

WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.
202501019 – 14

Originating Department:	85 - Health
Division:	8510 - Health-Administration
Program:	851000 - Health-Administration
Contract or Grant Administrator:	Champ Thomaskutty
Contractor's / Agency Name:	Washington State Department of Health

Type of contract:	Grant (Whatcom County is Grantee) (Federal/State/Local Funds)	
Is this a new contract ? No	If not, is this an amendment or renewal to an existing contract? Yes	If amendment or renewal (per W.C.C. 3.08.11(a)), original contract #: 202501019
Is this a grant agreement? Yes	If yes, grantor agency contract numbers: CLH32073	ALN: (this amendment) 93.323, 93.994 <i>Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds</i>
Is this contract grant-funded ? No	If yes, Whatcom County grant contract number(s):	
Is this contract the result of an RFP or Bid Process? No	If yes, RFP and Bid number(s):	Federal reimbursement? No
Procurement Method:	Select from Dropdown - Procurement Method	
Council review requirements & exemptions:	Required - Grant exceeds \$40,000	

Fund:		Original Contract Amount (if amendment):	11,229,797
Cost Center:	various	This Amendment Amount (if applicable):	57,008
Object Account:		Total Contract Amount:	11,286,805

Contract term ends: 12/31/2027

Contract routing (please initial & date):

Prepared by:	crg 05/05/2026	Contractor signed:	
Contractor review:		Executive review:	
Attorney signoff:	jcw 05/08/2026	Council approval, if necessary:	AB#: AB2026-385
AS Finance review:	dmk 05/06/2026		
IT review (if related):		Executive signed	

**WHATCOM COUNTY HEALTH & COMMUNITY SERVICES
2025-2027 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH32073

AMENDMENT NUMBER: 14

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and WHATCOM COUNTY HEALTH & COMMUNITY SERVICES, 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:
 Global to Local Measles Education & Community Engagement – Effective January 1, 2026
 - Amends Statements of Work for the following programs:
 Maternal & Child Health Block Grant – Effective January 1, 2025
 OSS LMP Implementation - Effective July 1, 2025
 - Deletes Statements of Work for the following programs:

2. Exhibit B-14 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-13 Allocations as follows:
 - Increase of **\$57,008** for a revised maximum consideration of **\$11,286,805**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
 Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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 & COMMUNITY SERVICES	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

EXHIBIT B-14
ALLOCATIONS
Contract Term: 2025-2027

Indirect Rate January 1, 2025 thru December 31, 2025: 26.2% CD & Epi; 31.3% CH & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
FFY26 Swimming Beach Act IAR (ECY)	03J18701	Amd 13	66.472	333.66.47	03/01/26	10/31/26	07/01/25	11/30/26	\$8,000	\$17,000
FFY25 Swimming Beach Act IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$9,000	
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 11	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$156,138	\$277,323
FFY25 PHEP BP2-CDC-LHJ Partners	NU90TU000055	Amd 9	93.069	333.93.06	07/01/25	06/30/26	07/01/25	06/30/26	\$88,318	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 3	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$121,185	
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$62,455	
FFY25 TB Elimination CDC	NU52PS910277	Amd 11	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$13,261	\$13,261
FFY25 TB Elimination CDC	NU52PS910277	Amd 2	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$9,483	
FFY24 CDC PCH OD2A Prevention	NU17CE010218	Amd 6	93.136	333.93.13	01/01/25	08/31/25	09/01/24	08/31/25	\$16,848	\$91,081
FFY24 CDC PCH OD2A Prevention	NU17CE010218	Amd 2	93.136	333.93.13	01/01/25	08/31/25	09/01/24	08/31/25	\$34,920	
FFY24 CDC PCH OD2A Prevention	NU17CE010218	Amd 1	93.136	333.93.13	01/01/25	08/31/25	09/01/24	08/31/25	\$39,313	
FFY25 OD2A Prevention CDC YR3	NU17CE010218	Amd 12	93.136	333.93.13	09/01/25	08/31/26	09/01/25	08/31/26	\$123,789	\$123,789
FFY25 OD2A Prevention CDC YR3	NU17CE010218	Amd 9	93.136	333.93.13	09/01/25	08/31/26	09/01/25	08/31/26	\$56,161	
COVID 19 Vaccines R4	NH23IP922619	Amd 4, 5	93.268	333.93.26	01/01/25	06/30/25	01/01/25	06/30/25	\$341,215	\$341,215
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 11	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$1,125	\$1,500
FFY26 Immunizations Discre CDC YR1	NH23IP922680	Amd 9	93.268	333.93.26	07/01/25	06/30/26	07/01/25	06/30/26	\$375	
FFY25 CDC PPHF Ops	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$418	\$63,888
FFY24 CDC PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$50,000	
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$13,470	
FFY25 CDC VFC Ops	NH23IP922619	Amd 6	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$276	\$276
FFY19 ELC ED CAWPC & G2L CDC	NU50CK000515	Amd 14	93.323	333.93.32	01/01/26	06/30/26	08/01/23	07/31/26	\$60,000	\$60,000
FFY19 ELC ED Immunizations CDC	NU50CK000515	Amd 11	93.323	333.93.32	07/01/25	06/30/26	07/01/25	07/30/26	\$13,470	\$13,470
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1, 9	93.323	333.93.32	01/01/25	12/31/25	01/15/21	07/31/26	\$386,500	\$386,500
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 6	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$130,113	\$267,613
FFY23 Refugee Health Promo DSHS IAR	2501WARSSS	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500	
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$12,741	\$12,741
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 13	93.387	333.93.38	10/01/25	04/28/26	04/29/24	04/28/26	\$53,390	\$72,276
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 1	93.387	333.93.38	01/01/25	04/28/25	04/29/24	04/28/25	\$18,886	\$18,886

EXHIBIT B-14
 ALLOCATIONS
 Contract Term: 2025-2027

Whatcom County Health & Community Services

Indirect Rate January 1, 2025 thru December 31, 2025: 26.2% CD & Epi; 31.3% CH & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div

Chart of Accounts Program Title	Federal Award Identification #	Amd #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ		DOH Use Only Chart of Accounts		Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
PH Infrastructure Comp A1-LHJ	NE110E000053	Amd 11	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$288,732	\$288,732
PH Infrastructure Comp A1-LHJ	NE110E000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$88,732	\$88,732
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$106,632	\$106,632
FFY25 MCHBG Special Pr HRSA 2	B04MC54583	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$12,669	\$12,669
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 14	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$29,620	\$64,343
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 13	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$9,385	\$9,385
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 12	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$25,338	\$25,338
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 11	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	(\$142,176)	(\$142,176)
FFY26 MCHBG LHJ Contracts HRSA YR1	B04MC55473	Amd 9	93.994	333.93.99	10/01/25	09/30/26	10/01/25	09/30/26	\$142,176	\$142,176
SFY1 GFS - Group B Proviso		Amd 8	N/A	334.04.90	07/01/25	06/30/26	07/01/25	06/30/26	\$10,129	\$10,129
SFY2 GFS - Group B		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/23	06/30/25	\$12,939	\$12,939
Managed Care Org		Amd 13	N/A	334.04.90	11/01/25	12/31/26	07/01/25	06/30/27	\$16,000	\$25,100
Managed Care Org		Amd 11, 13	N/A	334.04.90	11/01/25	12/31/26	07/01/25	06/30/27	\$9,100	\$9,100
SFY25 DUH Naloxone DDO HCA IAR		Amd 6	N/A	334.04.91	03/01/25	06/30/25	12/10/24	06/30/25	\$15,000	\$15,000
SFY25 SSPS Opioid Harm Red Proviso		Amd 1	N/A	334.04.91	01/01/25	06/30/25	07/01/24	06/30/25	\$34,500	\$34,500
SFY26 Dedicated Cannabis Account		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$409,588	\$663,709
SFY25 Dedicated Cannabis Account		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$49,327	\$254,121
SFY25 Dedicated Cannabis Account		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$204,794	\$204,794
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$65,625	\$150,000
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$84,375	\$84,375
SFY25 Local Opi Prev & Supp Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$16,042	\$16,042
Rec Shellfish/Biotoxin		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$13,500	\$21,000
Rec Shellfish/Biotoxin		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$2,000	\$7,500
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$5,500	\$5,500
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/25	06/30/27	\$6,571	\$6,571
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	(\$32,612)	\$4,000
Small Onsite Management (ALEA)		Amd 10	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$36,612	\$36,612

EXHIBIT B-14
 ALLOCATIONS
 Contract Term: 2025-2027

Whatcom County Health & Community Services

Indirect Rate January 1, 2025 thru December 31, 2025: 26.2% CD & Epi; 31.3% CH & Hlth Svcs; 32.8% Enviro Hlth; 27.2% Resp Div

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
SFY27 Wastewater Management-GFS		Amd 10	N/A	334.04.93	07/01/26	06/30/27	07/01/26	06/30/27	\$31,821	\$44,585
SFY25 Wastewater Management-GFS		Amd 7	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$12,764	\$10,000
SFY25 Wastewater Management-GFS		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$22,764	\$22,764
SFY26 Nicotine Addict Prev & Ed Prov		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/26	\$121,694	\$121,694
SFY25 Nicotine Addict Prev & Ed Pro		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$102,019	\$41,172
SFY25 Nicotine Addict Prev & Ed Pro		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$60,847	\$60,847
Youth Tobacco Vapor Products		Amd 8	N/A	334.04.93	07/01/25	06/30/26	07/01/25	06/30/27	\$56,259	\$56,259
SFY25 Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$119	\$119
SFY25 Youth Tobacco Vapor Products		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$28,130	\$28,130
FY26 Harm Reduction HCA IAR		Amd 12	N/A	334.04.96	07/01/25	06/30/26	07/01/25	06/30/26	\$69,000	\$69,000
SFY26 FPHS-LHJ Funds-GFS		Amd 9	N/A	336.04.25	07/01/25	06/30/26	07/01/25	06/30/26	\$3,618,000	\$3,618,000
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$3,843,000	\$3,843,000
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$200,000	\$200,000
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 13	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$11,350	\$11,350
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 12	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$2,400	\$2,400
YR1 Stimulus - Local Asst (10% of 15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/23	06/30/28	\$3,600	\$3,600
YR 28 SRF - Local Asst (15%) SS		Amd 8	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$0	\$0
YR 28 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	12/31/27	07/01/24	06/30/29	\$0	\$0
YR 27 SRF - Local Asst (15%) SS		Amd 6	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$0	\$0
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$0	\$0
Sanitary Survey Fees SS-State		Amd 13	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$11,350	\$11,350
Sanitary Survey Fees SS-State		Amd 12	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$2,400	\$2,400
Sanitary Survey Fees SS-State		Amd 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$400	\$400
Sanitary Survey Fees SS-State		Amd 1, 8	N/A	346.26.65	01/01/25	12/31/27	07/01/23	12/31/27	\$3,200	\$3,200
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 13	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$8,000	\$8,000
YR1 Stimulus - Local Asst (10% of 15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/23	06/30/28	\$4,000	\$4,000
YR 28 SRF - Local Asst (15%) TA		Amd 8	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$0	\$0
YR 28 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	12/31/27	07/01/24	06/30/29	\$0	\$0
YR 27 SRF - Local Asst (15%) TA		Amd 6	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$0	\$0
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$0	\$0

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
TOTAL									\$11,286,805	\$11,286,805
Total consideration:	\$11,229,797									\$11,286,805
GRAND TOTAL	\$57,008									\$2,214,309
	\$11,286,805									\$9,072,496
										GRAND TOTAL
										Total Fed
										Total State

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

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Global to Local Measles Education & Community Engagement - Effective January 1, 2026

Local Health Jurisdiction Name: Whatcom County Health & Community Services
Contract Number: CLH32073

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

Period of Performance: January 1, 2026 through June 30, 2026

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: This project will strengthen healthcare and community outbreak response and infection prevention by improving culturally responsive measles health outreach and education for immigrant, refugee and migrant communities with low coverage of measles, mumps, and rubella (MMR) immunization. The funding will support measles-focused community-based health education and promotion, immunization outreach, engagement of community-based organizations and leaders, translation and co-creation of health education and social media messages, and other related work. Health education messages can focus on recognizing signs, symptoms and health effects of measles, promotion of MMR immunization as the most reliable measles prevention strategy, isolation and quarantine procedures in case of measles exposure, how to access immunization services, and other public health messaging. Russian, Ukraine and Spanish Speaking are the specific globally connected communities that will be addressed in this scope of work.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY19 ELC ED CAWPC AND G2L CDC	1850649G	93.323	333.93.32	01/01/26 06/30/26	0	60,000	60,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	60,000	60,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Health Outreach and Community Engagement Health outreach and community engagement, immunization outreach events, specific emphasis on measles, but also including other routinely recommended immunizations. Communities/language groups of focus: Ukraine, Russian, and Spanish Speaking Communities	4 health outreach/tabling events 250 community members reached 150 measles specific education material distributed 150 vaccine access materials distributed Provide a QR code for community feedback	June 30, 2026	Reimbursement for actual costs not to exceed total allocation for FFY19 ELC ED CAWPC AND G2L CDC

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Engagement of Community Organizations Partner with school districts which are trusted sources of information and have compliance laws in place, to provide vaccine education, appointment assistance, and outreach in support of school sponsored vaccine clinics. This will help reduce disease rates, ensure students are vaccinated, and decrease non-compliance. The funding will not be used to provide immunization services.</p> <p>Communities/language groups of focus: Ukraine, Russian, and Spanish Speaking Communities</p>	<p>7 School Districts contacted/engaged</p> <p>7 engagements/meetings with school district administration and/or nurses to discuss Measles- along with-routinely recommended vaccine, disease prevention, exemption, exclusion, immunization laws and outbreak response.</p> <p>3 schools districts engagement/interest in sponsoring onsite vaccination clinics for students/families.</p>	June 30, 2026	
3	<p>Identify Community Resources for MMR Vaccine Access Identify childhood vaccine providers and local pharmacies that can offer the MMR vaccine, particularly in underserved areas and for populations with higher noncompliance rates, to improve accessibility. Communities/language groups of focus: Ukraine, Russian, and Spanish Speaking Communities</p>	<p>Creation of a comprehensive list of 18 local providers and 31 pharmacies with MMR access.</p> <p>Improve Community Awareness around MMR vaccine access</p>	June 30, 2026	
4	<p>Creation, translation, and distribution of immunization education Translate educational materials into the most commonly spoken languages within the target community to ensure accessibility for non-English speakers.</p> <p>Distribute these educational materials through various channels, such as schools, community organizations, public health clinics, and online platforms, ensuring wide reach.</p> <p>Communities/language groups of focus: Ukraine, Russian, and Spanish Speaking Communities</p>	<p>5+ Materials translated</p> <p>150 Measles specific Materials distributed</p> <p>150 Vaccine access Materials distributed</p>	June 30, 2026	
5	<p>Measles-focused Social Media Messaging Post targeted social media content throughout the month of April that focuses specifically on measles—its symptoms, prevention, and the importance of the MMR vaccine. Communities/language groups of focus:</p>	<p>3 MMR Specific Social Media posts</p> <p>Measure Engagement Metrics: online click rates, people reached, and number of times shared.</p>	June 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Entire Community – which includes our focus group of Ukraine, Russian and Spanish Speaking Communities.			

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Special Requirements: The DOH Global to Local team will hold monthly meetings with each LHJ contractor in order to check progress and coordinate efforts.

Service Period	Check-in call held
January through March	April
April, May	May
May, June	June

Reporting: Local Health Jurisdictions will receive a DOH-provided final report template. When completed, this template should reflect quantitative and qualitative aspects of accomplished tasks/deliverables (e.g. number of outreach events, number of local media releases and placements, number of community members reached by language, analysis of overall project success, difficulties, etc.). The final report should identify the specific globally connected communities / language groups reached.

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Maternal & Child Health Block Grant – Effective January 1, 2025

Local Health Jurisdiction Name: Whatcom County Health & Community Services

Contract Number: CLH32073

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

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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Period of Performance: January 1, 2025 through September 30, 2026

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 add additional FFY26 MCHBG LHJ CONTRACTS HRSA YR1 funding.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	106,632	0	106,632
FFY26 MCHBG LHJ CONTRACTS HRSA YR1	78101261	93.994	333.93.99	10/01/25	09/30/26	34,723	29,620	64,343
FFY25 MCHBG SPECIAL PR HRSA 2	7810125A	93.994	333.93.99	10/01/25	09/30/26	12,669	0	12,669
						0	0	0
						0	0	0
						0	0	0
TOTALS						154,024	29,620	183,644

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 from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	Reimbursement for actual costs, not to exceed total funding consideration.
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2024 through September 30, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	December 5, 2025	See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for the six-month period from October 1, 2025 through March 31, 2026.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 15, 2026	
1f	Report annual FTE billed to MCHBG.	Submit FTE information on DOH-provided template.	July 1, 2026	
1g	Develop 2026-2027 MCHBG Budget Workbook for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 4, 2026	
1h	Participate in DOH-sponsored MCHBG fall regional meeting.	LHJ Contract Lead or designee will attend regional meeting.	September 30, 2026	
Implementation				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
2c	Report 2025-26 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	Develop 2026-27 MCHBG Monthly Reporting Template for October 1, 2026 through September 30, 2027 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 14, 2026 Final – September 11, 2026	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	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. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed. Through September 30, 2025	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program’s entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025	
3e	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. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at DOH-CHIF@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2025 January 15, 2026 April 15, 2026 July 15, 2026	
3f	Review your program’s entry on Help Me Grow’s ParentHelp123 Resource Finder annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated	September 30, 2026	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3g	Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.	information on your local CYSHCN program with WithinReach/Help Me Grow. Submit updates as part of monthly reporting document.	September report due October 15, 2025 November 15, 2025 December 15, 2025 January 15, 2026 February 15, 2026 March 15, 2026 April 15, 2026 May 15, 2026 June 15, 2026 July 15, 2026 August 15, 2026 September 15, 2026	
MCHBG Assessment and Evaluation				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
4b	Provide summary of outcomes of MCHBG-funded work completed from October 1, 2024 through September 30, 2025 using DOH-provided reporting template.	Submit documentation as requested by DOH.	November 21, 2025	See Program Specific Requirements and Special Billing Requirements.
4c	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2026	

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

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in pre-approved 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:

CYSHCN Information and Resources:

[Children and Youth with Special Health Care Needs Website\(wa.gov\)](http://www.wa.gov)

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used for 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 (i.e., frequency, type, etc.):

Check-ins with DOH Community Consultant 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 monthly by the 30th of each month following the month 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 Community Consultant for approval of expenses not reflected in pre-approved Budget Workbook.

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: OSS LMP Implementation - Effective July 1, 2025

Local Health Jurisdiction Name: Whatcom County Health & Community Services
Contract Number: CLH32073

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

Period of Performance: July 1, 2025 through June 30, 2027

Funding Source <input type="checkbox"/> Federal <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input 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 fund implementation of the on-site sewage system (OSS) local management plan (LMP). This funding is for the 2025-2027 biennium.

Revision Purpose: Remove \$32,612 in SFY26 funding, which includes removing Task 3 and associated subtask.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Decrease (-)	Total Allocation
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/25	06/30/26	36,612	-32,612	4,000
SFY27 WASTEWATER MANAGEMENT - GFS	26701170	N/A	334.04.93	07/01/26	06/30/27	31,821	0	31,821
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/26	06/30/27	6,571	0	6,571
						0	0	0
						0	0	0
						0	0	0
TOTALS						75,004	-32,612	42,392

GOALS & MEASURABLE OBJECTIVES (REVISE TABLE AS NEEDED)

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported in ongoing reports.

Description (e.g., "OSS compliance")	Units (e.g. "systems")	Starting Amount	Targets
OSS compliant with inspections in Marine Recovery Areas (MRAs) and/or Sensitive Areas (SA). This measure is point in time. The numerator includes all onsite sewage systems installed in the last year and those that have met the "in compliance" (every 3 years and annually for all system types). Denominator includes all active OSS in our MRA, SMAs, and sensitive areas.	Number of OSS	11,361 (in compliance)/ 20,364 active OSS in designated MRA, SMA, and Sensitive areas designated by LMP = 56%	70%
OSS compliant with inspections countywide. This measure is point in time. The numerator includes all onsite sewage systems installed in the last year and those that have met the "in compliance" (every 3 years and annually for all system types). Denominator includes all active OSS in Whatcom County.	Number of OSS	13,092 (in compliance)/ 29,423 active OSS in designated MRA, SMA, and Sensitive areas designated by LMP = 44%	70%

OSS failures identified/corrected in MRA/SA identified by ROSS evaluations. This measure is point in time. The numerator includes all onsite sewage systems that were submitted in a failure status or corrected to reflect a failure status and remain to be either repaired, replaced, or decommissioned.	Number of OSS failures identified and repaired/replaced	Total number failures anticipated for the funding period based on a 3% rate if 70% of all MRS/SMA systems were in compliance: 427 OSS failures.	100%
OSS failures identified/corrected countywide identified by ROSS evaluations. This measure is point in time. The numerator includes all onsite sewage systems that were submitted in a failure status or corrected to reflect a failure status and remain to be either repaired, replaced, or decommissioned.	Number of OSS failure identified and repaired/replaced	Total number failures anticipated for the funding period based on a 3% rate if 70% of system were in compliance: 617 OSS failures.	100%

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1. Grant Administration	This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program.			
N/A				
Task 2. Local Management Plan Implementation	This task includes all work done to implement the county's LMP excluding grant management tasks and inspection rebates/incentives.			
2.1 Database Maintenance and Quality Assurance/Quality Control	Database maintenance and QA/QC is ongoing to ensure accurate tracking methods for all OSS in the county. Specific tasks include: <ul style="list-style-type: none"> Maintenance of Online Report of System Status software Quality improvement projects to improve uptake, data tracking, and validity 	a. Existence of a submission portal for reports of system status -or- number of electronic evaluations submitted to WCHCS	a. Ongoing	Reimbursement up to \$63,004 \$42,392 based on actual costs.
2.2 Homeowner and O&M Specialist Evaluation Support	Ongoing field visits are conducted to verify the accuracy of homeowner and O&M specialist evaluations and to assess and reduce risks associated with onsite sewage systems. Specific tasks include: <ul style="list-style-type: none"> Conducting site visits and audits of onsite sewage systems based on submitted evaluations. Assessing septic tanks to inspect their condition, which may require assistance with lid removal. Observing the condition of the drain field to identify potential issues. Utilizing specialized tools and equipment, such as dye for flow tracing, wastewater testing, flow meters for system performance assessment, and other necessary tools. 	a. Number of audits or field visits to inspect an OSS	a. Activities reported in semi-annual report.	
2.3 Identification of Failing OSS	Ongoing evaluations focus on identifying failing onsite sewage systems (OSS). Specific tasks include:	a. Number of OSS identified as failing through evaluation.	a-b. Activities reported in semi-annual report.	

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<ul style="list-style-type: none"> Reviewing and verifying reported failing OSS. 		<ul style="list-style-type: none"> Number of OSS tested for waste strength parameters at sites with potential high-strength waste on systems not designed for such loads 		
<p>2.4 Professional Development. The LHJ will support professional development through relevant onsite septic, operations and maintenance training.</p>		<ul style="list-style-type: none"> Conference and training participation as available 	<ul style="list-style-type: none"> a. Report attendance in semi-annual report. 	
<p>Task 3- Homeowner Inspection Rebates/Incentives Program Provide low-income rebates to homeowners. Provide inspection compliance incentives to homeowners in priority areas. INCLUDE IF YOU HAVE A REBATE/INCENTIVE PROGRAM</p>				
<p>3-1</p>	<p>Homeowner Inspection Rebates The County will support homeowner rebates to complete onsite septic evaluations and maintenance</p>	<ul style="list-style-type: none"> a. Provide draft and final process/policy documents to DOH of rebate agreement with Public Works Pollution Identification Team. b. Provide total count of county-wide rebates provided in Whatcom County c. Provide total county of rebates that Whatcom County Health and Community Services covered financially d. Provide total count of rebates that were low-income recipients total in county and total in WCHCS-funded watersheds. 	<ul style="list-style-type: none"> a-d. Reported activities in semi-annual report. 	<ul style="list-style-type: none"> Reimbursement up to \$12,000 based on actual costs.

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