

**WHATCOM COUNTY**  
**CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202501019 – 3

Originating Department:		85 Health and Community Services	
Division/Program: (i.e. Dept. Division and Program)		8510 All Divisions	
Contract or Grant Administrator:		Charlene Ramont	
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 #:		202501019
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):	CLH32073	CFDA#: Various
Is this contract grant funded?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):	Contract Cost Center:	Various
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.		<input type="checkbox"/> Goods and services provided due to an emergency.	
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Work related subcontract less than \$25,000.	
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments):		Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when</b> : 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 5. 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.	
\$ 5,318,686			
This Amendment Amount:			
\$ 298,592			
Total Amended Amount:			
\$ 5,617,278			
Summary of Scope: This amendment incorporates funding and scopes of work for various public health programs.			
Term of Contract:	3 Years	Expiration Date:	12/31/2027
Contract Routing:	1. Prepared by:	J. Thomson	Date: 03/18/2025
	2. Attorney signoff:	Christopher Quinn	Date: 03/25/2025
	3. AS Finance reviewed:	Bbennett	Date: 03/27/2025
	4. IT reviewed (if IT related):		Date:
	5. Contractor signed:		Date:
	6. Submitted to Exec.:		Date:
	7. Council approved (if necessary):	AB2025-283	Date:
	8. Executive signed:		Date:
	9. Original to Council:		Date:

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

**CONTRACT NUMBER: CLH32073****AMENDMENT NUMBER: 3**

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:  
 Executive Office of Resiliency & Health Security-WFD LHJ - Effective January 1, 2025  
 Office of Immunization-Agricultural Worker Flu Outreach Support - Effective January 1, 2025  
 Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025  
 OSS LMP Implementation - Effective January 1, 2025
  - ☒ Amends Statements of Work for the following programs:  
 Injury & Violence Prevention-LHJ Opioid Campaign Proviso - Effective January 1, 2025  
 Office of Resiliency & Health Security-PHEP - Effective January 1, 2025
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:
  - ☒ Increase of **\$298,592** for a revised maximum consideration of **\$5,617,278**.
  - ☐ 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

Satpal Singh Sidhu, County Executive

COUNTY OF WHATCOM )

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

Approved by email CQ/JT  
Christopher Quinn, Chief Civil Deputy Prosecutor

**Washington State Department of Health**  
PO Box 47905  
Olympia, WA 98504-7905  
[Brenda.henrikson@doh.wa.gov](mailto:Brenda.henrikson@doh.wa.gov)  
[Shannon.may@doh.wa.gov](mailto:Shannon.may@doh.wa.gov)

Indirect Rate as of January 1, 2025: 26.2% CD & Epi; 31.3% Comm. Hlth & 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 LHM 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			
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	\$9,000	\$9,000
<b>FFY24 PHEP BP1-CDC-LHJ Partners</b>	<b>NU90TU000055</b>	<b>Amd 3</b>	<b>93.069</b>	<b>333.93.06</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$58,730</b>	<b>\$121,185</b>	<b>\$121,185</b>
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 2	93.116	333.93.11	01/01/25	12/31/25	01/01/25	12/31/25	\$9,483	\$9,483	\$9,483
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	\$74,233	\$74,233
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		
<b>FFY24 CDC PPHF Ops</b>	<b>NH23IP922619</b>	<b>Amd 3</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$63,470</b>
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	\$13,470	
FFY20 ELC EDE LHJs CDC	NU50CK000515	Amd 1	93.323	333.93.32	01/01/25	06/30/25	01/15/21	07/31/25	\$386,500	\$386,500	\$386,500
FFY23 Refugee Health Promo DSHS IAR	NGA Not Received	Amd 1	93.566	333.93.56	01/01/25	09/30/26	10/01/23	09/30/26	\$137,500	\$137,500	\$137,500
<b>FFY21 CDC COVID-19 PHWFD-LHJ</b>	<b>NU90TP922181</b>	<b>Amd 3</b>	<b>93.354</b>	<b>333.93.35</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>\$12,741</b>	<b>\$12,741</b>	<b>\$12,741</b>
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	\$18,886
<b>FFY22 PH Infrastructure Comp A1-LHJ</b>	<b>NE11OE000053</b>	<b>Amd 3</b>	<b>93.967</b>	<b>333.93.96</b>	<b>01/01/25</b>	<b>11/30/27</b>	<b>12/01/22</b>	<b>11/30/27</b>	<b>\$88,732</b>	<b>\$88,732</b>	<b>\$88,732</b>
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	\$106,632
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	\$12,939
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	\$34,500
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	\$204,794
<b>SFY25 LHJ Opioid Campaign Proviso</b>		<b>Amd 3</b>	<b>N/A</b>	<b>334.04.93</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$65,625</b>	<b>\$150,000</b>	<b>\$150,000</b>
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		
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	\$16,042
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	\$5,500
<b>SFY25 Wastewater Management-GFS</b>		<b>Amd 3</b>	<b>N/A</b>	<b>334.04.93</b>	<b>01/01/25</b>	<b>06/30/25</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$22,764</b>	<b>\$22,764</b>	<b>\$22,764</b>



Indirect Rate as of January 1, 2025: 26.2% CD & Epi; 31.3% Comm. Hlth & 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 Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	End Date			
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	\$60,847
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	\$28,130
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	\$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	\$200,000
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	\$3,200	\$3,200	\$3,200
Sanitary Survey Fees SS-State		Amd 1	N/A	346.26.65	01/01/25	06/30/25	07/01/23	06/30/25	\$3,200	\$3,200	\$3,200
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	\$4,000	\$4,000	\$4,000
<b>TOTAL</b>									<b>\$5,617,278</b>	<b>\$5,617,278</b>	
<b>Total consideration:</b>	<b>\$5,318,686</b>									<b>GRAND TOTAL</b>	<b>\$5,617,278</b>
	<b>\$298,592</b>										
<b>GRAND TOTAL</b>	<b>\$5,617,278</b>									<b>Total Fed</b>	<b>\$1,028,362</b>
										<b>Total State</b>	<b>\$4,588,916</b>

\*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:** Executive Office of Resiliency & Health Security - WFD LHJ - Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community Services

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through June 30, 2025

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2025.

**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
FFY21 CDC COVID-19 PHWFD-LHJ	3192621G	93.354	333.93.35	01/01/25	06/30/25	0	12,741	12,741
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>12,741</b>	<b>12,741</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by April 15, 2025, and any changes within 30 days of the change.	April 15, 2025  Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.  Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your	Implementation Plan	April 15, 2025, unless previously submitted.  Submit updates as changes occur.	

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
	planned activities are allowable, and we will be able to reimburse you for the expenses.			
<b>3</b>	<p>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ COVID-19 prevention, preparedness, response, and recovery initiatives.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> <li>• Costs including, wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.</li> <li>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.</li> <li>• Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ.</li> <li>• Costs of contractors and contracted staff.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Preapproval from DOH is required to contract with these funds.</li> <li>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)</li> </ul>	<p>Implementation Plan</p>   <p>Data via survey link provided by DOH.</p>	<p>Submit initial plan by April 15, 2025, unless previously submitted.</p> <p>Submit updates as changes occur.</p>  <p>June 30, 2025</p>	
<b>4</b>	<p>Data collection, as applicable, based on activities LHJ has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> <li>• Total new hires</li> <li>• Describe challenges or experiences that have impacted progress toward achieving set hiring goals.</li> <li>• Describe promising practices or activities that should be considered for sustained funding.</li> </ul>	Data via survey link provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Explain your approach and mitigation plans to address challenges in meeting these hiring goals.</li> <li>Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring.</li> <li>Administrative Support Staff – New Hires</li> <li>Professional or Clinical Staff – New Hires</li> <li>Disease Investigation Staff – New Hires</li> <li>Program Management Staff – New Hires</li> <li>Existing Staff budget for this funding.</li> </ul> <p>Note: Reporting period is January 1 – June 30, 2025.</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](mailto:finance@doh.wa.gov).

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

**Program Specific Requirements**

**Follow all Federal requirements for use of Federal funds:**

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[eCFR :: 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

**The following expenses are not allowable with these funds:**

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

**Preapproval from DOH is required to use these funds for:**

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.

(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)

- Leasing vehicles.
- Out of state travel.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

## **BILLING**

**All expenses on invoices must be related to statement of work tasks.**

**Submit invoices monthly** on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

**DOH Program Name or Title:** Injury & Violence Prevention-LHJ Opioid Campaign  
Proviso – Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community  
Services

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through June 30, 2025

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** Opioid abatement settlement account—state appropriation is provided solely for the department to administer grants to local health jurisdictions for opioid and fentanyl awareness, prevention, and education campaigns.

**Revision Purpose:** To increase the funding allotment with unspent funds from the 2022-2024 ConCon.

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
SFY25 LHJ OPIOID CAMPAIGN PROVISIO	77550853	N/A	334.04.93	01/01/25	06/30/25	84,375	65,625	150,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>84,375</b>	<b>65,625</b>	<b>150,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	The LHJ will translate and re-print rack cards and posters into Spanish for distribution within the community regarding Opioid/Fentanyl prevention and overdose.	<ul style="list-style-type: none"> <li>The timeline for translation.</li> <li>Information source for the updates.</li> <li>Timeline on distribution.</li> <li>Ares targeted for new posters and rack cards.</li> </ul>	Monthly progress reports to DOH for updates on the implementation of all tasks.  Due Dates: January due February 1, 2025 February due March 1, 2025 March due April 1, 2025 April due May 1, 2025 May due June 1, 2025 All June due June 30, 2025	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed <del>\$84,375</del> \$150,000 through June 30, 2025
2	The LHJ will print materials (translated materials and re-printing of existing stock) regarding the current toolkit “Opioid use disorder can happen to anyone. Whatcom has hope.”	<ul style="list-style-type: none"> <li>The progress of the printing and translation of materials.</li> <li>Source of translation and updates printed materials.</li> <li>Targeted areas.</li> </ul>		

<b>Task #</b>	<b>Activity</b>	<b>Deliverables/Outcomes</b>	<b>Due Date/Time Frame</b>	<b>Payment Information and/or Amount</b>
3	The LHJ will expand on their current campaign of “Whatcom has Hope “through use of a subcontractor for more concise messaging.	<ul style="list-style-type: none"> <li>• What kinds of messaging was developed</li> <li>• Target areas to be reached.</li> <li>• Message source.</li> </ul>		
4	The LHJ will purchase three (3) bus ad spaces for displaying the messages.	<ul style="list-style-type: none"> <li>• Development of an ad campaign</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• What areas are the bus routes in</li> </ul>		
5	The LHJ will develop a new video ad for the movie theatre.	<ul style="list-style-type: none"> <li>• Development of a video ad</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> </ul>		
6	The LHJ will develop 1-2 /30-second audio public service announcements (PSAs)	<ul style="list-style-type: none"> <li>• Development of an audio PSA</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• Media channel being used to send message</li> </ul>		
7	The LHJ will develop 5-10 new social media ads.	<ul style="list-style-type: none"> <li>• Development of a media campaign</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• Media sources being used</li> </ul>		
8	The LHJ will develop 1-2 new animated videos.	<ul style="list-style-type: none"> <li>• Development of animated videos</li> <li>• The types of messaging being developed and goals of this messaging</li> <li>• How messaging is being tailored for specific groups</li> <li>• Where they are being displayed</li> </ul>		
9	The LHJ will expand and develop new assets around opioid use disorder and harm reduction messaging. The LHJ is hoping to advertise in movie theaters, on buses,	<ul style="list-style-type: none"> <li>• Development of new assets campaign</li> <li>• The types of messaging being developed and goals of new assets</li> </ul>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	local radio, including Pandora, Spotify, etc. Printed materials available for distribution and translated into specific languages.	<ul style="list-style-type: none"> <li>How messaging is being tailored for specific groups</li> </ul>		
10	The LHJ will partner with the Syringe Services Program to create local videos to show how to use Naloxone and where to obtain it. The area currently has five free 24/7 kiosks around our county, and there is a need to highlight that to the public.	<ul style="list-style-type: none"> <li>Development of video</li> <li>The types of messaging being developed and goals of this messaging</li> <li>How messaging is being tailored for specific groups</li> <li>Who are the targeted audiences</li> </ul>		

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

### **Program Specific Requirements**

#### **Billing Requirements:**

DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher. DOH must receive all complete final invoices within 60 days of the end of the budget period for this statement of work.

#### **Special Instructions:**

This SOW is the Consolidated Contracts period 2025-2027 that ends on June 30, 2025. Activities and due dates in this SOW are for the state fiscal year 25 that ends on 6/30. The budget allocation in this contract reflects a portion of the total budget shown in the below budget table.

### **Budget Table**

Line Item	Allocation	Justification
Goods and Services	\$75,000	
Print materials	\$5,000	Brochures, cards etc.
Translation services	\$2,000	For translation to Spanish
Paid media	\$68,000	TV, Radio, digital
Subcontracts	\$60,000	
Design Company		TBD (likely Shew Design, who did the Whatcom Has Hope campaign) Tentative Scope of Work includes Updating messaging/designs; Developing additional materials; Facilitate media buys; Facilitate printing



		Tentative Contract Timeline: Nov. 2024 - Jan. 2025 - finalize scope of work with contractor; update existing materials; develop new materials. Feb. 2025 - finalize media buys. March 2025 - June 2025: run campaign
Translation Services		TBD (likely Glyph Localization and Translation Services, who WCHCS already has a contract with)  Scope of Work includes Translate existing campaign materials as needed; Translate new materials as needed; Voiceovers of videos/audio ads  Contract Timeline: Dec. 2024 - Feb. 2025
Campaign adaption		Adapting campaign for tribal communities - TBD (likely Lummi Nation)  Scope of Work: Adapting campaign for local tribal communities  Timeline: Jan.-March 2025
Administrative costs/indirect	\$15,000	10%
TOTAL	\$150,000	

The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget.

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

**DOH Program Name or Title:** Office of Immunization-Agricultural Worker Flu Outreach Support - Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community Services

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through June 30, 2025

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to Local Health Juridictions (LHJ) performing immunization outreach to Agricultural workers, focusing on influenza vaccine for those working with poultry, cattle, or dairy.

**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
FFY24 CDC PPHF OPS	74310246	93.268	333.93.26	01/01/25	06/30/25	0	50,000	50,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>50,000</b>	<b>50,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Identify activity/activities to support flu vaccination response in your community for agricultural community with a focus on dairy, cattle and poultry workers in your community, using the examples below as guidelines.</p> <p>Example 1: Create or use currently available culturally relevant and linguistically appropriate educational materials to provide immunization education to Agricultural workers, via a variety of communication methods and outlets.</p> <p>Example 2: Host or support immunization events. Support providers in vaccination plans and support equitable access to the vaccination services including flu. Actively collaborate with DOH Care-A-Van.</p>	Budget showing full expenditure of funds based on engagement strategies on DOH provided form	Within 45 days of execution of contract.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Example 3: Connect and work with applicable farm owners, employers, advocacy groups, community health partners, providers, and others who influence the immunization outcomes of this population to help build vaccine confidence.			
2	<p>Perform identified activity/activities to support flu vaccination response in your community for the agricultural community with a focus on dairy, cattle, and poultry workers.</p> <p>Example 1: If a culling company is operating in your region, coordinate a Care-A-Van event on their behalf.</p>	<p>A. Written report describing activity/activities, progress made to-date, strategies used and estimated number of agricultural workers reached. (template to be provided by DOH).</p> <p>B. Written report, showing the strategies used and the final progress of the reach. (Template to be provided)</p>	June 30, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

**Program Specific Requirements**

**Invoicing:**

Invoices must be submitted monthly to include the previous month's reimbursements/costs to DOH using the ConCon A19-1A invoice voucher form and required back-up documentation. Final invoices are due within 45 days of the end of the period of performance for this statement of work.

**Unallowable Costs:**

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs

- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

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

**DOH Program Name or Title:** Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community Services

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through November 30, 2027

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG).

**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
FFY22 PH INFRASTRUCTURE COMP A1-LHJ	92321223	93.967	333.93.96	01/01/25	11/30/27	0	88,732	88,732
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>88,732</b>	<b>88,732</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>Develop a contact list of staff responsible for the statement of work (SOW).</b>	Submit to DOH Program Contact names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit by email to DOH Program Contact any staff change(s) within 30 days	Reimbursement for actual costs not to exceed total funding allocation amount.
2	<b>Develop an implementation plan to use these funds for one or more of the allowable costs listed below.</b>  Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased retention of existing public health staff, and improved workforce systems	Submit implementation plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.	Implementation plans must be submitted by email to DOH Program Contact before using funds and any changes within 30 days	Invoice Vouchers must be billed monthly and received by DOH within 45 days of the close of the month in which services were provided.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> <li>• Costs, including wages and benefits, related to recruiting, hiring, and training of new or existing public health staff.</li> <li>• Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment.</li> <li>• Training and education (and related travel) for new and existing staff on topics such as incident management training, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ.</li> <li>• Costs of allowed contractors and contracted staff.</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Preapproval from DOH is required to contract with these funds.</li> <li>• Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$10,000 or more.)</li> </ul>			
3	<p><b>Data collection, as applicable</b>, is based on:</p> <ul style="list-style-type: none"> <li>• Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period.</li> <li>• Hiring and retention activities the LHJ has at the end of the reporting period.</li> </ul>	<p>Data on form provided by DOH</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> <li>• Number of funded positions filled by job classification and program area since the inception of the grant (December 1, 2022), as of the end of the reporting period.</li> </ul>	<p>Reporting periods are:</p> <ul style="list-style-type: none"> <li>• December 1, 2024– May 31, 2025</li> <li>• June 1, 2025– November 30, 2025</li> <li>• December 1, 2025– May 31, 2026</li> </ul>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period.</li> <li>• Data Quality and Context <ul style="list-style-type: none"> <li>○ Are the data provided questionable or low/poor quality?</li> <li>○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance?</li> <li>○ Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.</li> <li>○ Provide any additional context or information related to this measure.</li> </ul> </li> </ul> <p>Note: 6-month Reporting periods see Due Date/Time Frame</p>	<ul style="list-style-type: none"> <li>• June 1, 2026–November 30, 2026</li> <li>• December 1, 2026–May 31, 2027</li> <li>• June 1, 2027–November 30, 2027</li> </ul> <p>Report due dates are a month and 10 days after the end of the reporting period:</p> <ul style="list-style-type: none"> <li>• July 10, 2025</li> <li>• January 10, 2026</li> <li>• July 10, 2026</li> <li>• January 10, 2027</li> <li>• July 10, 2027</li> <li>• January 10, 2028</li> </ul>	

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

**Program Specific Requirements**

Follow all Federal requirements for use of Federal funds: Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#).

**The following expenses are not allowable with these funds:**

- Clothing (except for vests to be worn during exercises or response)

- Equipment not primarily used by or for public health employees.
- Food or beverages (unless employee is in travel status)
- Incentives (except for retention incentives)
- Items to be given to community members (members of the public)
- Salaries at a rate more than Executive Level II (Federal Pay Scale)
- Vehicles (with preapproval, funds may be used to lease vehicles)

**Preapproval from DOH is required to use these funds for:**

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$10,000 or more.)
- Disposition of equipment with a current value of \$10,000 or more. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out-of-state travel.

Note: See also DOH A19 Documentation Matrix for additional expenses that may require preapproval.

**Billing Requirements:**

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this statement of work for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 45 days of the end of the period of performance for this statement of work.



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

**DOH Program Name or Title:** Office of Resiliency & Health Security-PHEP -  
Effective January 1, 2025

**Local Health Jurisdiction Name:** Whatcom County Health & Community  
Services

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through July 30, 2025

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

This Statement of Work includes 40% of the total allocation of these funds. Once all invoices from the July - December 2024 Statement of Work have been submitted and paid, any funds remaining from the previously awarded 60% will be added in an amendment to this January - June 2025 Statement of Work.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

**Revision Purpose:** The purpose of this revision is to add funds. These are remaining funds from the July - December 2024 statement of work. There is no change to the activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	01/01/25	06/30/25	62,455	58,730	121,185
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>62,455</b>	<b>58,730</b>	<b>121,185</b>

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>1</b> <b>Contact Information</b>  Framework 2 – Enhance Partnerships	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 any changes within 30 days of the change.  End-of-year reports on template provided by DOH. Note any changes or no changes.	Within 30 days of the change.  June 30, 2025	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>2</b> <b>LHJ Performance Measures</b>  Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
<b>3</b> <b>Additional Information Required by CDC</b>  Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements.  Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
<b>4</b> <b>Risk Assessment</b>  Framework 1 – Develop threat-specific approach  Framework 3 – Expand local support  Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ.  DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
<b>5</b> <b>Planning</b>  Framework 4 – Improve administrative and budget preparedness systems  Framework 8 – Incorporate health equity practices	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners.  Engage partners to incorporate health equity principles.  Including (but not limited to): <ul style="list-style-type: none"> <li>• Administrative preparedness plans.</li> <li>• Recovery operations.</li> <li>• Incident response improvement plan data elements.</li> </ul>	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>6</b> <b>Planning - IPPW</b>  Framework 2 – Enhance Partnerships  Framework 5 – Build workforce capacity  Framework 10 – Prioritize community recovery efforts	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.  Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	End-of-year reports on template provided by DOH.  Participation in IPPW.	June 30, 2025	
<b>7</b> <b>Communication &amp; Planning</b>  Framework 7 – Strengthen risk communication activities	Develop or update crisis and emergency risk communication and information dissemination plans.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>8</b> <b>Training</b>  Framework 5 – Build workforce capacity	Complete training to ensure baseline competency and integration with preparedness requirements.  Participate in at least one public health emergency preparedness, response, or recovery training.  Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.  Work with Public Health Emergency Response Coordinators to review public health preparedness and response plans and identify gaps, priorities, and training needs.  Integrate administrative and budget preparedness recommendations into training.  Recommended Training:	End-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> <li>• Incident Command System (ICS) 100: Introduction to ICS</li> <li>• ICS 700: An Introduction to the National Incident Management System (NIMS)</li> <li>• ICS 800: National Response Framework. An Introduction</li> <li>• IS-120.C: An Introduction to Exercise</li> <li>• IS-2900.A: National Disaster Recovery Framework (NDRE) Overview</li> <li>• Homeland Security Exercise and Evaluation Program</li> <li>• Preparation for Resource Providers</li> </ul> <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> <li>• ICS 200: Basic ICS for Initial Response</li> <li>• Independent Study (IS)-2200: Basic Emergency Operations Center Functions</li> </ul> <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> <li>• ICS 300: Intermediate ICS for Expanding Incidents</li> <li>• Crisis and Emergency Risk Communication (CERC)</li> </ul> <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> <li>• ICS 400: Advanced ICS</li> </ul> <p>Notes: Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>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.</p>			
<b>9</b> <b>Exercising</b>  Framework 2 –	Participate in at least one exercise by June 30, 2025. <ul style="list-style-type: none"> <li>• Include critical response and recovery partners.</li> <li>• Engage partners to incorporate health equity principles.</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
Enhance Partnerships  Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies	<ul style="list-style-type: none"> <li>Integrate administrative and budget preparedness recommendations.</li> <li>Complete AAR/IP for the exercise by June 30th, 2025.</li> </ul> <p>Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.</p>	Improvement Plans available upon request.		
<b>10 Communication &amp; Exercising</b>  Framework 7 – Strengthen risk communication activities	<p>Identify and implement communication monitoring media relations, and digital communication strategies in exercises.</p> <p>Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.</p>	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>11 MCM</b>  Framework 1 – Develop threat-specific approach  Framework 10 – Prioritize community recovery efforts	<p>Maintain ability to procure, store, manage, and distribute medical materiel.</p> <p>Maintain ability to dispense and administer medical countermeasures (MCM).</p> <p>Attend an MCM quarterly meeting for the non-CRI LHJs.</p> <p>Continue to show capabilities by submitting updated MCM plans as needed.</p>	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>12 DOH Duty Officer</b>  Framework 7 – Strengthen risk communications activities	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanaalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>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>	End-of-year reports on template provided by DOH.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<b>13 WASECURES</b>  Framework 7 – Strengthen risk communication activities	Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.  Participate in DOH-led notification drills. Conduct at least one LHJ drill using the LHJ-preferred staff notification system.  Notes: <ul style="list-style-type: none"> <li>• Registered users must log in (or respond to an alert) quarterly at a minimum.</li> <li>• DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>• LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents.</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>14 Communication &amp; Communities of Focus</b>  Framework 10 – Prioritize community recovery efforts	Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community-based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.  DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.	End-of-year reports on template provided by DOH.	June 30, 2025	
<b>15 Healthcare Coalition (HCC) Participation</b>  Framework 3 – Expand local support	During each reporting period (Jul – Dec and Jan- Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> <li>• Meetings</li> <li>• Communication</li> <li>• Planning</li> <li>• Training</li> <li>• Exercises</li> </ul>	End-of-year reports on template provided by DOH.	June 30, 2025	

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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

### **Program Specific Requirements**

#### **Special Requirements:**

**Guidance Documents** - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work:

*Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.*  
DOH will provide a copy.

*Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations*  
[Implementing Public Health Response Readiness Framework | State and Local Readiness | CDC](#)

*Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*  
[Public Health Emergency Preparedness and Response Capabilities | State and Local Readiness | CDC](#)

*2024 PHEP Cooperative Agreement Guidance/Budget Period 1*  
[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC](#)

#### **Follow all Federal requirements for use of Federal funds:**

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

#### **The following expenses are not allowable with these funds:**

- Clothing (except for vests to be worn during exercises or responses).
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

#### **Preapproval from DOH is required to use these funds for:**

- Contracting.
- Purchasing food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

**BILLING:**

**All expenses on invoices must be related to Statement of Work Tasks.**

**Submit invoices monthly** on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If invoices include indirect costs, there must be a DOH approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.



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

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

**Local Health Jurisdiction Name:** Whatcom County Health & Community Services

**Contract Number:** CLH32073

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

**Period of Performance:** January 1, 2025 through June 30, 2025

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP). This funding is what remains of the 2023-2025 biennium and of SFY25 funding allocations.

**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
SFY25 WASTEWATER MANAGEMENT-GFS	26701150	N/A	334.04.93	01/01/25	06/30/25	0	22,764	22,764
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>22,764</b>	<b>22,764</b>

**GOALS & MEASURABLE OBJECTIVES (REVISE TABLE AS NEEDED)**

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported on an ongoing basis in the semiannual progress 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	9,554 (in compliance)/20,364 active OSS in designated MRS, SMA, and Sensitive areas designated by LMP = 47%	14,255 or 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	11,366 (in compliance)/29311 Active OSS as of 5.16.2024 = 39%	20,517 or 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 anticipated for the funding period based on a 3% rate: 144 OSS failures.	144/144
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 anticipated for funding period based on a 3% rate: : 167	167

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Task 1. Grant Administration</b> 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				
<b>Task 2. Local Management Plan Implementation</b> This task includes all work done to implement the county's LMP excluding grant management tasks and inspection rebates/incentives. ADD ADDITIONAL SUBTASKS AS NEEDED				
2.1	<b>Database Maintenance and Quality Assurance/Quality Control</b> 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"> <li>Maintenance of Online Report of System Status software</li> <li>Quality improvement projects to improve uptake, data tracking, and validity</li> </ul>	Existence of a submission portal for reports of system status -or- number of electronic evaluations submitted to WCHCS		Reimbursement up to \$x based on actual costs.
<b>Task 3. Homeowner Inspection Rebates/Incentives Program</b> Provide low-income rebates to homeowners. Provide inspection compliance incentives to homeowners in priority areas. INCLUDE IF YOU HAVE A REBATE/INCENTIVE PROGRAM				
3.1	<b>Homeowner Inspection Rebates</b> The County will support homeowner rebates to complete onsite septic evaluations and maintenance	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	a. By grant closeout	Reimbursement up to \$x based on actual costs.

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		d. Provide total count of rebates that were low-income recipients total in county and total in WCHCS funded watersheds.		

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