 	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
	<ul style="list-style-type: none"> 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). 			
21 Seattle-King	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>21.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.</p> <p>21.2 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</p> <p>Notes:</p> <ul style="list-style-type: none"> 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 #19). 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	
22 All LHJs	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>22.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>If you use a real-world event to meet 22.2, 22.3, and 22.4, submit hotwash or AAR with report.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>information on the public health communicator online collaborative workspace (for example, Basecamp).</p> <p>22.2 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.</p> <p>22.3 Conduct a hot wash evaluating LHJ participation in the drill (22.2).</p> <p>22.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Participation in a real world event may meet the requirement for 22.2, 22.3, and 22.4. • 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. 	<p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>		
<p>23 All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The target is within the first six hours. • DOH will provide additional guidance about submitting performance measure data. 	<p>LHJ performance measure data (PM 7)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
24 All LHJs	Domain 3 Information Management Capability 6 Information Sharing 24.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system. 24.2 Participate in DOH-led notification drills. 24.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system. Notes: <ul style="list-style-type: none"> • Registered users must log in quarterly at a minimum. • DOH will provide technical assistance to LHJs on using WASECURES. • LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
25 RERCs for their PHEP region	Domain 3 Information Management Capability 6 Information Sharing 25.1 Participate in quarterly DOH-led WASECURES Users Group, 25.2 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>)	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
26 All LHJs	Domain 3 Information Management Capability 6 Information Sharing Provide Essential Elements of Information (EIs) 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	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>27 All LHJs</p> <p>RERCs additional activity</p> <p>Note for CRI LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p>RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> • 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) <p>Notes</p> <ul style="list-style-type: none"> • 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 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. • CRI LHJs – See also CRI activity #4. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	<p>December 31, 2022 June 30, 2023</p> <p>June 30, 2023</p>	
<p>28 All LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution</p> <p>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).</p>	<p>LHJ performance measure data (PM 5)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
29 RERCs for their LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Plans available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
30 RERCs for their LHJ	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plan available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
31 All LHJs	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> • Northwest Healthcare Response Network (Network) • Regional Emergency and Disaster (REDi) Healthcare Coalition • Healthcare Alliance (Alliance) <p>During each reporting period (see notes below), participate in one or more of the following activities:</p> <ul style="list-style-type: none"> • Meetings - Communication <ul style="list-style-type: none"> ○ 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. 	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Planning <ul style="list-style-type: none"> ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. • Drills and Exercises <ul style="list-style-type: none"> ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. • Response <ul style="list-style-type: none"> ○ Information sharing process during incidents. ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. <p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023 • LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> ○ 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 All LHJs	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>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.</p> <p>Notes:</p> <ul style="list-style-type: none"> • “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. 	LHJ performance measure data (PM 8)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> DOH will provide additional guidance about submitting performance measure data. 			
33 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 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: <ul style="list-style-type: none"> 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	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ Request Kitsap 3	<p>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.</p> <p>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.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Website screenshots available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 1	<p>Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 2	<p>As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 3	<p>Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Agreements and subcontracts available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 2	<p>Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 3	<p>Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 4	<p>Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Thurston 1	<p>Domain 5 Surge Management Capability 15 Volunteer Management</p> <p>1.1 Maintain a Medical Reserve Corps (MRC) unit.</p> <p>1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	local jurisdiction to support health and medical response operations. 1.3 Identify target mission sets for development within the MRC unit.			

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

Special Requirements:

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

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

Restrictions on Funds:

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective January 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

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

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total SFY22 funding allocation is for the period of July 1, 2021 through June 30, 2022. The funding allocations will be divided into two six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022. The July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only.

FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year. (RCW 43.88.140)

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management.

Revision Purpose: Changing Period of Performance end date to June 30, 2022 to reflect this work and funding associated to SFY22. Also removing the funds associated with FPHS-LHJ-PROVISO (YR2) as it's now reflected in the Statement of Work effective July 1, 2022.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Decrease (-)	Total Allocation
				Start Date	End Date			
FPHS-LHJ-PROVISO (YR1) Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)	99202111	N/A	336.04.25	01/01/22	06/30/22	1,362,000	0	1,362,000
FPHS-LHJ-PROVISO (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	1,362,000	-1,362,000	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						2,724,000	-1,362,000	1,362,000

BARS Expenditure Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22	SFY23	21-23 BIENNIAL
			Your jurisdiction	Other jurisdictions			
10-17, 20, 21, 23-29, 40-53, 93	All – CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		472,000	472,000	944,000
10	Assessment	CHA/CHIP	X		30,000	30,000	60,000
10	Assessment	Shared Epidemiology – General (Surveillance / Assessment, CHA/CHIP)	X		150,000	150,000	300,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		236,000	236,000	472,000
24	CD	Hepatitis C	X		41,000	41,000	82,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		433,000	433,000	866,000
TOTAL					\$1,362,000	\$1,362,000	\$2,724,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Results are published in the annual FPHS Investment Report. FPHS indicator metrics available here .	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. FPHS annual reporting (template provided by the FPHS Steering Committee via DOH)	TBD For SFY22 (07/01/21 – 06/30/22) For SFY23 (07/01/22 – 06/30/23)	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Reinforcing Capacity – <u>These funds are to each LHJ to deliver FPHS in their own jurisdiction</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPHS definitions.</p> <p>Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53.</p>			
2	<p>Assessment – CHA/CHIP (FPHS definitions G.3) – <u>These funds are to each LHJ to deliver FPHS in their own jurisdiction</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPHS definitions.</p> <ul style="list-style-type: none"> • Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. • Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. <p>These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services. Coordinate with the Spokane Regional Health District to participate in County Health Insights.</p> <p>Suggested BARS expenditure codes: 562.11.</p>			
3	<p>Assessment – Shared Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1, 2) – <u>These funds are to select LHJs to deliver FPHS in their own jurisdiction</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide general assessment epidemiology focused on COVID, CHAs/CHIPs and/or local public health assessment needs. Coordinate with the Spokane Regional Health District to participate in County Health Insights.</p> <p>Suggested BARS expenditure codes: 562.10 and/or 11.</p>			
4	<p>Communicable Disease (CD) (FPHS definitions C.1, 2, 3, 4, 6) – <u>These funds are to each LHJ to deliver FPHS in their own jurisdiction</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS CD services as defined in the most current version of the FPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPHS funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed and/or contract with other LHJs for staff time or services for delivering FPHS CD. As the pandemic response wains, staff funded with FPHS funds are to shift focus to providing some or all of the FPHS CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases.</p> <ol style="list-style-type: none"> 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. <p>Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>Communicable Disease – Hepatitis C (FPHS definitions C.4.o-p) – <u>These funds are to select LHJs to deliver FPHS in their own jurisdiction.</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data.</p> <p>The priorities for the 2021-2023 biennium (July 2021 – June 2023):</p> <ul style="list-style-type: none"> • Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. • Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color, or other historically marginalized population, and incorporate Hepatitis B work. <p>Suggested BARS expenditure codes: 562.24.</p>			
6	<p>Environmental Public Health (EPH) (FPHS definitions B.3 & 4) – <u>These funds are to each LHJ to deliver services in their own jurisdiction.</u> In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for:</p> <ul style="list-style-type: none"> • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) <p>These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue):</p> <ul style="list-style-type: none"> • Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) – Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permissible systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: <ul style="list-style-type: none"> ○ Work with partners to educate and inform public on OSS monitoring and maintenance ○ Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ○ Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. ○ Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources. ○ Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage. ○ Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law. <ul style="list-style-type: none"> ● Schools Safety (FPHS definition B.3.g) – Assure safe and effective learning environments for children attending K-12 schools – public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include: <ul style="list-style-type: none"> ○ Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities. ○ Participate with statewide public health groups to standardize school program implementation. ○ Focus on schools that have not previously been inspected to assess current conditions ○ Focus on existing elementary schools for first phase of inspections program <ul style="list-style-type: none"> ▪ Indoor Air Quality ▪ Classroom ▪ Healthy cleaning and indoor environments ▪ Playground ▪ Drinking water (lead) <p>Suggested BARS expenditure codes: 562.xx – 40-53.</p>			

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

Program Specific Requirements

Program Manual, Handbook, Policy References:

All FPHS Resources – www.doh.wa.gov/fphs or [FPHS | Powered by Box](#)

Special References (i.e., RCWs, WACs, etc.):

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent. \(wa.gov\)](#)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](#)

Definitions:

FPHS Definitions – <https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfxzohk>

Special Instructions:

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

336.04.24 – County Public Health Assistance

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

336.04.25 – Foundational Public Health Services

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

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

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health
Mobile Phone 360-951-7566 / marie.flake@doh.wa.gov

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

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

Period of Performance: January 1, 2022 through September 30, 2023

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

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2022 to September 30, 2023 for continuation of MCHBG related activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	0	0	0
FFY21 MCHBG SPECIAL PROJECTS	7811021A	93.994	333.93.99	01/01/22	09/30/22	106,632	0	106,632
FFY23 MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	0	142,176	142,176
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						106,632	142,176	248,808

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
1c	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>Designated LHJ staff will attend regional meeting.</i>	<i>September 30, 2023</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
<i>1d</i>	<i>Report actual expenditures for October 1, 2021 through September 30, 2022.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 2, 2022</i>	See Program Specific Requirements and Special Billing Requirements.
<i>1e</i>	<i>Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 9, 2022</i>	
<i>1f</i>	<i>Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 19, 2023</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
<i>2c</i>	<i>Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.</i>	<i>Submit monthly Action Plan reports to DOH Contract manager.</i>	<i>July-Sept 2022 quarterly report due October 15, 2022</i> <i>November 15, 2022</i> <i>December 15, 2022</i> <i>January 15, 2023</i> <i>February 15, 2023</i> <i>March 15, 2023</i> <i>April 15, 2023</i> <i>May 15, 2023</i> <i>June 15, 2023</i> <i>July 15, 2023</i> <i>August 15, 2023</i> <i>September 15, 2023</i>	
<i>2d</i>	<i>Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.</i>	<i>Submit MCHBG Action Plan to DOH contract manager.</i>	<i>Draft- August 18, 2023</i> <i>Final- September 8, 2023</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	
<i>3d</i>	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023</i>	
<i>3e</i>	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.</i>	<i>30 days after forms are completed.</i>	
<i>3f</i>	<i>Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).</i>	<i>Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.</i>	<i>September 30, 2023</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 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

*All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in preapproved Budget Workbook. Submit a paragraph to your Community Consultant explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.*

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

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

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

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

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

Restrictions listed above continue to apply.

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

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

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY23 PPHF Ops	74310226	93.268	333.93.26	07/01/22	06/30/23	0	1,000	1,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	1,000	1,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: <ul style="list-style-type: none"> • Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status. • Reporting of HBsAg-positive women and their infants. • Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing. 	Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ol style="list-style-type: none"> <li data-bbox="293 225 956 368">2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. <li data-bbox="293 405 920 515">3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System. 			

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

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a 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.

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

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

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

Revision Purpose: The purpose of this revision is to change the Statement of Work

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY23 VFC Ops	74310222	93.268	333.93.26	07/01/22	06/30/23	13,470	0	13,470
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						13,470	0	13,470

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners <i>(can use pre and post qualitative or quantitative collection methods). The proposal must meet guidelines outlined in the Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates announcement. Examples of qualitative & quantitative methods/measures:</i> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) 	Written proposal and a report that shows starting immunization rates for the target population Written proposal summarizing project plan and method of assessing/observing change in target population. <i>(Template will be provided)</i>	August 1, 2022	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
	<ul style="list-style-type: none"> ▪ <i>Analytic tools (i.e., google analytics measuring website traffic, page views etc.)</i> 			
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2022 March 31, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	<p>Perform data collection necessary to enable a comparison of immunization rates from the start of the project.</p> <p><i>Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates]</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> ▪ <i>Increased partner knowledge on immunization guidelines</i> ▪ <i>Change in attitudes about childhood vaccines</i> ▪ <i>Increase in school district immunization coverage rates</i> 	<p>Final written report, including a report showing ending immunization rates for the target population (template will be provided)</p> <p><i>Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].</i></p> <p><i>(Template will be provided)</i></p>	June 15, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a 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.

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

DOH Program Name or Title: Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

Local Health Jurisdiction Name: Whatcom County Health Department

Contract Number: CLH31033

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commercial Tobacco Prevention Program through four sources of funding: SFY23 Dedicated Cannabis Account, SFY23 Tobacco Prevention, SFY23 Youth Tobacco Vapor Products, and FFY22 Tobacco-Vap Prevention Component 1.

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

** PLEASE NOTE: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for FFY22 and SFY23.

Revision Purpose: To provide funding and add a task for the contractor to participate in the Synar Coverage Study in partnership with the Washington State Healthcare Authority.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	12/31/22	56,259	0	56,259
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	12/31/22	37,772	0	37,772
SFY23 TOBACCO PREVENTION PROVISO	77410823	N/A	334.04.93	07/01/22	12/31/22	230,000	10,000	240,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	12/31/22	409,588	0	409,588
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						733,619	10,000	743,619

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	DEVELOP NETWORK ANNUAL WORK PLAN	Contractor will submit a work plan for 2022-2023 utilizing the template provided by YCCTPP that addresses the four goals of the program and includes: <ul style="list-style-type: none"> Performance-based objectives that will be defined by the contractor and YCCTPP contract manager. 	45 days of contract execution	Funding utilized: State (YTVP, Tobacco Prevention, Marijuana Prevention and Education)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> • Activities that utilize program strategies (defined into the YCCTPP implementation guide), that will address the defined performance-based objectives and overarching goals, tied to a specific timeframe with identified timeline goals. • Funding must be dedicated to equitable policy, systems, environmental change in communities of higher need within the contractor’s specified region, and if it is unclear a justification must be provided. • The workplan must have a designated equity framework that will be utilized in all prevention efforts. • This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. • More details regarding the workplan requirements including the goals of the YCCTPP program, objectives, and strategies can be found in the YCCTPP Implementation guide. <p>Note: Activities can be added to the tasks after workplan approval, the contractor should speak with their contract manager for approval.</p>		<p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the YCCTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
2	NETWORK EQUITY ASSESSMENT	Contractor will complete an <u>initial</u> equity assessment provided by YCCTPP within their regional network that will be submitted to the YCCTPP contract manager within 90 days of the workplan being completed. The assessment will be continuously revised throughout the year based on the network’s needs.	Within 90 days of the workplan being completed	
3	ORGANIZATION AND NETWORK ADMINISTRATIVE PLAN	<p>Contractor will complete an administrative plan within 90 days of contract execution and submit any updates or changes on a quarterly basis, which will include:</p> <ul style="list-style-type: none"> • Most current job descriptions and contact information of the program facilitator that is responsible for the performance of the statement of work and relevant staff. • Calendar of meetings, trainings, and professional development opportunities that the program administrator and relevant staff will participate in. All relevant staff are expected to participate in required conference calls (including kick off training, monthly check ins, YCCTPP program all contractors calls), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH. This is subject to change based on trainings and professional opportunities available. • A list of all individuals/organizations that participate in the regional network that including contact information, a copy of a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or membership agreement, and the justification of their participation in the network. • Required network sectors must have a representative for the grant to be considered in compliance. Sectors chosen and their levels of engagement will be determined with the contract manager and tailored to the region’s needs. A complete list of network sectors will be provided in the implementation guide. 	90 days of contract execution	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> Network meeting schedule and supporting documentation regarding membership participation/engagement. A list of organizations and the contact information for the point person that are considered subcontractors. 		
4	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the 20th of each month.</p> <p>Contractor will share network process on a quarterly basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p>	20 th of each month	
5	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will create annual report based on monthly and quarterly reporting for their regional network due 30 days after the period of performance. Report guidelines and expectations will be provided by DOH for more information.</p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p>Annual Report due 30 days after the period of performance</p> <p>Needs assessment due every 2 years.</p>	
6	PREPARE AND MANAGE WORK PLAN	<p>Contractor will submit work plan for 2022-2023 for all required tasks (listed in more detail within the table below) for commercial tobacco prevention within 45 days of the state contract execution (estimated start date of 7/1/22), utilizing template provided by YCCTPP that addresses the goals of the program as well as CDC grant requirements, which includes:</p> <ul style="list-style-type: none"> A minimum of one activity per required task with performance-based objective that will be defined by the contractor and the YCCTPP Contract Manager during workplan development. The workplan plan must have a designated equity framework that will be utilized in all prevention efforts. Funding must be dedicated to supporting the regional/priority population through equitable policy, systems, and environmental change and if it is unclear, a justification must be provided. <p>This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. Note: Activities can be added after workplan approval, the contractor should speak with their YCCTPP contract manager for approval.</p>	45 days of the state contract execution	<p>Funding utilized: CDC</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	IMPLEMENT WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the 20th of each month.</p> <p>Contractor will share network process on quarterly basis through electronic survey that focuses on successes and challenges of their organization and YCCTPP program.</p>	20th of each month	
	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will participate in statewide evaluation of YCCTPP, Practice Collaborative, and CDC-funded programs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p> <p>Contractor will participate in community or population needs assessment every 2 years to update community/population data and needs.</p>	Annual Report- 30 days after the period of performance Needs assessment due every 2 years	
7	Policies, Systems & Environmental Work	<p>Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).</p> <p>Contractor will educate private and public organizations of current policies in place.</p> <p>Contractor will work to establish new policy, systems or environmental change that is equitable.</p> <p>Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.</p>	04/28/22 – 04/29/23	
	Education & Technical Assistance	<p>Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.</p> <p>Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.</p>	04/28/22 – 04/29/23	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Collaboration & Engagement	<p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>	04/28/22 – 04/29/23	
	Media & Communication	<p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p>	04/28/22 – 04/29/23	
8	<i>Synar Coverage Study</i>	<p><i>Contractor will attend trainings hosted by Washington State Health Care Authority regarding the Coverage Study. The training schedule will be announced by August 15, 2022.</i></p> <p><i>Contractor will utilize the designated amount of funds (\$10,000) to pay for staff time, travel-related costs, and other relevant costs to the completion of the Coverage Study in their assigned census tract(s) by October 31, 2022.</i></p> <p><i>Contractor may use any funds not utilized in the designated amount for the coverage study for other commercial tobacco-related activities that focus on prevention, control, and/or cessation.</i></p>	October 31, 2022	<p><i>Funding Utilized: SFY23 Tobacco Prevention</i></p> <p><i>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the</i></p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				<i>budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</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.

Program Specific Requirements

A. For MI Codes 77410893, 77410823 & 77420823

To be in compliance with grant requirements, contractor will:

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
4. Submit an Organization and Network Equity Assessment according to the deadlines in Section E below.
5. Submit an Organization and Network Administrative Plan according to the deadlines in Section E below.
6. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
7. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
8. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
9. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

For MI Codes: 77410212,

To be in compliance with grant requirements, the contractor will:

1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.

2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Workplan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

B. DOH will support Contractor by providing:

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

C. Program Administration:

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

D. Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the YCCTPP Contractor is required to include language in these contracts that reflects the following:
 - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the YCCTPP Contractor. **Monthly progress reports for subcontractors should be due by the 15th of each month.**
2. When subcontracting with an organization to work directly with youth (ages 0-17), the YCCTPP Contractor is required to include language in these contracts that reflects the following:
 - Provide verification that background checks have been completed for any staff and volunteers who will work with youth(ages 0-17) and are on file.

E. Required Plans and Reports

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

<u>Report</u>	<u>Date Due</u>
1. Submit an annual workplan and budget	Annually, no later than 45 calendar days after state contract execution (07/01/22). DOH approval will occur no later than two weeks after submission. Update as needed with contract manager approval.
2. Expenditure Report and Request for Reimbursement (A19)	A19s and updated budget workbook due the 30 th of the month following the month in which costs are incurred. Non-health departments (non-consolidated contracts): A-19 documents (PDFs) must be saved, signed and emailed with the following title format: <i>A-19-Contract #-organization name-month-year.</i>
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: SFY23: May 10, 2023. An invoice must be submitted market FINAL INVOICE PROJECTION Final Expenditure Reports and invoices are due no later than July 14, 2023 for SFY and June 13, 2023 for FFY and must be marked FINAL INVOICE.
4. Monthly Progress Report	The 20 th of the month following the month in which activities were performed. Monthly reports of work will report on overall progress of activities in a monthly survey provided by YCCTPP. All documents related to task activities will be attached. Subcontractor reporting should be submitted to the YCCTPP contractor by the 15 th of each month.
5. Quarterly Progress Report	The 20 th of the of each month on a quarterly basis, starting September 2022 that focuses on narrative successes and challenges for each contractor. This report will be submitted in a survey provided by YCCTPP.
6. SFY Only: Network Equity Assessment	Completed annually, no later than 90 calendar days after workplan approval.
7. SFY Only: Organization and Network Administrative Plan	Completed no later than 90 calendar days after contract execution and updated quarterly after the fact.
8. SFY Only: Annual Report	Completed no later than 30 calendar days after period of performance, utilizing a template provided by YCCTPP that includes data from monthly and quarterly reports.
9. Assessment and Evaluation	Using a template provided by YCCTPP, complete project evaluation activities developed and coordinated by YCCTPP as requested. Additionally, utilizing data in monthly and quarterly progress reports, participate and support statewide evaluation efforts of CDC funds.
10. <i>Synar Coverage Study</i>	<i>Attend the required trainings hosted by the Washington State Health Care Authority (schedule will be released by August 15, 2022) and complete the coverage study in the assigned census tract(s) by October 31, 2022.</i>

The YCCTPP contractor shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

F. Payment

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the YCCTPP Implementation Guide.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY July 1, 2022 – June 30, 2023 & FFY April 29, 2022 – April 28, 2023
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 14th of July for state funds and 13th of June for federal funds to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Evaluation of YCCTPP Contractor's Performance

The YCCTPP Contractor performance will be evaluated on the following:

1. Timely completion, submission and YCCTPP approval of proposed annual workplan and Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) to their designated contract manager in accordance with YCCTPP guidance and requirements.
2. Submittal of an organizational and network equity assessment with YCCTPP guidance, requirements, and timelines.
3. Submittal of an organizational and network administrative plan with YCCTPP guidance, requirements, and timelines.
4. Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YCCTPP SharePoint by the due dates listed above.
5. Submission of monthly progress reports and quarterly reports by the due dates listed above.
6. Submission of annual report with YCCTPP guidance, requirements, and timelines.
7. Site visits per requirements and protocols provided by DOH/YCCTPP.

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

Federal Funding Restrictions and Limitations:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirements \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Dedicated Cannabis Account Restrictions:

- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- Recipients may not use funding for construction or other capital expenditures.
- The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.
- Reimbursement of pre-award costs is not allowed.

Please see YCCTPP Implementation Guide for further restricts on each funding stream.

I. Program Manual, Handbook, Policy References

Meet requirements outlined in the Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) Implementation Guide.

Special References

As a provision of Dedicated Cannabis Account ([RCW 69.50.540](#)) DOH shall fund a grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth.

As a provision of the Youth Tobacco and Vapor Product Prevention Account, ([RCW 70.155.120](#)) DOH shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce the use of tobacco and vapor products by youth.

As a provision of the 2022 Operating Budget, ([ESSB5693](#)) funds are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.